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ORIGINAL PAPERS.

BACTERIA AND THEIR PRESENCE IN SYPHILITIC SECRETIONS.

(COMMUNICATION II.)

BY ROBERT B. MORISON, M. D., OF BALTIMORE.

In this journal for January 1, 1883, and in the *Wiener Medicinische Wochenschrift* for January 20, I published some investigations which I had made in the laboratory of Professor Neumann, in Vienna, regarding the presence of bacteria in syphilitic secretions.

The result of these investigations was to show the constant presence of short, quite thick rods (about 1 micrm. long) in the secretion of hard chancres and of ulcerating papules, as well as in the tissue and blood of the same. At that time I examined many non-syphilitic secretions, and pus from different pustules, such as eczema, acne, etc., and did not find any bacteria, a fact which led me to draw the conclusion that they were to be seen only in syphilitic secretions, and were peculiar to them. Although by no means asserting at that time that these micro-organisms were the cause of syphilis, yet their presence in syphilitic secretions alone was striking enough to induce me to undertake more thorough and complete work, especially to cultivate them, and then to try inoculation. For this purpose I came to Prague, where the pathological institute of Professor Chiari offers every advantage for such work, and where the large syphilitic wards of Professor Pick furnish an abundance of material. I was desirous of putting my experiments again to the test, and before beginning the more arduous task of cultivation and inoculation, to see if I should reach the same conclusions as in Vienna. I therefore began by repeating my Vienna experiments in the most careful manner.

The result of these recent experiments is such that I am not only forced to deny the pathogenic nature of the micro-organisms described in my first communication, but also to add that I am convinced their presence in the secretions was due to external influences.

In Vienna I used a complicated method of staining, which I then considered necessary to show the bacteria, but which I have since found was not the case, as I found by comparing many specimens of secretion colored in many different ways; the bacteria could be seen when colored in the simplest manner. I used, therefore, the simple "dry method" of Koch for the secretions, and that of Weigert for sections of tissues with anilin colors, especially methylene blue, without passing the preparations through acetic acid or nitric acid.

With these simple methods it was to be hoped *a priori* that a more sure and definite conclusion could be reached.

The first series of my experiments was made with the secretion of ulcerated syphilitic chancres, ulcerated syphilitic papules, and one case of syphilitic rupia. I found always the same micro-organisms, as in Vienna, they being, however, much more distinct, on account of the simple method used for staining.

I then began the investigation of secretions and pus from other than syphilitic erosions and ulcers, such as appear in eczema impetiginosum, acne and prurigo. In these, contrary to my experience in Vienna, I found every time the same micro-organisms as in the syphilitic secretions. This difference in the two sets of experiments is probably due to the fact that in Vienna in my test experiments I used only the secretion and pus of such vesicles and pustules as had never been opened or exposed to the air.

Thirdly, I examined in great numbers sections made from tissues affected with syphilitic inflammation, such as papules, both ulcerated and non-ulcerated, excised *intra vitam*, by Professor Pick. In the ulcerated tissues the bacteria were always present, although not in great numbers. In the non-ulcerated they were never seen.

Lastly, I examined the blood and secretions of the cut surface of ulcerated and non-ulcerated syphilitic papules, as well as the blood of syphilitic persons taken from different parts of the body. Only in the blood and secretion of the cut surface of ulcerated papules could a few bacteria be seen, while in all the other preparations none appeared.

As worth mentioning I should also like to add that what I described in my first communication as bacteria now appear,

from the greater clearness of the field of the microscope due to the simpler method of staining, to be, for the most part, not bacteria but diplococci. I was able to prove that the closely united cocci, when stained deeply with fuchsin, could no longer be distinguished from a short, thick rod, so that in this respect I came to the same conclusion as Birsh-Hirschfeld in his article describing micro-organisms in syphilitic tumors (vide *Centralblatt fuer die Med. Wissenschaften*, 1882, No. 44). Each of the united cocci has an elliptical shape, and belongs, from its size, to the so-called "mega" cocci. Only a few of the rod-like organisms could not be resolved into cocci, although I used a 1-15 oil immersion Reichert, with Abbé condensing apparatus. Whether these are really rods or bacteria I am not prepared to say.

After finishing this series of experiments it was quite clear that the bacteria which I had described were not the cause of syphilis, but rather that all these bacteria, or rather diplococci, found their way into the syphilitic inflammations from the outside, due to the ulceration which had taken place. It is hardly necessary to add that I must, after this second series of experiments, give up the idea of cultivation and inoculation.

PRAG, *March 23, 1883.*

CLINICAL LECTURE.

EXTRA-GENITAL INFECTING CHANCRE.

BY I. EDMONDSON ATKINSON, M. D.,

Professor of Pathology and Clinical Professor of Dermatology, University of Maryland.

Gentlemen:—The patient before you is a seamstress, who has sought our assistance on account of a sore, situated upon the left side of the lower lip, that has been a source of annoyance and uneasiness to her for some weeks past. As you now see it, it causes very evident enlargement and prominence of the portion of the lip, upon which it is situated. Closer examination reveals a superficial ulceration involving both the mucous and dermal portion of the lip, and larger than a dime in superficial diameter. The portion of the ulcer exposed to the external atmosphere is covered with thin yellowish and brownish crusts formed by the drying of the scanty discharge that bathes its surface. If, now, we gently remove a portion of this thin and but little adherent crust, or, better still, if we examine the part situated upon the mucous surface of the lip, where the salivary secretion removes all discharge as rapidly as it is formed and prevents crusting, we can observe the appearance presented by the sore itself.

Instead of an excavated, actively secreting ulcer, we see a smooth, somewhat elevated convex surface, merging into the healthy integument by a not very abrupt transition. This surface is of a reddish color and covered with a sticky transparent fluid, that, when exposed to the air, dries into the thin crusts of which I have spoken. The infiltrated area is not surrounded by any inflammatory redness. As I grasp the sore between my finger and thumb, I encounter a decided resistance and perceive that it is situated in the midst of a dense induration, quite different from the increased density of a simple inflammatory infiltration. Passing my hand, now, under the jaw, I detect a number of enlarged, indolent sub-maxillary glands, especially upon the right side. These I can handle without evoking any expression of pain.

Let us hear, however, what our patient has to tell us. The sore, she says, was first noticed about five weeks ago, as a little excoriation which was thought to be a "fever blister." But little attention was paid to it. After about one week a lump appeared. This she describes as of the size and density of a pea, over which the excoriation remained. At the end of another week the lumps under the jaw were observed. The inconvenience caused by the sore was insignificant. There was, however, a severe darting pain along the lower jaw, which the patient thought to be tooth-ache. It was at this time that she sought relief and came under observation. Dr. Woods, my assistant, informs me that at first the induration was much more dense and extensive than now. For reasons, of which I shall presently speak, it was evident that we had before us one of the unfortunate sufferers from extra-genital chancre. Inquiry soon elicited the fact that the young lady had a "lover" who was in the habit of kissing her, and we soon learned from her that he had a sore mouth and other symptoms of constitutional syphilis. He,

however, has not come under our observation. Without waiting for the appearance of constitutional manifestations, anti-syphilitic treatment was instituted, and we already see the effects of it, in the diminished induration and infiltration of the chancre. Lately a scanty papular syphiloderm with general adenopathy and nocturnal headache have placed our diagnosis upon an absolutely certain foundation.

Extra-genital chancre is of sufficiently frequent occurrence to justify my speaking of it before you at some length. Of all varieties of it, chancre of the lip is the most common. Indeed this is the third instance that I have met within the year. Its usual course is like that pursued in the present case, that of a superficial erosion, which is, as you know, the usual form of infecting chancre. Occasionally and especially when it is situated in the median line, there may be a deep fissure, such as is often seen in "chapped lips," cutting deeply into the mass of infiltration and proving a constant source of slight hemorrhages, which give a brownish color to the scabs, otherwise more faintly pigmented. Exceptionally, decided ulceration occurs; this may result from excessive irritation, or from necrosis from anæmia of the part, due to the intensity of the infiltration. The well-known tendency of the superficial erosive chancre to bleed upon slight irritation is constantly shown in labial chancre.

These chancres vary somewhat with the localities upon which they develop. Sometime since, I was consulted by a paper-hanger, 48 years old, who had noticed a sore upon his right cheek about six weeks previously. It began as a little pimple and slowly enlarged. Some one told him he had ringworm, and he used tar ointment to cure it. When seen by me the sore was as large as a silver half-dollar. Its surface was flat, but raised from the normal surface by a not very abrupt wall of infiltration. It was of a glazed, coppery red color and bathed in a very scanty discharge, that at the periphery, dried into light crusts. When grasped between the fingers numerous drops of blood appeared and trickled down. The hairs had fallen from the affected part, and those at the periphery were easily drawn from their inflamed follicles. The mass was of a gristly hardness that extended through to the very buccal mucous membrane. The sub-maxillary glands were enlarged to the size of chestnuts and painless. The diagnosis of infecting chancre was soon confirmed by copious secondary manifestations. I repeat but an old story in telling of a medical practitioner who became infected with chancre in the performance of his professional duties. As the accident is one to which you will undoubtedly be exposed and to which you may, unless forewarned, become victims, I offer no apology for relating the case. A young medical man consulted me about a sore upon his thumb. It involved the whole dorsal surface of the terminal phalanx and was elevated, smooth, moist with slight discharge and decidedly indurated. It had existed a number of weeks and showed no signs of yielding to simple treatment Struck by its suspicious appearance, I examined the arm, found the epitrochlear and axillary glands enlarged and painless. Upon the breast and belly a roseola was beginning to appear. The source of the trouble was discovered in a woman, who had been attended in labor by my patient, while she had vulval mucous patches.

The well-known Hunterian chancre, that is, a chancre with a sharply defined and excavated ulcerous surface, imbedded in a mass of deep-seated induration, may occasionally be observed upon other parts than the genitalia, as upon the mamma of a nurse, from the contagious influence of the lips of her nurseling, etc. The usual form, however, has undoubtedly superficial erosive character. When, therefore, you encounter sores similar to those I have described and situated upon like localities, the possibility of a syphilitic origin should never be lost sight of.

To recapitulate, these extra-genital chancres are usually situated upon the lips, the fingers, the female mamma and its vicinity; and, indeed, may develop at any point where the syphilitic virus may find lodgement. They most commonly assume the appearance of superficial erosions, with surface prominent, not excavated, smooth, reddish, or livid in color, bathed with scanty serous or sero, or sanguino-purulent fluid that dries into thin scabs, fading, with not very sharply defined borders, into the healthy integument, and situated (and here we have their most characteristic feature, though occasionally it may be absent) upon a mass of indurated tissue of gristly density and resistance. The lymphatics in closest relation with these sores are enlarged, of

an almost stony hardness, and painless. Their enlargement may be very great, as in a case of labial chancre seen by me last spring, where the whole submaxillary region seemed invaded by a dense infiltration, though careful search enabled one to separate the individual glands with the fingers. If, in addition to these signs there is given a history of recent development, it is altogether likely that the patient has acquired syphilis. In the absence of a history, one might readily go astray in the diagnosis of extra-genital ulcerations.

Labial chancre bears close resemblance to cancer in the same situation. In cancer there is the same nodular enlargement and protuberance, the same inactive, unexcavated (in the early stages) and superficial ulceration, the same formation of thin scabs, and (later in the disease) glandular enlargements will be observed. In infiltrating epithelioma of the lip, however, the ulcer will be more granular on its surface and paler in color. It, moreover, almost always occurs at or after the middle period of life, and only after months of duration does it acquire the extent, the induration and the glandular participation, that a fortnight will produce in the syphilitic sore. Chronic eczema of the lip need only upon superficial examination be mistaken for chancre. The inflammation is more diffused and active, the discharge is more copious, the scabbing more abundant. Finally, there is an absence of induration and of glandular complication of the character described. Chancre upon parts covered by hair, as the beard, may simulate sycosis or over-treated ring-worm or certain rare forms of follicular inflammation. The history, attention to the condition of their bases and of the neighboring lymphatics (which may be enlarged and *painful*) will usually suffice for the identification of these affections. Chancre of the mamma may be distinguished from cancer by observing the same precautions as in the diagnosis of labial chancre. Here, moreover, the induration vastly exceeds the extent of ulceration.

There is a certain condition of ordinary sores upon the body, the hands and fingers more especially, where continued irritation and want of attention may bring about a state exactly simulating superficial chancrous erosions. Perhaps a synopsis of a couple of cases from my note book will serve to describe these. My first case was that of a young man attending my out-patient clinic. He was in wretched general condition from hard work and exposure. Upon the index finger of his right hand was a circular ulcer as large as a silver half-dime, superficial, smooth, convex, reddish in color, and secreting a scanty pus. The base was considerably indurated. One or two fine red streaks of hyperæmia were traced along the flexor surface of the forearm, and the epitrochlear and axillary glands were swollen and *painful*. Recognizing the presence of angio-leucitis and fearful of erysipelatous complications, I ordered large doses of quinine and iron, and applied a simple ointment to the sore. In a few days the glands suppurated profusely and were lanced. Under simple tonic treatment the general condition improved, and with it the sore became healthy, healed and was followed by no symptoms of constitutional disease. The sore, originally a simple abrasion, had been quite unprotected by any covering whatever, and had been subjected to hourly irritation. My other case was that of an elderly Irish woman who had an ulcer almost exactly like the one I have just described, but without glandular complications. She was similarly reduced in health, and volunteered the statement that the sore, at first a simple scratch, had been kept from healing by constant employment at the wash-tub. Recovery speedily followed the application of a bandage with simple ointment and the administration of tonics.

With ordinary care there need be no difficulty in distinguishing from chancre, scrofulous, leprous and late syphilitic ulcers. The very chronic course of the two former varieties, and the absence of induration will serve to distinguish them. Late syphilitic ulcers may rarely simulate extra-genital chancres, but they are more often mistaken in the beginning for simple, non-infecting chancres, or chancroids. This mistake would, unquestionably, be made, not unfrequently, were it not that these ulcers are almost unheard of, except in the vicinity of the genitals. This is especially true of the head, where they are of such unusual occurrence that competent observers have asserted that they *never* occur there. More recent research seems to prove that they may occasionally develop in this region. You may assume, pretty safely, however, that if the question lies between an infecting

chancre and a chancroid of the head, the chances are almost one hundred to one in favor of the syphilitic sore. Some time ago I was consulted by a young prostitute, who had been under treatment for early syphilis about a rapidly-spreading ulcer of the mucous surface of the upper eyelid. It had all the features of a chancroid, and I was almost persuaded that I had before me a chancroid of these parts, until an efficient and rapidly-pushed anti-syphilitic treatment demonstrated the fact that my patient was suffering from a precocious tertiary syphilis. Apart from the fact that "cephalic chancroid," as it is called, is of extreme rarity, it is easy to understand why chancres of the head should be nearly always of a syphilitic nature, in view of the fact that the buccal and nasal secretions in persons with mucous patches in the mouth, pharynx, nose, etc., are loaded with the specific virus of syphilis, and are competent to evoke the initial lesion at whatever abraded part of the body of a non-syphilitic person they may be brought into contact with for you must bear in mind that the secretions from the chancre are not a whit more contagious than those from a discharging secondary lesion, and that whether the virus be derived from a chancre or a secondary lesion, the first evidence of contamination in the exposed individual will be a chancre, except in those cases where syphilis originates in conception or intra-uterum.

You will also caution your patients against thoughtlessly exposing to the dangers of syphilitic infection those persons with whom they may be brought into intimate domestic or personal relations. You see before you the result of infectious contact. Indeed, it is remarkable that infection from buccal secretions is not very frequent. It is probable that it *does* occur more often than is supposed. Within a brief period I have seen several cases where the point of entry of the virus was veiled in obscurity until traced to chancres in localities seldom implicated. In one case the mother and father of a little girl six years of age confessed a recent acquirement of syphilis. They were the parents of an infant, syphilitic by inheritance. The little girl was also syphilitic, but the disease in her was evidently acquired, absolutely no evidence of the inherited taint being discoverable. Close scrutiny revealed the induration of a healed chancre upon the mucous membrane of the left cheek, nearly opposite the last molar teeth. Similarly I attended a syphilitic father, mother and infant, the latter by inheritance. After a brief period, the only remaining member of the family, an aged grandmother, showed indubitable signs of early constitutional syphilis. After careful search, the indurated remains of a chancre were detected just within the left nostril, and its presence at this point was accounted for by the habit of the old lady of wiping the infectious discharges from the nose and mouth of her grandchild with her own handkerchief, which she used also for her own nose.

These and the hundred other methods of contamination unfortunately communicate syphilis to a large number of innocent individuals, and you will have to be watchful in guarding against the possibility of infection, both your patients and yourselves; for the dangers to which you will be exposed in the performance of your professional duties are by no means insignificant.

It remains for me to say a word or two concerning treatment. Believing, as I do, that syphilis may be definitely and permanently cured, I am not in the habit of waiting until the evolution of secondary manifestations, but proceed at once to administer the anti-syphilitic treatment, which consists, of course, in the use of mercury. Beyond doubt one may commit grave error, and even positive harm, if he gives a mercurial before the diagnosis has been positively settled. So long as this remains doubtful, it would be unwise to prescribe the mercurial, for not only may the malady prove to be not syphilitic, but the minds of patients may be left in a state of great harrassment in the event of the non-development of secondary lesions, from uncertainty concerning the true nature of the complaint. Once having positively decided, however, that a given chancre is of an infecting character, and to be followed by secondary symptoms, there is no longer need for delay; but active and persistent efforts should be made to overpower the syphilitic poison by the remedies that exert most influence over its course; of these, mercury is *facile princeps*. This practice will not only secure an early disappearance of the lesion, but will mitigate, nearly always, the severity of the whole disease. Local treatment of extra-genital chancre does not differ

from that of local infecting chancre, generally. It will be well to bear in mind, however, that the application of mercury to labial chancres is apt to be followed by more abundant absorption of the drug than is desirable, through its accidental introduction by way of the mouth to the alimentary canal. Distressing ptyalism has been known to occur under such circumstances.

SOCIETY REPORTS.

PROCEEDINGS OF THE MEDICAL SOCIETY, DISTRICT OF COLUMBIA.

REGULAR MEETING HELD FEB. 21, 1883.

(*Specially reported for Maryland Med. Journ.*)

The Society met, with the President, Dr. A. F. A. King, in the chair, Dr. T. E. McArdle, Secretary.

SCARLET FEVER STATISTICS.—*Dr. G. B. Pool* said the records at the Health Office in this city show that five hundred and seventy-seven deaths have occurred from scarlet fever, between Oct. 1, 1874, and Feb. 1, 1883, a monthly average of 5.77.

The highest monthly mortality (18) was reached Jan., May and August, 1877.

Since 1877 there have been five months in which no deaths occurred, viz., July, 1879, Jan., May, June, and Sept., 1880.

The months of December and January for the period referred to each give an average of 8.1, while the average for Sept. is the lowest, 3.25.

Twenty-six per cent. of the deaths occurred during the spring months, twenty-two during summer, eighteen during autumn, and thirty-four during the winter months.

The point to which he wished particularly to call attention is the fact that of the five hundred and seventy-seven deaths, four hundred and eighty-three, or eighty-four per cent. occurred among *white* children. Nor is the difference due to a large number of whites having died during a single season, but it is a uniform and continual difference running through the whole years and four months.

When it is remembered that a large proportion of those returned as *colored* were probably part white, it seems there must be some inherent difference in the races which gives the colored race immunity from the consequences of the disease. Just what that difference is, he left for those of larger experience and more extensive observation to say.

Dr. Lovejoy remarked that the diagnosis was not so easily made out in the negro, and the difference might arise in that way. He generally formed his conclusions from the patient's palms when the child was black.

Dr. Smith declared that if the arm of the negro child be elevated an appearance of redness along the surface will aid in diagnosis.

Dr. Pool observed that diphtheria, too, seemed to prevail more among the whites, at least a greater mortality was reported.

Dr. Palmer thought if the disease prevailed amongst the negroes to the same extent as among the whites, the mortality would be greater, as the sanitary condition and care would be worse. It was almost impossible to diagnose some skin diseases in the negro; but in scarlet fever the peculiar condition of the throat should lead to a correct opinion.

Dr. Sothoron said he frequently had cases of scarlatina in which the diagnosis could be made out only in the desquamating stage.

REGULAR MEETING HELD MARCH 7, 1883.

The Society met, with the President, Dr. A. F. A. King, in the Chair, Dr. T. E. McArdle, Secretary.

Dr. J. T. Johnson presented a specimen of ENLARGEMENT AND DILATATION OF THE HEART AND ANEURISM OF THE AORTA. The patient, he said, was a lady about thirty-nine years of age. She had suffered from heart disease for many years, and during the last four was under his care. In her attacks she usually evinced the symptoms of valvular disease. The vessels in the neck became so prominent that she sought to conceal them by wearing high collars or some other article of apparel to cover the neck. She had suffered from congestion of the lungs and once or twice he thought he had detected circumscribed pneumonia. She had almost entirely recovered from the attack just previous to her death, when symptoms of angina pectoris set in. She said she felt as if an icy cold hand were grasping and clutching her heart. Listening to that organ, he discovered a thrill and buzzy murmur so loud as to lead him to suspect aneurism.

This patient suffered not only from heart trouble, but also from a pain between the crest of the ileum and the ribs. At that time he did not know what caused this pain, but thought it arose from flatus. Purgatives relieved it. On one occasion, in conjunction with loss of voice, she suffered whenever she attempted to drink more than one swallow of fluid. He referred her to Dr. Hyatt for laryngoscopic examination, and the latter diagnosed aneurism as the cause of the aphonia by pressing on the recurrent laryngeal nerve. The *post-mortem* verified his decision and also made clear the cause of the abdominal pain. There was sclerosis of the liver, and the gall bladder was found to be distended with one hundred and twenty gall stones. On the

morning of her death she declared that she felt better than usual. Her husband left her for a short time and on coming back found her dead.

Dr. Lamb, who made the autopsy, thought the immediate cause of death was failure of the heart's action.

Dr. C. Morgan said the revelations of the laryngoscope are decided and well-marked in cases of aneurism when pressure on the recurrent laryngeal nerve is the cause of aphonia, partial or complete. Aphonia may also result from pressure by gummatous or syphilitic tumors upon this nerve. Pressure on the nerve, however, would not cause the difficulty of deglutition, which most probably arose from direct pressure on the œsophagus.

He then related a case which came under the care of Dr. Marmion, U. S. N., who, by the aid of the laryngoscope, diagnosed aneurism, though the other surgeons proposed tracheotomy for the relief of the difficulty. Dr. Marmion's diagnosis was verified by the aneurism's rupturing into the wind-pipe and causing death.

Dr. Ashford thought that if the patient spoken of by Dr. Johnson had lived a little longer the aneurism would have ruptured into the œsophagus. The symptoms referable to pressure on the recurrent nerve could be easily distinguished. He did not see any thing that could explain heart failure as the cause of death. Neither embolism nor rupture occurred. Whilst Dr. Morgan has shown the use of the laryngoscope as a diagnostic power, it does not always seem to indicate the cause of trouble, at least not in the hands of all observers, even those considered skilful. One of his patients had been treated in New York and Boston for laryngeal disease by specialists aud the existence of aneurism was not suspected until a short while before her death. Perhaps some coexistent disease of the larynx misled them.

Dr. King related the history of a fellow-student whose case resembled in many points that reported by Dr. Johnson. This gentleman had been examined with the laryngoscope, but the existence of the aneurism was not clearly made out until death occurred from rupture.

REGULAR MEETING HELD MARCH 14, 1883.

The Society met, with the President, Dr. A. F. A. King in the Chair, Dr. T. E. McArdle, Secretary.

CICATRICIAL STENOSIS OF THE SMALL INTESTINE.—*Dr. D. S. Lamb* presented the specimens and read the notes of three cases of cicatricial stenosis of the small intestine. In the first (Dr. E. M. Schæffer attending), a colored child, who had had signs of disease of the lungs and partially recovered, died eventually of peritonitis when nearly eight years of age. Drs. Lamb and Schæffer made the autopsy. The lungs contained cheesy masses and outlying miliary tubercles. The small intestine presented a number of annular cicatrices, above one of which the distended and ulcerated intestine had perforated, with consequent fæcal extravasation. These cicatrices were probably of tubercular ulcers.

In the second case a colored man, aged thirty, was admitted to hospital and died two hours afterwards. No history. Dr. Lamb made the autopsy. There were no tubercular deposits anywhere. The lungs were healthy. Abdomen contained bloody fæcal matter, no lymph; left inguinal hernia, the intestines, however, had receded to the abdomen; liver small and presented (syphilitic?) cicatrices of capsule; spleen atrophied; hyperæmia of peritoneum; annular cicatrix of small intestine, above which was distension, a great accumulation of fæces and a perforation; the latter had occurred, to all appearances, just before death. No external evidences of syphilis. The cicatrix was difficult to class.

The third case was attended, and the examination made by Drs. A. Behrend and D. P. Wolhaupter. A colored man, age thirty, who had had syphilis, died after presenting signs of partial obstruction of the bowel for a week. The abdomen contained a dark liquid; no fæces and no recent lymph; there was a diverticulum attached around a coil of intestine to the posterior wall of the abdomen. The intestine was constricted in two places, at one of which was a cicatrix reaching two-thirds around the walls; the other constriction was apparently from old lymph. Between and above the constrictions was distension and fæcal and bloody accumulation; the mucous membrane sloughing. There were old buboes still suppurating. Was the cicatrix syphilitic?

Dr. Lamb next discussed the subject of obstructions in general and *partial* obstructions in particular, causes, symptoms, morbid anatomy, treatment, etc., etc.

Dr. D. R. Hagner said the subject so exhaustively treated by Dr. Lamb was one of great interest. He then related the case of a woman thirty-five years old, who had suffered with fistulæ about the rectum. She said that whenever she took pills the pain was so great as to compel her to resort to opiates for relief; but when she took salines, her bowels were moved without any difficulty. The excrement voided was never larger in size than a needle. Upon examination he found constriction of the bowel. After using an enema he made three or four incisions with a blunt-pointed bistoury. He then gave an opiate, and the next day began the use of bougies, which he continued until he was able to pass one the size of his

thumb. Eighteen months afterwards she became pregnant, and was delivered of a live child. About two years ago she complained of the same constriction, which was removed by the adoption of the remedies used before, and she is now well. The fistulous openings healed without other treatment. The great practical point to be learned in the consideration of this subject is the treatment of constipation and obstruction of the bowels. He was confident that in the early years of his practice he had done harm to his patients by the persistent use of purgatives. He thought much of the mischief was due to the indiscriminate and careless use of compound cathartic pills. When we find symptoms of obstruction due to whatever cause, purgatives should be avoided, and we should rather use opium to allay spasm, and belladonna for its effect upon the striped muscular fibres. Injections, too, are preferable to pills.

Dr. C. E. Hagner considered the subject one of moment. He agreed that whilst much could be accomplished by good treatment, improper treatment was worse than useless. We see constantly, more especially in hospitals, patients who have not had a movement of the bowels for several days, and sometimes even for weeks, whilst they go on eating their meals with but slightly diminished appetite. The accumulation of fæces in the intestines causes trouble by pressure on the splanchnic nerves. This irritation is transmitted to the sympathetic, and thence to the heart. In such cases opiates will be indicated. Of course, if there be an organic stricture, it must be cut. When a strangulated hernia is operated on, nerve pressure is relieved. The alleviation is not due to any movement of the bowels, for we often give opium, which checks such a tendency. When relief cannot be obtained by other means, we should not let the patient die without opening the abdominal cavity. Since the introduction of anti-septic surgery, enterotomy and laparotomy have been robbed of half their terrors. He saw once in his early professional life a man who had been stabbed in the abdomen. The external appearance of the wound was trifling, and it healed readily. Symptoms of obstruction set in, and the man died. At the autopsy a knuckle of intestine was found caught in the inner opening of the wound. He had seen a case of strangulated femoral hernia completely relieved by the injection hypodermically of half a grain of morphia. Billroth localizes the obstruction after opening the abdomen.

Dr. Smith said our surgeons ought to talk less about laparotomy for intestinal obstruction and operate more frequently. When brought to decide, they seem to prefer to let the patient run his chances.

Dr. Prentiss thought there was a great deal of truth in Dr. Smith's remark. Surgeons shrink from the responsibility, and statistics prove that more get well under the opium treatment than survive laparotomy. He recollected a case where a gentleman developed symptoms of intestinal obstruction. The consulting physicians were the patient's brother, Ford Thompson, Ashford, Busey, Taber Johnson and himself. They met three times in one day and discussed the point whether they should operate or not. They decided not to do so, though the obstruction was supposed to be located in the right iliac fossa. The autopsy showed intussusception deep down in the left iliac fossa, and proved that the operation would have been useless. He mentioned a case in Dr. Smith's own practice where all the symptoms of obstruction set in. It was decided the man must die, and the question of laparotomy was considered. The operation was not performed, and the man got well.

Dr. King related the case of a man whom he had seen in Vermont. The hernia was supposed to have been relieved. The patient was then brought to Burlington, where symptoms of obstruction set in. Dr. Little, in pursuance of the views of the consultants, made an incision over the tumor, and a loop of several inches of intestines was withdrawn through the wound for examination. On attempting to return it, it burst several times, discharging some of its contents externally. The bursted points were closed with fine silk and the loop of intestine returned. The flow of peritoneal fluid from the wound during the operation probably contributed to prevent fæcal matter entering the peritoneal cavity, and thus promoted the recovery of the patient, who was soon walking about. Dr. King remembered a case in the practice of Dr. W. P. Johnson, where a child with a congenital stricture of the rectum lived ten days without an operation.

GLOSSO-EPIGLOTTIC TUMOR REMOVED.—*By Dr. Carroll Morgan* "The patient, John Clark, colored, aged 46, has complained for the past eighteen months of cough, dysphagia, dysphonia and occasionally of complete aphonia. The above symptoms were increasing from week to week, and being associated with suffocative attacks at night on several occasions, nearly resulted fatally. He experienced a constant inclination to swallow; had no real pain; but reclining in some positions was absolutely impossible. The man was strongly and compactly built, had a well-developed chest, and gave no history of syphilis.

Direct examination revealed the presence of an enormous growth, springing from below and occupying nearly the entire oro-pharynx.

Laryngoscopic examination was difficult, on account of the extent of the tumor, but showed

that it was pedunculated and attached by a broad base in the left glosso-epiglottic sinus.

Further digital exploration confirmed the above, and I found that the pedicle of the growth could be included between the tips of the index and middle fingers, so that an écraseur could have been easily employed in its extraction.

I could not, however, resist the opportunity of operating at once. Telling my patient to remain seated, I inserted the index and middle fingers, seized the pedicle, and using considerable force and torsion, removed the tumor.

My assistant, Dr. G. Byrd Harrison, tells me that there was only slight hemorrhage and subsequent odynphagia, and that the patient spoke in a clear, unobstructed voice immediately after the operation.

The tumor measures 3¼ inches in its greater, and 2¾ in its lesser circumference, is of firm consistence, ovoid shape, having a pedicle ¼ inch long.

Growths seated upon the epiglottis are of comparatively rare occurrence, and seldom, if ever, assume the proportions of the specimen here presented. My after-treatment comprised the employment of a sedative gargarism and spray.

The general appearance of this tumor is somewhat unusual for one situated in this locality, but my impression is that it is a fibroma."

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

EIGHTY-FIFTH ANNUAL SESSION.

(*Specially Reported for Md. Med. Jour.*)

The eighty-fifth annual session of the Medical and Chirurgical Faculty of Maryland opened in Hopkins Hall, Johns Hopkins University, North Howard Street, Baltimore, on Tuesday, April 24th, 1883. The President, Dr. Wm. M. Kemp, occupied the Chair and 72 members responded to their names on the call of the roll.

Prayer was offered by Rev. Charles S. Albert.

The Minutes were read by the Secretary, Dr. G. Lane Taneyhill.

PRESIDENT'S ADDRESS.

The President began his address by congratulating the Faculty—of which he had been a member for more than half the years of its existence—upon the arrival of its eighty-fifth annual session and upon its general prosperity. He then spoke of the influence exerted upon the progress of medicine by the views which have been held at various times as to the relative importance of theory, on the one hand, and observation, on the other, as guides in the acquisition of medical knowledge and pointed out that the most important epochs in its history have been coincident with revivals in the practice of laborious and protracted examination and arranging of facts. In illustration he passed in brief review the leading figures in medical history—Hippocrates, who, perhaps, gave the first impulse to true medical science; Galen, whose influence retained its impress on medicine for nearly 1500 years; Rhazes, of Bagdad, the great traveller, who gave to medicine the first accurate description of small-pox and the first treatise on the diseases of children; Harvey, the discoverer of the circulation; Sydenham, who took into consideration not only facts but causes and thus discovered the true principles of cure; Bonetus, of Geneva, who devoted his life to the study of morbid anatomy; Baglivi, of Italy, who urged unprejudiced observation as the only true basis of successful practice, etc., all of whom have attained the distinction they enjoyed from having given to science and humanity some fact secured by persevering labor and observation. Dr. Kemp had himself, in early life, tested the accuracy of the prognoses of Hippocrates and had been profoundly impressed with their sagacity. Locke and Bacon contributed powerfully to the independence of thought and investigation in modern times. The work thus begun by their predecessors was continued with zeal and success in the 18th century by Cullen and Morgagni, the one in clinical medicine, the other in pathological anatomy.

Dr. Kemp concluded his remarks with some reflections and advice upon the methods and motives which should guide the medical student in the pursuit of knowledge.

TREASURER'S REPORT.

The Treasurer, Dr. Judson Gilman, presented his annual report to April 23rd, 1883. There had been a loss of 15 members during the year, viz: 4 by death, 7 by resignation, and 4 dropped for non-payment of dues. Seventeen new members, one of whom was honorary, had been added. The receipts during the year had been $2,274, disbursements $1736, leaving a balance in the treasury of $538 Due by members $287, $87 of which is from members three years in arrears who will therefore be henceforth dropped. The value of the Library had been enhanced $800. Among receipts were fees and dues from members and delegates $12.84, and among disbursements—printing $324.30, advertising $58.95, Committee on Library $597.17, rent of hall, janitor, fuel, etc., $637.50, orator's travelling expenses $17.30, insurance on library $22.50. Total assets $9,125, in-

cluding library, furniture and fixtures $8,300. The report was accepted.

The report of the Executive Committee presented nothing of special interest.

The Examining Board of the Western Shore reported favorably upon the names of the following candidates for membership: Dr. Jas. Bosley, E. G. Waters, C. H. Cockey, J. B. Brawner, J. N. Downey and J. L. Ingle.

Dr. Hanna reported, in behalf of the Board of the Eastern Shore, that no business had come before that body.

REPORT OF LIBRARY COMMITTEE.

The Committee on the Library reported through Dr. I. E. Atkinson. Very gratifying progress had been made, according to the report, in the condition of the library, which constitutes it the most valuable feature of the Faculty. The library had increased in value $800. It now contains 3,346 volumes, an increase of 277 during the year. Among important additions are Ziemssen's Cyclopædia, 17 volumes, the Sydenham Society Publications to end of 1881, and the works of a number of standard modern authors. The donations of books amounted to 151. The expenses for the year were $595. Among antiquarian articles of interest acquired, is the diploma of Dr. Josias Carvil Hall, a graduate of the Philadelphia College of Medicine in 1769, and the first number of the first medical journal issued in Maryland (1808). Portraits had been secured of Drs. C. C. Cox, H. W. Baxley, R. Dundglison, H. Stevenson, J. Allender, Pasteur, and Dr. Upton Scot, the last the first President of the Faculty. The number of journals received is 108, viz: 82 American, 14 English, 6 French, 3 German and 3 Austrian The amount at the disposal of the committee had been $603.10, including $534 received from the Treasurer of the Faculty, and $63.17 collected by the Librarian. The need of more ample accommodations for the library was urged. The report was accepted, and a resolution, recommended by the committee, authorizing an exchange of books and pamphlets with the Surgeon General's Library in Washington, adopted.

Dr. Judson Gilman, Chairman of the Committee on Publication, reported that 500 copies of the last volume of *Transactions* had been published and distributed.

The Committee on Memoirs reported, with appropriate remarks, the deaths of Drs. W. G. Regester, Charles Albert, Henry Albers and E. Cleveland Coxe.

The Curator also presented a report.

REPORT OF SECTION ON SURGERY.

The report of the Section was presented by *Dr. O. J. Coskery*, and was devoted to the subject of "Abdominal Surgery, exclusive of Gynecology," including Gastrostomy, Splenectomy, and Nephrectomy.

Gastrostomy, or opening the stomach for the removal of foreign bodies on account of obstruction in the œsophagus produced by simple or malignant stricture, has been made most successful since the suggestion of Mr. Howse that the process should be divided into two stages, first, opening the abdominal wall and stitching the stomach to it by six or eight sutures; second, opening the stomach itself five or more days afterwards. Mr. Thos. Jones, of Manchester, reports a successful case thus performed (*Lancet*, Jan. 7th, 1882) for stricture of the gullet due to swallowing nitric acid two years before, and Mr. Bryant reported, April 3d, 1882, that he had had three consecutive successes in cancer of the œsophagus. McCormac reported a case of malignant stricture in which the second stage was delayed fourteen days, with successful result. Nicholson also reported a good result to the Brit. Med. Assn. Felizet, of Lariboisiere Hospital, Paris, had a case in a young Swiss, who, whilst amusing himself with a long-handled spoon, accidentally let it slip into his stomach. To avoid escape of fluids and manipulation of abdominal organs a small rubber tube was introduced through one nostril into the stomach. The distal extremity of this terminated in a y-shaped branch, upon one division of which was a funnel, whilst the other was in communication, by means of a tube, with a recipient containing ether. The stomach was first washed out with a solution of sodii bicarb. poured into the funnel, and afterwards allowed to escape by lowering the distal end of the tube below the level of the stomach, on the principle of a syphon. Chloroform and antiseptic precautions were employed. An incision 7 cm. (nearly 3 in.) long was made, parallel to and 1½ cm. below the false ribs, extending from the line of hepatic dulness 3 cm. below and external to the xiphoid appendix to a point on the left side on a level with the junction of the ninth and tenth costal cartilages. The sheath of the rectus and some of its fibres were divided and the peritoneum exposed. Hemorrhage having been entirely arrested by torsion and ligature, the recipient containing ether was plunged into a vessel of water at 60 deg. C., when the stomach at once became distended with the vapor, and the peritoneum, being divided upon a director, protruded through the wound. Two sutures were then employed to fix the stomach to the abdominal wall, the ether being allowed to escape in order to ascertain whether the juxtaposition of the surface was complete. One spot appearing defective, the stomach was distended again and another suture inserted. An incision 6 cm. in length was then made in the

axis of the wound. After the vapor had escaped the stomach was found to be perfectly clean and empty (of food ?). "The spoon was felt lying transversely across, the stomach with one end in the pylorus, the other in the great curvature; it was then extracted without difficulty." The patient made a good recovery.

Dr. Coskery remarked upon this case that it was interesting in that it was completed in one "sitting," was done for a foreign body lately introduced, and in the size of the incision in the stomach, as also in the novel idea of blowing up this organ with the vapor of ether so as to make it extrude through the wounded abdomen. (This patient has lately died of peritonitis).

A similar case to the above is related in the *Lancet* of December 9th, 1882, as having occurred in the hands of a Japanese doctor. A man was cleaning his teeth when the brush slipped down his throat. Medical assistance was procured, and attempts were made to relieve the man's acute agony by purgatives, but to no avail. On the fifth day Dr. Hashimoto, principal of the highest medical college in Tokio, was called in, who made two incisions, cross-wise, into the abdomen, and, discovering that the sharp handle of the brush had partly worked its way through the stomach walls, he extracted it and sewed up the wound, the patient making a good recovery.

Mr. Hume opened the abdomen Sept. 2, 1882, and three days later incised the stomach with a tenotome for the relief of malignant stricture of the gullet but the patient died Sept. 13th.

In a recent paper by Mr. Green, of Bath, England (*Lancet*, Feb. 3, 1883), in which the author reports a successful case operated on by himself, the results of 60 operations are given, 11 for removal of a foreign body from the stomach of which 10 recovered rapidly and one died, presenting a striking contrast to the results when gastrostomy is done for malignant disease. The reason of this difference is not difficult to comprehend, since the former class of patients were in the possession of good bodily health and vigor, and had not been subjected to the influence of chronic starvation and the cancerous cachexia. This opinion is confirmed by the history of seven cases of gastrostomy in young persons for stricture due to swallowing corrosive poisons; two died, as alleged from inanition, Howse's operation having been done in one and the old operation in the other. Of the remaining five, three were relieved by the old (single) operation and two by the Howse method, from which it would seem that in traumatic stricture the single operation is as successful as the other.

In malignant stricture, however, the Howse operation carries the day. Of 22 cases by the old method, 20 died within a week, mostly about the third day; of 20 cases operated on by the Howse method, 11 lived over 14 days, and some were still alive several months after operation.

Ashhurst gives a table of 97 cases, of whom 76 (80 p. c.) proved fatal in from a few hours to three months; the remainder were recoveries, at least temporarily. By adding the above cases to Ashhurst's tables the fatality is much diminished, being 77 deaths to 24 recoveries. Dr. Coskery also thought that a life prolonged three months in cases of cancer of the gullet might be counted among the successes, and not as is done by Ashhurst, among the failures.

From the above facts the following conclusions were deduced:

1. Gastrostomy is justifiable (a) in cases where a foreign body has been introduced into the stomach which, owing to size and shape cannot pass through the pylorus; (b) in cases where malignant contraction or disease of the œsaphagus is progressing; (c) when the decrease in the calibre of the gullet is due to inflammatory action following the introduction of corrosive liquids and where such contraction will not yield to the bougie treatment.

2. Under all circumstances the first possible opportunity for the operation should be availed of. Mr. Bryant, alluding to cases in which decrease in the size of the gullet is the occasion for the operation says—"do it as soon as there is any difficulty in swallowing solid food."

3. The incision in the stomach itself should not be longer than ⅛ inch, unless made for the removal of a foreign body and then as small as will permit of its extraction.

4. The operation is most successful, ultimately where undertaken for the removal of foreign bodies or for accidental stricture of the gullet.

5. When done for obstruction to the swallowing of food, the operation should be divided into two stages, as was suggested by Mr. Howse."

Dr. Coskery next alluded to a case of successful gastrostomy, reported in the *Berlin Klin. Wochr.*, as having taken place in 1635, in a countryman, who had swallowed a table-knife seven inches long. The only unpleasant after symptom was hematuria; no sutures were used for the stomach.

As to Billroth's operation (resection of pylorus), it was considered as still upon trial and the writer was disposed to agree

with Ashhurst in regarding it "as hardly within the pale of legitimate surgery."

Splenectomy has been done for injury, disease, and on account of the enlargement accompanying leucocythæmia. Herbert Collier (*Lancet*, Feb. 11, 1882), reports 13 cases in which the first named conditions prevailed with 8 recoveries, and several other cases of successful partial excision were known to the writer. On the other hand not one of 16 cases done on account of leucocythæmia and reported by the same author recovered, death usuallyoccurring within a few hours. Of 61 cases reported by Ashhurst, 27 were done on account of injury or disease confined to the organ and all were successful; whereas in 33 leucocythæmic spleens 3 only were successful and these not very clearly reported.

The following conclusions upon the subject were announced: The operation of splenectomy for conditions unassociated with leucocythæmia is pre-eminently the most successful in abdominal surgery, but when the white cells are very abundant in the blood it probably is the most dangerous of operations and should be abandoned. The tendency to hemorrhage in this condition may almost be regarded as a barrier to the operation even in the incipiency of the disease. Mosler, Bryant and Collier were quoted as confirming this opinion; Collier calls it "a useless and deadly experiment."

Nephrectomy is an achievement of the last twenty years, having been done first by Walcott in 1861, and afterwards successfully by Simon, of Heidelberg, in 1869. It is now of frequent occurrence; Ashhurst gives a table of 103 cases, of which fifty recovered, forty-seven died, six were uncertain. Adding other cases of which the author had preserved records, the the total number is 114, of which ten were successful, forty-eight died, and in six no result is recorded. Thornton calls attention to the advantages of the lateral abdominal over the median or lumbar section and thought it would be the operation of the future. One authority, Mr. Clement Lucas, regarded the exploration of the kidneys as perfectly safe, "with no more serious danger than an incision into the calf of the leg." The following are the conclusions reached in regard to nephrectomy: The operation must be regarded as a justifiable one; the great difficulty lies in making a correct diagnosis between those conditions of the kidney requiring extirpation, simple tapping, and cutting down and extracting a stone from the pelvis of the kidney. By the incision made in the same direction as for lumbar colotomy, the operation should be as bloodless and as free from danger. The principal dangers are accidental adhesions and the shock of the operation.

EDITORIAL.

Douglas's Cul-de-Sac.—It is surprising how much ignorance prevails in the profession in regard to the exact site of this important anatomical locality. The writer knows of two eminent professors, otherwise thoroughly conversant with the anatomy of the body, who have made the mistake of confounding with it the posterior vaginal cul-de-sac, and from inquiries he has made it is believed that not more than one in ten of the profession at large would fail to commit the same error if questioned upon the subject. Probably much of the misconception arises from the fact that neither Thomas nor Gray—the two authorities most depended upon by students and physicians for a knowledge of the female pelvic organs—even mentioned Douglas' cul-de-sac in their earlier editions, and the writer well recollects the difficulty he had on first meeting with the word in finding the definition of it. Whether the last editions of these authors supply the deficiency the writer does not know, not having access at the moment to them. In view of the prevalent misunderstanding, it would seem to require no apology for pointing out that the posterior cul-de-sac of the vagina, and the pouch formed by the reflection of the peritoneum between the rectum and vagina, or Douglas's cul-de-sac, are two distinct things, with no other relationship than that of proximity.

The Baltimore Medical College.—When the Baltimore Medical College was founded about two years ago two features were prominently announced as forming the basis of its management and distinguishing it from other institutions in our midst designed for the education of medical students. One, the corner-stone, as it were, of the edifice, was the element of Christianity. The professors were to be required to declare their belief in Christianity, and it was to be sought to bring the influences of religion directly to bear upon the students. In consequence of such declarations the school was generally referred to as the "Christian" Medical College—in contradistinction to others which ignored the religious feature. Another essential ele-

ment was the co-education of the sexes which was especially designed to meet the wants of female missionaries. The teaching of dentistry, and a lengthened session were also proposed; the former has not yet been realized, the latter has been announced but it does not appear that special means are used for its enforcement, and as we have heretofore pointed out, under the system at present prevailing in the vast majority at least of our medical schools, the attendance of students is not to be taken for granted.

The official announcement by the Dean, at the recent commencement, that the co-education of the sexes had been abandoned shows that the brief career of the college has brought about a very considerable change of sentiment in the members of the Faculty upon this subject. Their experience, however, does not seem to be singular since the medical co-education. of the sexes has resulted in very general failure wherever tried.

It may furthermore be stated (upon the authority of a member of the Faculty) that the Christian feature has also been abandoned. If this be so it has removed one of the chief subjects of criticism in the school, and one which has subjected it to the suspicion of using religion as a means of advancing its interests and securing success.

It would seem then that the school is to be placed on the same plane as the other schools, and that it will hereafter depend upon its legitimate merits only. In consequence, it must expect to be viewed with critical eyes in these days when men are beginning to scrutinize more closely the workings of such institutions. It has placed itself in the position of a self-constituted model for the imitation and "emulation" of the other schools, and it must, therefore, show in what its superiority consists. Certainly in the field of clinical medicine it cannot claim equality even with any of its associates since it is entirely unprovided with hospital advantages, and without any reliable prospect of any in the future, so far as we can learn.

THE BANQUET TO DR. HOLMES.—The complimentary banquet given at Delmonico's, on April 12th, by the profession of New York City, to Dr. Oliver Wendell Holmes, was an honor handsomely awarded to one of the most gifted members of the medical profession of this century. After years of faithful service as a teacher of anatomy at Harvard Dr. Holmes recently retired from this chair to devote the remainder of his life to purely literary pursuits. This fact suggested the propriety of expressing to Dr. Holmes the full esteem in which his life's work was held by his professional friends and admirers.

The talent and culture of the profession in New York City warmly united in the effort to pay a graceful tribute to this eminent representative of science, art and literature.

The distinguished assemblage and the happy sentiments expressed on that occasion show the genuine appreciation in which the profession hold such of its members as, by virtuous lives and noble achievements, contribute to the glory of a humane calling.

Whilst the personal charms of Dr. Holmes are no less to be admired than his literary efforts this high compliment may be regarded as a recognition of his genius as a poet, philosopher and scientist.

Leading a busy life as a teacher of pure science Dr. Holmes has taught his professional brethren what one may do in prose and song to cheer humanity to higher living.

THE NORTH CAROLINA BOARD OF HEALTH.—This useful organization, instituted by the medical society of our sister State in order to look specially after the health interests of its people, and which has lead a useful although necessarily restricted existence for several years, has, like our National Board of Health, had to succumb to the ignorance and short-sighted policy of the statesmen in whose hands the interests of the people of North Carolina have been placed. These men are not willing to continue the insignificant appropriation of $200 per annum upon which the Board has been kept alive. If the leaders of the people are thus ignorant what must be the condition of the masses! And what could illustrate more strikingly the need of popular instruction in regard to sanitary matters than the withdrawal of the pitiful appropriation by the Legislature of North Carolina or the violent and senseless diatribe in Congress of Mr, Ellis, of Louisiana, against the labors of the National Board of Health, which latter has been held up to such scathing and merited rebuke by our distinguished contemporary, the *Phila. Med. News*.

Nothing illustrates better the good sense and advanced civilization of the English people than the respect and attention they pay to matters relating to the preservation of the public health. It is only by general enlightenment of the masses that we can expect to achieve similar results, and the medical profession alone are competent to give the needed instruction. We need much a cheap but authoritative literature for general distribution and popular health lectures to which the public may have ready access.

Drs. Randolph Winslow and Wm. T. Councilman, two of our editorial staff, left Baltimore on the 26th ulto. for Europe.

MISCELANY.

Nerve Terminations in Muscles.—*M. Waldeyer*, of Strasburg (Congress of German Neurologists and Alienists) following the researches of Dr. Brenner on the striated muscles of frogs and lizards, met with the following results: 1. The terminal motor plaques frequently receive fine non-medullated nerve-fibres. These non-medullated fibres are the same kind as innervate the vascular walls. They have such a long course that it is impossible to discover if they come from medullated fibres. Many times it may be observed that the same bundle furnishes non-medullated fibres to a terminal plaque and to the vascular walls; sometimes a single fibre divides into a branch destined to a muscle and a second destined to a vessel. Besides, the non-medullated fibre may go to the same terminal plate formed from an ordinary non-medullated fibre, or the non-medullated fibre may itself constitute a terminal apparatus situated beneath the sarcolemma. In both cases the terminal apparatus is umbelliform. 2. One frequently sees the anastomosis of the different terminal plaques in the same muscle, or in different neighboring muscles. 3. Two medullated fibres may end in the same terminal plate. 4. There exist numerous forms of transition between terminal motor apparatuses of the frog and the higher vertebrates.—*Archives de Neurologie*, March, 1883. H. J. B.

The Development and Growth of Nerves.—*M. Vignal* (*Le Progres Med.*, March 18) has given the following as the result of his researches, in a paper read before the Society of Biology: 1. The nerves are developed from centre to the periphery, in the form of fasciæ, fine fibrillæ and granulations ranged in order, and immersed in a homogeneous material. The periphery of these fasciæ is covered by embryonic connective cells, later by a process of proliferation; these cells penetrate into the interior of the nerve fasciæ, and multiply there, dividing the fibrillæ into small bundles and cover them. At the same time they differ from the ordinary connective tissue cells by the great length of their longitudinal diameter, as compared with their transverse diameter, and being applied to the surface of the bundles of fibrillæ, and constituting a special envelope for shaping and welding them together. At this time the nerve fibre is made up in its essential parts by the bundle of fibrillæ surrounded by protoplasm, which, itself surrounded by an envelope, is the axis cylinder.

The myeline appears toward the end of the third month of intra-uterine life, under the form of a thin layer which envelopes the axis cylinder; sometimes it does not appear in the whole length of the nerve fibre, but in the form of balls more or less elongated. In the following months it gains in thickness; but parallel to this there is a development of the protoplasm, which often occupies much more space than the myeline. Towards the end of embryonic life, the fibres with the exception of the protoplasm, have almost all the appearances of adult fibres. The development of the nerve fibres is much more rapid near the centre than at the peripheral points.—*Phila. Med. News*, April 7, 1883.

H. J. B.

Nausea and Vomiting in Uterine Affections.—We often find that in women the subjects of uterine affections, nausea or even vomiting persists for months or even years, and, as a general rule, remedies prove of little use until the original affection or its reflex consequence has disappeared. Dr. Cheron, however, has under these circumstances found great benefit result from the administration of bromides in an effervescing mixture, of which the following is the formula: No. 1.—Bicarbonate of potash, 2 grammes; water, 60 grammes, and bromide of potassium 2 grammes. No. 2.—Citric acid, 4 grammes; water, 120 grammes, and syrup, 40 grammes. A teaspoonful of No. 1 and a tablespoonful of No. 2, to be poured into a glass and drunk immediately. The dose may be repeated every hour or half hour—the quantities stated in the above formula representing the maximum to be taken per diem. In localized pelvi-peritonitis this mixture often arrests the tendency to vomit even during the acute stages.—*Archives de Tocologie*, Feb., *Med. Times and Gaz.*, April 7, 1883. T. A. A.

The Fiftieth Annual Meeting of the Tennessee State Medical Society

was held in Nashville, April 10th, 11th and 12th, Dr. W. F. Glenn, President, in the Chair. About seventy members were present. Very little medical work was done. The following officers were elected for the ensuing year: Dr. A. B. Tadlock, of Knoxville, President; Drs. A. Morrison, W. W. Taylor and D. C. Wright, of Nashville, Vice-Presidents; Dr. C. Fite, Secretary, and Dr. D. J. Roberts, Treasurer. The next meeting will be held in Chattanooga on the second Tuesday in April, 1884.

The Kentucky State Medical Society held its annual meeting this year at Louisville, April 4 to 7, inclusive. The following officers were elected for the ensuing year: *President*, Dr. J. N. McCormack, of Bowling Green; *Vice-Presidents*, Drs. J. M. Riffe and G. M. Harwood; *Secretary*, Dr. S. M. Letcher; *Treasurer*, Dr. H. Brown. The Society will meet next year at Bowling Green, the first Wednesday in May.

The Effect of Alcohol Upon the Fœtus Through the Blood of the Mother.—*Dr. W. A. McDonald*, of Lynn, Mass., delivered a woman, profoundly intoxicated, of a very large child, which lived only three hours, and died, it was believed, from alcoholic poisoning. The use of forceps and the death of the child were made the pretext by a priest for making statements reflecting upon the skill and moral character of the medical attendant. A suit was instituted, and in the testimony the local medical witnesses agreed with the defendant that no quantity of alcoholic stimulants taken into the mother's system can in any way affect her unborn child.

The opinions of Dr. J. C. Dalton, W. B. Carpenter and Dr. B. W. Richardson were furnished in testimony. Dr. Dalton held that if the mother were deeply intoxicated at the beginning of labor he would not be surprised to find the new-born infant affected in consequence. Dr. Carpenter stated that it was not only *possible* but probable that blood poisoning of the fœtus by alcoholic intoxication of the mother during parturition, may so torpify the respiratory centres of the infant that ordinary inspiratory movements may not be excited, and the child be "stillborn." Dr. Richardson fully corroborated Dr. Carpenter's views.

The editor of the *N. Y. Med. Record*, commenting upon the opinions of these eminent savants, says: "We must consider it, in the lack of positive facts, extremely improbable if not entirely impossible, that the fœtus should be fatally poisoned by alcohol through the blood of the mother. Alcohol is rapidly eliminated from the mother's system, and no great amount can exist in the blood at a time. On the other hand the fatally poisonous dose of alcohol is considerable."

As bearing upon this question, something may be learned by comparing the effects, upon the fœtus, of other drugs administered to the mother. It is a recognized rule of practice that opium, belladonna and other narcotic agents may be administered to the pregnant woman within the usual limits. A dose which would be prejudicial to the mother would in all probability act in a similar manner upon her unborn child and *vice versa*.

The influence of chloroform administered during labor has been questioned upon the same grounds, yet there are few practitioners who withhold this agent through fear of danger to the fœtus. As the fœtus obtains its nutriment from the maternal blood, through the placental circulation, it is not improbable that any agent which was exercising a poisonous influence over the maternal tissues would fail to exercise a pernicious influence upon the fœtus. The dependence of fœtal existence upon the healthy functioning of the maternal organs should teach the importance of guarding the mother against the use of agents of known poisonous properties.

T. A. A.

Position of Heart's Impulse.—*Marianini and Namias* (*Gazz. degli Ospitali*, Nov., 1882, and *Lond. Med. Rec.*, March, 1883), carefully examined 55 healthy persons of both sexes and all ages, in the upright position, 54 surgical and 126 medical cases. Their conclusions are: 1. The heart's beat occupies in 67 p. c. the fourth intercostal space, in 33 p. c. the fifth. 2. The difference in favor of the fourth space is greater in the female sex than in the male; in females 86 p. c. in the fourth and 14 p. c. in the fifth, whilst in males in 62 p. c. the heart's impulse is in the fourth, and in 38 p. c. in the fifth. 3. With advancing age,

the cardiac beat is lowered. 4. The erect position also lowers it. 5. All maladies of the respiratory apparatus, not only chronic, but also acute, which embarrass the circulation through the lungs, such as extensive pneumonia, capillary bronchitis and pleurisy with copious effusion, lower the heart's impulse.

LAPAROTOMY FOR LARGE OMENTAL TUMOR.—Abdominal section was performed on the 10th of March (*Lancet*, March 31, p. 561), at the Children's Hospital, Dublin, by Mr. Lambert H. Ormsby, surgeon to the Meath Hospital. The patient, unmarried, aged 26, had suffered from a large abdominal tumor for six years. She had never been tapped. Mr. Ormsby operated under the antiseptic spray by the usual median incision as for ovariotomy. When the abdominal cavity was opened, an enormous quantity of ascitic fluid escaped, and the tumor came into view. It was multilocular, and contained some thick fluid, but was made up for the most part of brain-like semi-solid matter. The growth was not attached to the ovary or uterus but appeared to spring from the great omentum. The pedicle was tied with two stout catgut ligatures and cut off short. No cautery was used to the pedicle. The abdominal incision was brought together with catgut and silkworm gut sutures, and dressed with the antiseptic gauze. The tumor, together with the fluid removed, weighed 75 pounds. The patient has progressed most favorably since the operation. T. A. A.

IODINE AS AN ANTIDOTE FOR SNAKE-BITE.—*Dr. G. W. Carpenter*, of Moorfield, W. Va., calls attention (*Med. News*, April 21, 1883) to the value of iodine in the treatment of snake-bite, and reports two cases in which the internal use of this drug exercised a potent influence over the venom of the copperhead snake. In each instance the patient was suffering from the effects of the poison and other agents had failed to give relief. He administered 15 gtts. of tinct. iodin. comp., in a third of a glass of water. In about a half hour the intensity of the paroxysms of pain began to lessen, and at the same time there was a corresponding improvement in all the other constitutional symptoms, and in one hour from the time he administered a single dose of the remedy, the patient was comfortable. The remedy was applied locally to the bite and also continued in ten-drop doses every three hours for several days. The doctor says: "The relief it afforded in the two cases in which it was prescribed by me was so marked and gratifying that I must bespeak for it a reasonable trial in similar cases."

FEES OF MEDICAL PRACTITIONERS IN LONDON.—"General practitioners charge from half a crown to seven shillings a visit, and this charge includes medicines supplied. Consulting practitioners, whether physicians or surgeons, charge a guinea per consultation. For the first interview, it has of late years become customary with many to charge two guineas. For visits, consulting practitioners charge by distance. For short distances a guinea a mile is charged, with a maximum charge of two guineas. For long distances one-third of a guinea is charged per mile for the double journey, i. e.: sixty guineas would be charged for a journey of ninety miles and back. Though these are the accepted fees, it will readily be understood that they are subject to variations."—*Cor. of N. Y. Med. Record*, April 21, 1883.

MEDICAL ITEMS.

THE Bellevue Hospital Medical College announces that the standard of medical ethics recognized by the College is embodied in the Code of Ethics of the American Medical Association.=Sir Erasmus Wilson, although in his seventy-fourth year, is engaged in active and laborious work. He is President of the Biblical Archæological Society and Treasurer of the Society of the Buried Cities of Egypt. His present studies are Egyptological.=The Bowers bill to regulate the practice of medicine in the State of Indiana has been defeated by the Legislature by a vote of (in the House) 46 to 41.=The Medical Society of the County of Kings (Brooklyn, N. Y.), at a meeting held April 17th, decided, by a vote of 46 to 35, that "it is inexpedient to discuss this general code question further for the current year." This action the *Record* considers a decided victory for the new code.=Dr. John R. Uhler has resigned the Professorship of Surgery in the Baltimore Medical College. Dr. Geo. Halsted Boyland is spoken of as his successor. Other changes are said to be anticipated in this school.

Original Papers.

MEDICAL BIBLIOGRAPHY.

BY JOHN S. BILLINGS, M. D.,
Surgeon U. S. A.

(*Abstract of Annual Oration delivered before the Med. and Chir. Faculty of Md., April 26th*, 1883).

The speaker returned thanks for the honor shown in selecting him to deliver the address, and also in his election to honorary membership. He spoke of the difficulty experienced in selecting a subject. After considering various matters of local interest he had finally selected "Medical Bibliography and How the Faculty Can Promote it."

Bibliography is defined by the encyclopædia Britannica as the "science of books having regard to their description and proper classification." This definition does not fairly include the most usual sense in which the term is now used as applied to a particular subject, that is, as giving references to all the literature of that subject, including not only the titles of books and pamphlets specially treating of it, but also articles in periodicals and transactions, and even single paragraphs which furnish information with regard to the matter in hand. The speaker illustrated this by quoting various interrogatories received at the Surgeon-General's Library, which give the term a scope commensurate with that of "the science of medical literature." The greater part, however, of medical bibliography does not go beyond the titles of books or articles.

The first separate work on the subject is that of Pascal Lecoq, or Paschalis Gallus—the Bibliotheca Medica, published at Basle in 1590, which gives a list of about 1300 medical authors. In 1591, Israel Spachius published at Frankfort his "Nomenclator Scriptorum Medicorum," a subject catalogue containing the names of 1436 authors. The data for both works appear to have been derived mainly from the Bibliotheca of Conrad Gesner, the medical section of which was never published. A list of the titles of bibliographical works down to 1874 may be found in Pauly's Bibligraphie des Sciences Médicales, a volume of over 1800 pages. Special mention was made of Haller's Bibliothecæ, which in eight quarto volumes, were characterized as "a remarkable piece of work," forming a history of medicine rather than a bibliography. The arrangement, however, is inconvenient, being in order of date, and the index is very imperfect. Their great value is in the clear, brief analyses and pithy criticisms, and in the fact that he clearly indicates the books which he himself has seen. Unfortunately in printing he forgot to give his system of abbreviations, some of which are now unexplainable and have led to error. All the works since Haller are largely indebted to him for information. Most of them are more useful to a bookseller or librarian than to a physician. The best medical bibliography will be found in the French dictionaries or encyclopædias of medicine, in monographs and in articles in medical journals.

The author next considered the methods used in medico-bibliographical work; 1st, the old-fashioned way—the personal search for reference; 2nd, the modern mechanical way—paying some one to do it and then publishing the list without consulting the works; this has, however, now become a necessity as the great mass of material cannot be handled in any other way. The author warned his hearers as to the errors inherent in this method and quoted Sir James Paget to the effect "that in the superabundance of means of publication we shall lose the accuracy which should be at the bottom of our work."

Sincerity was urged as an essential condition of bibliographical work and a French author quoted: "It is an act of elementary scientific honesty to cite only the books which one has read. * * * Of course one can neither consult all authors nor have at his disposal all the collections and books which contain desirable information, but if one cannot consult the original record there is certainly nothing to prevent stating that a given bibliographical note is given at second-hand and noting the authority for it. * * *" The author insisted upon the importance of noting the uselessness of references: "It is precisely this critical indication of the value of a paper which makes the difference between good and bad bibliography, or between bibliography properly so-called and catalogues or indexes." This seems to follow from the consideration of the purpose for which bibliographical details are given, viz: to save the reader time and trouble in

case he wishes to verify or enlarge upon the author's statements.

The author illustrated the rules which should prevail in bibliographical work by a review of errors occurring in Jaccoud's Bibliography of Diabetes, which at the same time he highly commended for its usefulness and extensive research. The merits of a bibliography are to be judged by: 1. Its accuracy. 2. Its completeness. 3. Absence of redundance or repetition. 4. Its form, classification and readiness for reference. The best specimens of medical bibliographical work with which the author was acquainted are that given by Dr. Woodward in the medical volume of the second part of the Medical and Surgical History of the War, and the work of Petit.

The author said the feeling with American physicians was rather one of undue uncritical admiration of bibliographical matters than of contempt or dislike, but they had not had until recently at command the means of research of their trans-Atlantic brethren. The members of the Medical and Chirurgical Faculty were more favorably situated in this respect, having access not only to their own rather limited library but also to the Surgeon-General's great collection in Washington. Alluding to the latter he said: "It is your library, intended for your benefit and use and not a Bureau library intended for the use of officials. "He recommended that the Baltimore library should be of a local character, a depository for all the medical writings of the city and state as far as they could be procured. The limited funds would naturally be devoted to the purchase of medical journals. The system of care and storage should be perfected so as to secure the books against "unauthorized borrowing," and in order to secure the benefits of the loan system adopted at the Washington Library. The Washington Library is a reference not a circulating library, but it will loan freely to libraries "which are so constructed, located and managed that the books in them are secure against fire, theft, etc."

The speaker then gave some suggestions as to the most convenient methods of using libraries and especially the Washington Library. A comparison was made of the Washington Library and that of the British Museum, the largest in the world, the result of which showed that the two are nearly equal as regards books, but the former is much the richer in medical journals, transactions, and reports. "As the result of these comparisons, I think it is safe to conclude, that the Library of the Surgeon-General's Office in Washington not only contains more medical literature than the British Museum or the National Library of France but that it covers a wider field, represents better the medical literature of the whole world and is decidedly a better practical reference and working collection for medical purposes than either of the great libraries referred to." Each is richest in its own national literature, but the French is comparatively poor in English and German medical books and has almost nothing in American medical literature. The English is also poor in American literature and comparatively weak in German medicine of the present century. Both are rich in the literature of the 15th and 16th centuries. Both have been in existence for over 300 years and have had almost unlimited funds for the purchase of books. "Why, then, is it that they do not contain all medical books which have ever been printed, and that your medical library in Washington, which is only about twenty years old and has never had in any one year funds sufficient to purchase more than two-thirds of the medical books printed in various parts of the world during that same year, should already be equal if not superior to them in practical value?" He thought it largely due to the Washington Library having been kept separate from the general national library, which has secured a much greater interest on the part of the medical profession than is the case with the English and French libraries. As a matter of fact but little use is made of these libraries by medical writers who prefer the special medical libraries of London and Paris or those of the Royal College of Surgeons, and Medico-Chirurgical Society, or those of the Faculty of Medicine or Académie de Medicine. It is to such special libraries that physicians give their books and pamphlets. There is pouring into ours a steady stream of literature, the sources of which are by no means confined to this country. He spoke of the interest shown in the Washington Library and said that he could name a number of gentlemen who take almost as much interest in it as if it were their own, and who are constantly on the look out to sup-

ply its deficiencies. This interest will rapidly diminish if it be merged into a general national library. It is not to be expected that the manager of a large miscellaneous library, if well fitted for his position by a knowledge of general literature, should also be familiar with the various departments of scientific literature and no subordinate or assistant will have the same stimulus to do good work that the man who is responsible in the eyes of the public will have. A proper and commodious fire-proof building, independence of the Congressional Library and funds sufficient to enable it to secure all new medical books and to collect the best of the old, are the requisites of the Washington Library. The making and keeping this Library complete is one of the most valuable means of advancing medical science which is within our grasp.

"I like to see on the Doctor's shelves" said Dr. Billings, "a little group of books such as Sprengel's or Daremberg's or Hæser's histories of medicine, the letters of Guy Patin, the Medical Portrait Gallery of Pettigrew, the works of John Brown, of Edinburgh, or a collection of pamphlets relating to local medical history; and it certainly does not cause a lower estimate of his ability as a practical physician and surgeon to know that he reads something else besides manuals and text-books."

The address concluded with an allusion to the origin of the "quaint old-timey," name preserved by the society, a name by which physicians have been known for the last 300 years. When we speak of the "Faculty" it is understood by the world at large as referring only to the medical profession. This special meaning of the term originated in the old University of Paris where those who graduated as doctors graduated also as teachers. They were constantly brought, in the exercise of a liberal profession into relation with the public, hence their affairs were of more interest to the public at large than the other "Faculties," which were composed only of teachers, and consequently they became known as "the Faculty."

"As the Faculty of Maryland has preserved the name let it also preserve the best of the traditions, such as for example that the Doctor should be what his name implies an educated gentleman."

A CONTRIBUTION TO THE ETIOLOGY OF DIPHTHERIA.

BY RANDOLPH WINSLOW, M. D.

During the past winter and the present spring, diphtheria has prevailed to a large extent in Baltimore, and has been of exceptional maligancy. Every part of the city has been infected, and every class of the community have been the sufferers, the rich and well-informed as well as the poor and ignorant. It has been no uncommon thing to see notices of the death of two or three and sometimes four in the same family.

The mortality has been chiefly amongst children, but some impressive deaths have occured amongst adults.

Where this disease is so prevalent there must be local causes for its development. As a slight contribution to the history of the causation of the disease, I desire to place the following report upon record:

About midnight of March 24th, 1883, I was called by Geo. Lewis, to visit his daughter, who was living on Jenkins Alley near Preston Street, in the immediate vicinity of Mr. W. W. Spence's fine mansion "Bolton." The house was situated in a small court running back from the alley, and was one of a row of small tenements, known as Gunnison's Row. The house itself consisted of four rooms and a cellar, without any yard. There was no hydrant upon the premises, and any water used had to be brought from some of the accommodating neighbors. The whole place was dilapidated and filthy. The girl, 15 years of age, was dead when I arrived, and from the great tumefaction of the submaxillary and other lymphatic glands of the neck, I have no doubt that diphtheria was the cause of death. Several of the other children had sick with diphtheria, as the rather intelligent mother informed me; and one whom I examined was then quite ill with the disease.

Upon entering the house I noticed a very offensive odor, and upon inquiring whether the privy was near the house, was told it was in the cellar. I went into the cellar and found a small privy, with a pit possibly 8 feet deep, and without any possible means of ventilation, hence all the gases escaped directly into the dwelling. The man informed me that when he first occu-

pied the house, there was no water-closet at all, and they were obliged to use that of the neighbors. The tenants complained about this, and the owner placed pits in the cellars of at least two of these tenements The property is owned by a man named Gunnison, and each house rents for $8 per month.

I notified the health officer of the circumstances of this case, but as far as I have heard no action has been taken in the matter. That such a menace to the health of the city should be allowed to remain, is a disgrace to any respectable community. The privy system of Baltimore is bad enough at its best, but to transfer the cesspools to the interior of the houses themselves is abominable, and deserves severe punishment.

Clinical Notes.

FROM THE OUT-PATIENT DEPARTMENT OF THE UNIVERSITY HOSPITAL.

BY WM. B. CANFIELD, A. M., M. D.,
Chief of Surgical Clinic.

CASES OF GANGLION.

CASE I.—This presents the following history: A stout colored woman, of about 40, has noticed a swelling on the palm of the hand for eight or nine years. This swelling grew perceptibly and was painful at first, but of late has not materially increased in size, nor has it been very painful. One of the first questions naturally asked her is, "What is your occupation?" She is a laundress; that assists in the diagnosis. On examination there is noticed a doughy swelling over the ball of the thumb, extending to the ulnar side of the palm. On palpation there is distinct fluctuation in every direction. Consider the length of time she has had this affection and the almost entire absence of pain. In her occupation she is obliged to wring clothes, so a towel is given her, and as she wrings it the swelling is observed to be extended, hard and elastic on all sides. The diagnosis is *Compound Ganglion*, situated under the fascia of the palm and wrist, while the flexor tendons, by pressing on the ganglion, form a deep sulcus between its lateral halves. The contents of the sac are most probably a gelatinous fluid, containing granular cartilaginous bodies. Whenever a tumor of the wrist presents itself, ganglion should at once be suspected, as it is by far the most common form of tumor in this region.

This woman applied for treatment not on account of pain, for she has none, nor because she had any loss of strength, but simply because this is a deformity and an inconvenience; an operation will not be performed except with her consent and request.

Of course at present the prognosis is good, for the ganglion is not likely to increase in size. If she wishes to have the deformity removed the treatment would be: Rest from all work, and with the hand and wrist on a straight, stiff splint, the ganglion to be opened and the contents evacuated, the arm and hand all the while being at perfect rest. If no dangerous inflammation ensue in the joint the result of this operation will be of permanent good; but the great danger will be of inflammation extending to the sheaths of the tendons and anchylosis.

The only alternative will be to do nothing unless the ganglion become so large as to necessitate removal.

CASE II.—This case is interesting, although very much like the first. A white woman, fifty years old, has had a ganglion for ten years. She volunteered the information that she thought the lump came from wringing clothes, so that she was obliged to buy a wringer. This is the same cause as in the first case. In this the ganglion is situated on the dorsal aspect of the wrist and to the radial side. It began as a small lump about ten years ago, and at one time was so painful that she would have been "willing to lose the hand." Of late years pain has almost entirely ceased, except in damp and cloudy weather, when its existence is made known to her by a few twinges. She says it has not grown for several years. She does not wish an operation, and, therefore, one would be unjustifiable.

CASE III.—In this case of ganglion the patient, a girl of twelve, has the small, fluctuating tumor on the back of the wrist, over the end of the radius. She says it is painful and variable in size. No apparent cause. By the mother's wish this simple ganglion was operated on. As rupture of the sac was not deemed advisable, Prof. Tiffany introduced a small tenotomy knife sub-cutaneously, and squeezed out a yel-

low, gelatinous substance. Absorbent cotton and adhesive plaster were applied, and in a week the girl returned cured.

These three ganglia were alike, in all occurring in the right arm. The simple and compound differ as to the nature of their contents. In case II. a cartilaginous body could be distinctly felt just under the skin and floating in the contents of the sac.

DISLOCATIONS.

CASE IV.—A Constantly-Recurring Subluxation of the Humerus.—John D., laborer, for several years past has visited the different dispensaries in the city for the present trouble. He is 50 years old, not stout and very fond of drinking.

About eight years ago, while intoxicated, he suffered for the first time a dislocation of the humerus subglenoid in character. He says it was reduced under an anæsthetic with little trouble, and he had no dislocations for several years.

Now, however, as he is growing older and his ligaments are more lax, his arm is dropping out of place in a sort of arithmetical progression with his drinking. His arm has been out sixteen times in eight years, of which dislocations eight have taken place in the last ten months.

They generally occur after a drunk and more especially on Monday or Tuesday after he has been paid off on Saturday night.

Reduction is effected with no trouble under ether. It is possible to reduce this dislocation without an anæsthetic, but as he prefers to be unconscious during the operation, ether is given him. The patient having both arms bandaged, traction and counter-traction is made on both arms at right angles to the body, while the operator presses his stocking foot up against the head of the humerus, and the muscular force having been partially overcome the resultant of the other two forces draws the head into the glenoid cavity and the man is all right until the next time.

CASE V.—Partial Forward Dislocation of the Sternal End of the Clavicle.—Jennie Tyler, 21 years old, two days before coming to the Dispensary fell down a flight of stairs. She said her weight came upon the left shoulder, the arm being close to the side and the elbow forced backward.

She was bruised but did not notice any point particularly painful until night, when the left sterno-clavicular articulation began to pain her, and she saw a lump there. When she presented herself the motion of the left arm was very little interfered with. Pressing her shoulder forcibly backward caused the sternal end of the clavicle to spring forward and rendered the diagnosis clear.

Although this is the most common form of all clavicular dislocations, still in itself it is rare because, as is well known, the ligaments are so strong at the articulation, that most clavicles prefer to fracture under pressure of any force. Prognosis is good although it is probable that the bone at the articulation will be always over-moveable. The only treatment is to fold the arm across the chest and take its weight off the body by a sling.

FRACTURES, ETC.

CASES VI AND VII.—Two Elbows.—Two cases of apparently stiff elbow appeared for treatment, one a boy of eight, the other a girl of twelve.

Both at first sight seem to have the same small amount of flexion and extension.

In both pronation and supination are perfect. The boy fell on his elbow about three weeks before he came to the dispensary. Radius and ulna both found to be in place and intact. With some force, flexion and extension are possible. The external condyles normal, but on comparing both arms the internal condyle of the injured arm seems to be covered with callous, the groove for the ulnar nerve being filled up. Diagnosis is old fracture of epi-condyle.

The other case presents at first sight somewhat of the same history. She fell on her elbow, and says she cannot move the joint without a great deal of pain. There is no apparent injury to the arm. In taking into consideration the sex, age, and nervous condition of the patient, the diagnosis is not difficult.

By a little manipulation, while the patient's attention is attracted, the arm can be straightened and bent as well as the other arm.

After being told she is well, the girl can use her hand and goes away satisfied. This might be classed as a genuine "faith cure."

CASE VIII.—Fracture of Jaw.—The patient is a boy 17 years old. He was attacked

by a large dog which pulled him down, causing a compound comminuted fracture of the right inferior maxilla. There is little displacement, slight pain and inability to chew. Patient is put up with the usual starched paste-board splint under the chin and sent across to the Dental Department of the University, where a hard rubber interdental is nicely fitted over the seat of fracture.

There is a space between the teeth on the left side through which the patient can take food, and the patient says the splint is perfectly comfortable. A wash of tr. myrrh and chlorate of potash keeps his mouth clean.

HIP JOINT DISEASE.

CASE IX.—Child 8 years old, complexion light and hair sandy. The mother says she has hip disease as also do the many physicians whom she has visited.

On examination a rather peculiar state of affairs is discovered. The knee was first diseased, then a year or two after, the hip. The knee was treated by traction and to this traction is attributed the hip disease (?). There is a scar on the knee over the outer side and adherent to the condyle. There is also a sinus in front of the great trochanter. Here are two joints affected on the same side, but in such a way that the child will go on to a perfect recovery as far as her general health goes, The diseased limb, because its developing end is affected, will cease to grow while the other good limb will probably continue to grow until she is from 16 to 20.

The point to be noticed in this case is the knee affection.

In all diseases of the hip, one of the symptoms is a reflex pain at the knee, when the knee is in reality not at all affected. Here there was actually pain in the knee, followed by a diseased hip-joint.

BONE REMOVED FROM RECTUM.

CASE X.—Daniel Brogan, colored, twenty-four years old, has complained of diarrhœa for the past three years, with passages of blood, sometimes as often as three times a day. From the man's own statement a diagnosis of fissure of the anus would be made, but a thorough examination tells a different story.

And just here it may be said that it is never well to make a diagnosis of any disease about the rectum or anus until a careful digital and ocular examination has been made, and for this examination there is nothing better than a Sims' speculum. Many patients will make their own diagnosis of "piles," but they should *never* be believed until the physician has "looked into the subject" The patient in question is put in Sims' position and Sims' speculum introduced into the rectum, when a foreign body, sharp like a bone or pin, is discovered at the posterior portion of the rectum, within an inch of the anus. With a pair of forceps a small scale of bone, an inch in length, is extracted. The patient says he rarely eats fish, and the bone does not resemble a fish bone. It may be a scale of a chicken bone.

Society Reports.

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

EIGHTY-FIFTH ANNUAL SESSION.

(*Specially Reported for Md. Med. Jour.*)

(*Continued from p. 12, May 5.*)

SECTION ON PRACTICE.

Dr. R. H. Thomas, of the Section, contributed a paper entitled "*A Contribution on the Influence of Season and Weather on the Diphtheria Death-Rate in Baltimore.*" According to Dr. T., diphtheria has been endemic in Baltimore since the end of 1860, in which year it first made its appearance upon the mortality returns. It was impossible to obtain the number of non-fatal cases in the city, for the deaths bear no permanent relation to the whole number of cases. Still, the deaths furnish a clue to the number of severe cases. Up to the end of 1878, the official reports gave only the number of fatal cases per month, but since that date the reports have been weekly. The difficulty of the investigation is increased by our knowing neither the date of attack, nor, within a week, the date of death. It is important to bear in mind also, that even if the weather, etc., does exert a direct influence, the concurrence of other local causes will produce fluctuations independently of it. For example, other things being equal, a child attacked in a well-arranged house where there are no other children, if it be rigidly isolated, may cause no more cases; but if the disease break out in a

crowded tenement house, one case may prove a focus for the development of a great many cases. Before we grant that season or weather does exert a positive effect upon diphtheria, we must insist in regard to the season, that the curve of diphtheria bears a fairly constant relation to the season or months, as they recur, and that the exceptions be comparatively few or unimportant, and that the exceptions as to weather be few or only temporary. Although regarding croup and diphtheria as identical, Dr. Thomas did not feel authorized to include cases of the former affection in his statistics.

A diagram was exhibited, showing the average curve in the diphtheria death-rate for the last twenty-two years. According to this the least deaths occur in July; following this there is a rapid and steady rise until October, when the maximum is reached. This maximum is maintained, nearly, for the next two months. January shows a commencing fall, which increases in February, and continues on gradually until July. In comparing the individual years with this curve, July was found lowest, or as low as the lowest on the list in fourteen, eleventh in one, seventh in one, eighth in one, and sixth in three. July shows the lowest figure once with April and June, once with May and June, and twice with August. Besides this the lowest occurs twice in March, three times in April, once in May, and once in June and August; it is never met between August and the succeeding March, and, with two exceptions, not till April. The rise in the death-rate occurs with great regularity after July; in seventeen years every month thereafter has a larger diphtheria death-rate than July. In the remaining five years the exceptions are mostly unimportant, occurring chiefly in August, although sometimes in the other months, as December.

In fourteen years the highest number of deaths is found in the last three months of the year; in the other years it is distributed between January, February, March, April and September, never occurring between April and September. Comparing the years month by month, January almost always shows a fall from the height attained in the three preceding months; February a fall on January in fourteen years; March has no constant relation to February; April has fewer deaths in fifteen years; May and April nearly correspond; June shows a fall on May in twelve, and July a fall on June in fifteen. After this the rise is regular; August is more than July in sixteen years; September than August in eighteen, and October than September in thirteen; after which the months nearly correspond. Both on the diagram and year by year, September shows an equality with January, and August with February (the number of times one of these months exceeds its comparison month being counterbalanced by the number of times it falls below it). Thus we have a very slow, fluctuating fall in the spring, and a rapid rise in autumn.

This season curve agrees fairly well with results obtained by other observers, who have believed that season exerts an influence.

This season curve does not seem to exert so great an effect on epidemic diphtheria, though Dr. Airy found the greatest number of outbreaks in England in October. It is interesting that neither heat nor cold alone can be blamed, and that the rise is most rapid and the maximum reached at the very season most suited to fungoid growth.

The conclusions which Dr. Thomas deduced from his charts showing the diphtheria death rate, the average barometer, the rainfall, the direction, maximum and mean velocity of wind, thermometric variations, humidity and approximate cloudiness for each week from January, 1879, to April, 1883, were as follows: While the total rainfall for the year seemed to exert no regular influence, the distribution of the rain seemed to have a good deal. A continued and heavy rainfall occurring at any time was followed by a rise in diphtheria. This was specially noticeable when the rainfall occurred during the summer and autumn. No connection could be found between great cold and high humidity, though heat and humidity appeared to act as predisposing causes.

Dr. T.'s conclusions, which he regarded as only to be accepted tentatively and as pointing the way to future investigations, were:

1. That while the weather alone does not regulate the absolute number of deaths from diphtheria, it has a very important bearing upon the rise and fall of the violence of the disease, although temporary fluctuations occur independently of it.

2. Temporary changes in the weather have but little effect, but a continued prev-

alence of certain kinds of weather does cause a rise or fall in the mortality from diphtheria.

3. The conditions favorable to a rise are low barometer, low winds, especially from the east, high temperature, with high humidity and heavy or continued rainfall.

4. The conditions favorable to a fall are high winds, especially from the west, low humidity with high temperature, or high humidity with low temperature and (generally) a high barometer.

DELEGATES.

The following gentlemen presented their credentials and were admitted to the privileges of annual membership: Dr. A. A. Hanna, Cecil Co. Med. Society; Dr. Walter Wyman, Clinical Society of Md.; Dr. J. H. Patterson, Balto. Acad. of Medicine; Dr. J. T. King, Balto. Medical Association.

RESIGNATIONS.

Dr. W. W. Murray, removed from the city, and Dr. J. Shelton Hill, presented their resignations which were accepted.

SECOND DAY'S PROCEEDINGS.

REPORT OF SECTION ON MATERIA MEDICA AND THERAPEUTICS.

Dr. T. Barton Brune presented a report from this Section on "*Urinary Chemistry.*" He devoted his attention principally to the recent Lumleian Lectures on "Uric Acid: Its Physiology and Its Relation to Renal Calculi and Gravel," by Alfred Baring Garrod, to various urinary pigments of recent discovery, and to Picric Acid, Dr. Geo. Johnson's Test for Albumen and Sugar in the Urine.

Dr. Garrod holds in the lecture referred to (still being published in the English Journals) that uric acid is formed by the *kidney cells from nitrogenized material* brought to them in the blood. He adduces various facts in support of this view, as that uric acid cannot be recognized by our tests in healthy human blood, and that he had never found a trace of it in the ox, sheep, pig and other animals. Also that the blood of birds contains no unusual quantity of it, whereas—since their urine contains relatively a *thousand* times as much uric acid as man's—their blood should, on the theory of filtration, contain a much greater relative amount of uric acid. According to Garrod, the uric acid is found in the kidney as urate of ammonium, which becomes converted into sodium urate in the presence of sodium salts in excess in the blood. Garrod considers the nucleus of calculi to be due, not to uric acid but to perversion of kidney cell secretion and the action of some colloid matter.

As to the influence of diet on the production of calculi, Garrod thinks that while sweetened fruits and vegetables are injurious, simple sugar, whether in the form of glucose, cane sugar, or lactose, is harmless, and not gout-producing. Further, G. knows of no experiment tending to show that the degree of acidity is increased by the administration of sugar. He is of the opinion that the use of spirituous and malt liquors does not affect the amount of uric acid at all, or at least not sensibly. Light wines, as Bordeaux and Rhine, with almost entire absence of unfermented matter and a considerable quantity of acid vegetable salts, are little liable to produce the gouty diathesis or to tend to calculus or gravel. Wines possessing the opposite qualities, as Madeira, Champagne, etc., are on the other hand, very apt to cause gout, and so with malt liquors. What it is in these liquids that causes gout, G. confesses that he does not know, but expresses the opinion "that it is the result of improper fermentation."

The Picric acid test of Dr. Geo. Johnson is based upon the observation that a solution of grape sugar, boiled with picric acid in the presence of an alkali will reduce the yellow picric to the deep-red picranic acid. Dr. J. claims that this test will detect 1.5 gr. of grape sugar in 10000 parts of water.

Dr. Brune expressed the opinion that if all be realized that Johnson claims, it will soon supplant all other popular clinical tests for albumen and sugar. Dr. Brune, however, thought that Johnson underestimated the importance of the formation of picrate of potassium as a source of error.

The same agent is used by Johnson for testing albuminous urine, being according to him a more delicate test than nitric acid. Picric acid will coagulate albumen under all circumstances.

SECTION ON SANITARY SCIENCE.

Dr. J. R. Ward, President of the State Board of Health, and Chairman of the Section, presented the report. He began by referring to the need of simple instruction upon sanitary subjects addressed to the masses. To preserve the national health hygiene must be taught to the young, and should form a part of the instruction in the public schools. Such knowledge received into the easily-moulded and receptive minds of the young leaves impressions which are indelible. Dr. Ward then referred to the recent prevalence of the smallpox in Baltimore and the need for further study as to

the best means of utilizing the benefits of vaccination.

SECTION ON OPHTHALMOLOGY, OTOLOGY AND LARYNGOLOGY.

Dr. A. Friedenwald, Chairman, presented the report of the Section. He spoke, first, of the tendency to specialism, and of the impossibility of isolating any portion of the body from others. He chose especially as his theme the relationship between spinal diseases and eye diseases.

Spinal diseases not unfrequently involve the eye, especially tabes dorsalis, in which the relationship was first noted, and which still furnishes the largest number of cases of eye anomaly. The exact proportion which the two classes bear to each other is not known. The eye symptoms may occur first, and even precede the spinal by many years. These symptoms may be involvement of the optic nerve, contracted or dilated pupils, or affections of the external muscles of the eye. Cyon found eye disturbances in 105 of 203 cases of locomotor ataxy. Erb found muscular anomalies in one-half the cases. Tropinard found visual disturbance in 49 of 102 cases. Besides locomotor ataxy, visual disturbances are also frequent in multiple sclerosis of brain and cord, chronic myelitis, slow compression and injuries of the cord, and they occur even in myelitis, as pointed out by Steffan, Allbutt, Seguin, and others. Rieger and Von Forster have also shown, by study of symptoms and post-mortem examinations of insane paralytics, that the accompanying optic nerve degeneration is not due to the cerebral lesions, but is referable to the spinal. They found that eye symptoms were always wanting unless disease of the spinal cord existed. The author next proceeded to consider *how* the eye becomes involved in spinal diseases. In multiple sclerosis and locomotor ataxy, for example, it takes place by different processes, and we must conclude that in the former the optic nerve affection does not depend upon any direct influence of the diseased cord, but that cord and eye are independently affected. Changes in the optic nerves can also result, especially in traumatic lesions of the cord, without an involvement of intermediate structures; in these cases we must assume a transmission by vaso-motor disturbance conveyed in the tract of the sympathetic nerve, and a considerable mass of evidence was adduced in proof of this mode of conveyance. Opthalmoscopic appearances are not reliable indications of spinal disease; but disturbances of function, especially the red-green color blindness and the contracted field of vision, particularly the sector-shaped defects, yield very important data. Sensibility to light is another significant symptom. The examination of the tendon reflex will often lead to the detection of spinal disease before the ordinary symptoms have appeared. Westphal first pointed out the importance of the absence of tendon reflex as a diagnostic aid in all cases of optic nerve atrophy, and others have since confirmed his statement. As for the condition of the pupils, when these are *contracted*, the fact that they undergo no changes, whether the patient be in a dark chamber or exposed to the most intense light, but still exhibit those changes with efforts of accommodation, points to a spinal origin. Spinal myosis is one of the principal symptoms in the differential diagnosis of atrophy of the optic nerve due to spinal disease. Whilst alterations found in the optic nerve and pupil can be explained by disturbance of the sympathetic, the cause of disturbances in the external muscles of the eye is more obscure. Paralysis appears as a very early symptom in spinal disease, sometimes assuming a very transitory character; at others persisting obstinately. The muscles supplied by the fourth pair of nerves seem to enjoy almost entire immunity; those supplied by the third and sixth nerves are attacked with about equal frequency. Sometimes the motor oculi of one eye and the abducens of the other are simultaneously and exclusively affected. Syphilitic paralysis bears a great resemblance to that from spinal lesions, but complete motor oculi paralysis is more frequent in the former.

It may be said that in excluding this group of symptoms from the general influence that passes from the cord to the eye, the whole theory of the dependence of the eye complication upon the diseased cord is severely assailed. It must not be overlooked, however, that the principal support of the theory that the eye symptoms are produced by the spinal lesion, and are not a simple coincidence with it, has been received from what has been observed in the cases of acute myelitis in traumatic lesions and in the physiological experiments to which the cord has been subjected,

and in these cases the oculo-pupillar symptoms alone were manifested. "It is to be hoped," concluded the author, "that further investigation will fully clear up the discrepancy which is noticed in this regard between the acute and chronic forms of spinal lesions."

Dr. H. Clinton McSherry presented a supplementary report on Laryngology, his subject being "*Laryngeal Stenosis.*"

He related the following cases:

I. A female who came under notice April 2d, 1882, with a history of previous constitutional syphilis given by her medical attendant. Among her other symptoms she had had pharyngitis and laryngitis, with frequent attacks of aphonia. Five or six weeks back she had had an alarming attack of acute laryngitis, with great dyspnœa, aphonia, stridulous breathing, pain in breathing and swallowing. She improved on specific treatment, but still had occasional returns of the symptoms in lesser degree. On examination the larynx was found pale, the arytenoids large and œdematous. The ventricular bands were so thickened that on attempted phonation they met, and the vocal cords were invisible. The voice was a muffled whisper. On deep inspiration the ventricular bands and vocal cords separated slightly. The left cord was invisible, and only the edge of the right could be seen. The general condition of the patient was good. The laryngeal tubes were introduced several times and no adhesions found, the thickening of the bands and arytenoids, due to syphilitic perichondritis, explaining the difficulty. Treatment was, therefore, restricted to constitutional measures and local applications. After three months the thickening of the bands had almost disappeared and the arytenoids were much reduced in size. The dyspnœa had disappeared, and she could sound her voice. This patient returned home, but was subsequently heard from as continuing well, although the voice remained husky.

2. A gentleman, who, after some gradually increasing difficulty of breathing for three or four months, was suddenly attacked with alarming dyspnœa, March 18th, 1882. Laryngeal stenosis was suspected, as the patient had been under Dr. M.'s care a year before for extensive specific throat disease. The breathing was found to be extremely labored and stridulous, and the voice was whispering. On examination the uvula was found to be destroyed, the velum adherent to the pharynx, and both covered with cicatrices. The epiglottis was completely destroyed, the ventricular bands so inflamed and thickened as to hide the vocal cords. On forced inspiration, the glottis was only opened sufficiently to admit a large goose-quill. Notwithstanding measures for relief, the symptoms grew more threatening, the face became livid and pulse fluttering. Dr. Michael was called in and laryngotomy was performed and a tracheal tube inserted. The operation was successful and the patient continued to wear the tube without any great discomfort. Six weeks after the operation it was determined to dilate the glottis, which was done by the daily introducton of one of Schrötter's hard rubber tubes. In a month he had a tolerably good breathing space, and he was directed to wear the inner tracheal tube only at night, and during the day, to keep the outer one corked up as much as possible. Improvement continued. In January, 1883, another tracheal tube was introduced, having a larger fenestra, i. e., about one-half of the diameter of the tube was cut away; but the patient found this uncomfortable, and the silver tube had to be replaced. The tracheal tube was altogether removed, March 19th, 1883, almost a year after its introduction. The wound in the throat closed, and he has had no difficulty since in breathing through the natural passage, although the voice remains a little husky from some remaining thickening and congestion of the vocal cords, which, however, Dr. M. expected to remove entirely by astringents.

The author referred also to a third case, reported in *Md. Med. Journ.*, January, 1878, in which contraction was due to cicatrization of laryngeal ulcerations, and which was entirely relieved by the Schrötter tubes without laryngotomy.

Laryngeal stenosis is almost invariably the result of syphilis; tuberculous and carcinomatous ulcerations *never* cicatrize. Fibrinous thickening may occur in the forms just mentioned, as also in the simple laryngitis, but never to such extent as to cause marked constriction. Morell Mackenzie and others report cases, chiefly specific in origin, in which inflammatory bands became organized, and, contracting, drew the cords together; the author had seen two examples of this. Stenosis may also occur from scalds, inhalation of flame, and in the course of typhoid and other diseass.

A well-marked case of specific stenosis can never be cured by constitutional treatment alone. Local measures are requisite to prevent death from gradual suffocation. Slight œdema, or presence of mucus, may aggravate the symptoms, which will improve upon their removal. Tracheotomy, whilst justifiable to ward off death from suffocation, in no wise benefits the original trouble. To Schrötter belongs the credit of the systematic use of hard rubber tubes for dilating laryngeal ste-

nosis. These tubes are about ten inches long, curved, and of gradually increasing size. They are introduced, after warming and oiling, by passing the extremity down behind the epiglottis, and pressing steadily against the glottis till it enters. The patient becomes more and more tolerant of their use, and Dr. M. had succeeded in two of the cases reported in retaining it fifteen minutes at a time. In chronic laryngitis the irritability of the larynx is usually much diminished.

Dr. McSherry exhibited a dilator, invented by himself, consisting of three blades, giving thus both lateral and antero-posterior dilatation, and designed for use in cases where tracheotomy has previously been performed. Schrötter treats these cases by passing a dilator from above downwards. Dilators have also been invented by Mackenzie and others, and Dr. Whistler, of London, has invented a cutting dilator, which the author thought well of. Finally, the author quoted from the works of Cohen and Lennox Browne to show that the value of the methods he had brought forward was not generally appreciated even by specialists.

THE SEWERAGE OF CITIES. LIERNUR'S PNEUMATIC PLAN.

Dr. Chas. W. Chancellor, Secretary of the State Board of Health of Maryland, read an elaborate paper with the above title. "Of all questions which affect the prosperity and development of large cities there is not one paramount to that of drainage and the removal of offal. Towns are in this respect like living beings. If the organs serving as outlets for waste products become choked or impaired, a *vigorous* existence, however abundant the means for supporting it may be, becomes impossible. The question whether or not town drainage takes place in keeping with the laws of sanitation and economy involves not only our health and cleanliness but also the amount of our taxation, the purity of our rivers and even our National wealth." The author then went on to speak of the value of sewage and the way in which it is ignored. "In order to maintain the fertility of our soil so far as it is impaired by cultivation, we import from Chili and Peru, in the form of guano, the same ingredients, at the expense of millions of dollars annually and pollute our streams with the material already at hand, thus wasting our money and substance at the same time producing sickness and death for the mere want of a National system of treating the offal of our cities and towns."

During a recent visit to Europe, he had studied the various systems of sewerage, except the "dry system," which he considered on account of its offensiveness, as out of question.

There are three great systems of sewering cities: 1, the combined, in which rain water and all kinds of waste water are conveyed away in one and the same set of conduits. It is without doubt the worst devised system imaginable—besides involving extensive loss of water required from the city water works in order to flush the conduits, at great expense. The sides of the sewers are coated during the ebb of the stream with fæcal matter which cannot be "flushed" off and in which the deadliest germs are generated. These germs are carried with the sewer air into houses and streets, and up the ventilating shafts which are erroneously constructed under the idea of *diluting* them, as if a living organism could be diluted.

The chief trouble, however, connected with this system is the final disposition to be made of the noxious liquid. The discharge into streams pollutes them and interferes with the health and comfort of those living in proximity to them. The attempt to use the sewage for irrigating the soil has failed because the soil becomes saturated in time and converted into an offensive marsh.

2. The separate system, which undertakes to provide a separate system of pipes for rain water and sewage proper, the former being discharged into streams, the latter being used for purposes of irrigation. Whilst an improvement on the first system, this only removes *one* trouble whilst all the others remain in full force and a *new one is created.* In hot weather the slimy coating and sediment remain for days to impregnate the sewer air and to be forced back, when the rains come into the streets and dwellings.

3. The Liernur or pneumatic system seems to be destined to supersede all others. This is so named from Capt. Liernur, a distinguished engineer officer of Holland; who devised it in order to meet the requirements of the city of Luxembourg, which it was desired to drain so that only inoffensive water should drain off into the little river Else, and manurial matter should be preserved for agricultural purposes. Two sets of sewers are employed—one to receive inoffensive fluids and carry them into the stream, the other to receive those fluids which, while dangerous in a sanitary point of view, can be rendered available by preparation to purposes of agriculture. This system is represented as a *simplification* of the others, involving less *annual* expense and considerably less *outlay.* The water sewers of this system serve for household and manufacturing waste-waters and for rain and sub-soil water only, when local conditions demand for these subterraneous treatment.

All manufacturers should be required to clear their manufacturing wastes of obnoxious matters before they are allowed to flow into the water sewers, and this has been generally adopted in Europe.

Dr. Chancellor then proceeded to describe the system, summing up its advantages as follows: 1. It affords an effective self-acting sewerage for household and manufacturing wastes discharging them in a condition in which they can neither pullute air, soil nor public water-courses. 2. It is constructed in great part of 4 inch piping and dispenses altogether with the air-inlet fixtures, ventilation tubes, entrance shafts, light and lamp shafts, water galleries, flushing tanks and irrigation fields of the ordinary sewer methods.

When it is necessary to carry off the rain water by the same set of pipes, which carry off the household and manufacturing waste, their size must be increased ten times. When drainage of the sub-soil is required it is effected by porous agricultural drain-pipes.

The excretal sewers of the Liernur plan are worked upon the principle of air-pressure instead of water. A vacuum being created in the receptacle at the end of the pipes will suck into the receptacle any thing which may be in the pipes.

"At the crossing of two or more main streets he places under the pavement an air-tight, cast-iron cylinder-shaped reservoir, of about five feet in diameter and fifteen or twenty feet long. From this as a centre he runs iron pipes along the streets leading to the crossing; these pipes being the 'street-mains' for conducting fæcal, stable, manufacturing and other fluid matters out of the houses into the reservoir. Each street-main receives as many branch pipes as there may be houses right and left and is shut off from the reservoir by means of an ordinary stop-cock. The air being exhausted and the street-main cock opened the reservoir will exert a powerful sucking force upon all the branches of the street-main and the conseqence will be that whatever fluid matter any trap, sink or gully of these branch pipes may contain will be forced or sucked into the reservoir as if driven by a tornado" (This was illustrated by a diagram). "A minute or two suffices to remove in this way the fæcal and other putrescible matters from all the houses of a street of half a mile in length. This being accomplished in one street, another, connected with the same reservoir, is taken in hand, and thus each street of the crossing is worked in turn until the process is extended to the whole district. The reservoir serving as the drainage centre of a district will contain all the putrescible matter of that district up to a certain point when it is emptied by a process hereafter to be described. The rushing in of air does not take place through the closets but through the fall pipe into which they empty, this pipe being extended above the roof. The city is divided into 20-40 acre districts, each of which is provided with a reservoir as a pneumatic drainage centre."

The author then proceeded to explain how the vacuum is produced, the collected matter removed and what is done with it. These details cannot of course be here given, further than to state that the fæcal matter is reduced by evaporation to a powder which becomes an article of commercial value containing all those ingredients required for growing vegetable produce.

(*To be Continued.*)

Reviews, Books and Pamphlets.

Report (to March 1st, 1883,) of the Baltimore Eye, Ear and Throat Charity Hospital.

This institution was organized in Feb., 1882, for the purpose of providing skilful medical and surgical treatment, and hospital accommodation when needed, to the poor of the city and State suffering with eye, ear and throat diseases. As there was already a similar institution in operation in the eastern section of the city, it was wisely located in the great and growing western section. The trustees determined that the work of the hospital should not be begun until an adequate support—at least $3,000—should be secured for the first year's expenses. This sum was promptly subscribed by friends of the enterprise, and on September 1st the commodious building at 186 Franklin street was rented for the purposes of the hospital. The out-patient department was opened September 18th, and the hospital proper November 1st. During the four months, hospital accommodation has been given for 395 days, of which 21 only were charged for. The number of persons treated was 491, and the number of dispensary visits 1,614 in the Eye and Ear department, and 616 in the Throat department. The report contains the report of the President of the Board of Trustees, Hon. Geo. Wm. Brown, from which the above facts were mostly extracted, the list of officers, accounts of treasurers, and subscriptions for the year. The expenses have been about $1,100, leaving a healthy balance in the treasury of over $2,000 for the spring and summer. The medical staff of the hospital, composed of eminent special-

ists, all of whom have been trained for the work in the best hospitals and schools of Europe, is composed of Drs. Theobald, Murdoch, Bermann and Frank in the Eye and Ear Department, and Drs. Hartman, Mackenzie and S. Johnston in the Throat Department. Dr. Booker is the Pathologist. With two first-class special hospitals devoted to diseases of the Eye, Ear, and Throat, Baltimore may be fairly said to be as well provided for their treatment as any city in America.

Nitro-Glycerine in Angina Pectoris. By Wm. Murrell, M. D., M. R. C. P., Lecturer on Materia Medica and Therapeutics at the Westminster Hospital, etc. Geo. S. Davis, M. D., Publisher, Detroit: 1882. 8vo. Pp. 78.

There is no evil but has some elements of good mixed with it, and this is true of even so deadly an explosive as nitro-glycerine, which forms the basis of the terrible dynamite. Nitro-glycerine was discovered in 1847 by Sobrero, and is prepared by the combination of dehydrated glycerine, oil of vitriol, fuming nitric acid and water in definite proportions, and subsequent purification. It is a transparent, colorless fluid, slightly soluble in water, but freely soluble in alcohol, ether, fats and oils, is inodorous and has a sweet, pungent aromatic taste.

As the result of experiments on animals and observations in man, and from its similarity in action to nitrite of amyl, Dr. Murrell concluded that it might be equally efficacious with that agent in angina pectoris, and his experience of the last four years has amply justified his anticipations. A dozen cases are given, from which, and others not reported, the following conclusions are arrivedat: The best form of administration is the 1 p c. solution in alcohol, a half-minim ($\frac{1}{200}$ gr.) being the proper commencing dose. Parke, Davis & Co.'s pilules, gelatine-coated, are perfectly active and keep well. If a half-minim produces no effect give a minim at once, and go on increasing the dose until the physiological effects—pulsation, headache, etc.—are complained of. The dose should be repeated every three hours, with an extra dose at the onset of the attack, and the patient should always have the remedy with him. Articles of food likely to cause flatulence and tobacco should be eschewed. The agent is perfectly safe, as far as danger of explosion is concerned, in the form in which it is dispensed. E. F. C.

The Physician Himself. By D. W. Cathell, M. D., late Professor of Pathology in the College of Physicians and Surgeons of Baltimore. Third Edition. Baltimore: Cushings & Bailey. 1883. 8vo. Pp. 208.

The almost unprecedented demand for this work, as shown by the necessity of a third edition (already nearly exhausted, as we learn from the author), shows how physicians appreciate honest and sound advice upon the business and social relations of professional life. Notwithstanding the transcendental disparagement of some ultra æsthetic editors, the great mass of the profession have shown their hearty approval of the work by buying it, which, no doubt, consoles the author sufficiently for any adverse criticism he has received from the sources mentioned.

Insanity: Its Causes and Prevention. By Henry Putnam Stearns, M. D., Superintendent of the Retreat for the Insane, Hartford, Conn., Pp. 248. Price $1.50. G. P. Putnam's Sons, New York. 1883.=*Brain Rest.* By J. Edward Corning, M. D., Formerly Clinical Assistant to the Manhattan Eye and Ear Hospital, etc. Pp. 103. Price $1.00. G. P. Putnam's Sons, New York. 1883.=*Alcoholic Insanity.* By Joseph Parrish, M. D. Pp. 181. Price $1.25. P. Blakiston, Son & Co., Philadelphia. 1883.=*Transactions of the American Medical Association.* Vol 33. 1882.=*Allen's Human Anatomy.* Section iv. Arteries, Veins and Lymphatics. Henry C. Lea's Son & Co. 1883.=*Tenth Annual Report of the Secretary of the State Board of Health of the State of Michigan for the Fiscal Year Ending Sept. 30th*, 1882.

Editorial.

Insanity in the United States.—The tenth census gives some interesting and suggestive facts relative to the increase of insanity in this country. The total number of insane in 1870 was estimated at 37,432 as against 91,997 in 1880, an apparent increase of over 100 per cent. This gives a ratio of one insane person to every 543 of the population, a much larger estimate than many observers will be willing to admit. There can be no doubt however, that the aggregate number of the insane is gradually increasing each year, and if this ratio of increase is kept up the insane members of society will soon over-balance those of sound mind. The physical, social

and moral, forces at work in the production of insanity are in operation with a continual and rapid increase, if we are to accept the results of statistical tables. It may be pertinent to inquire whether statistics can not be made to prove every individual a lunatic at different periods of life?

THE NEW YORK PROFESSION AROUSING.—The events of the last few days show that the New York Physicians are not going to submit with the timidity of sheep to the arrogance and imposition of the self-constituted shepherds who have essayed to be their leaders of late. They have at last begun to show that they have some life and energy in them, and we see now the beginning of a revolution that we hope will bring out the latent sentiment which we feel sure exists among the great mass of the profession in the great Empire State. We are glad to know that the profession here is practically a unit in favor of the preservation of law and order.

THE ANNUAL MEETING OF THE FACULTY.—Never in the history of our State Society—we think—has there been so successful a meeting as that lately held. In the numbers attending, in the high standard of the contributions, in the interest of the reports made, and in the tone of the body as a whole, we have every reason to feel gratified and encouraged. Dr. Billings' scholarly address, whilst evidently designed to bring into notice the value and the needs of his Washington library, was at the same time so brimming with humor and freshness that no one felt any less satisfied because he chose a subject in which he was more interested than his hearers. He gave us some good suggestions about our library, but we can never consent to see it become simply a local depositary of our own State literature. By all means let this be a chief object, but we must supply the general reader, too, and whatever Washington may be, it can never supply our wants in medical literature. So, whilst thankful for suggestions, let us use our own judgment, and recollect that no one will take so much interest in our affairs as ourselves.

OUR NURSES' DIRECTORY.—Too much praise cannot be given to the Chairman of the Committee on the Directory for Nurses for the successful inauguration of this important enterprise. A year ago he obtained *permission* of the Faculty to undertake it, and with this bare permission, and without help, he has, by his perseverence and determination, placed it upon a footing where its success is doubtless assured. The Directory was opened for the supply of nurses June 1, 1882, at the corner of Madison St. and Park Ave., Dr. W. F. Lockwood being the Registrar. During the eleven months that have since elapsed, 29 general and special nurses, 25 females, 4 males, 2 colored of each sex, and 7 wet nurses have been registered. The receipts have been $111.41, expenses $101.47, showing a balance of $9.89, which *has been turned over to the Library*. We congratulate the Faculty upon its good fortune in having so capable an official.

Miscellany.

CHLOROFORM NARCOSIS DURING SLEEP.—Dr. J. H. Girdner, (*N. Y. Med. Record*, April 28th, 1883,) after a series of five experiments, made under the most favorable circumstances, on both children and adults, to whom chloroform was administered during sleep, concludes that it is impossible to transfer an individual from a natural to a chloroform sleep without an interval of perfect consciousness during which he would be able to appreciate his situation and if force were used to carry on the anæsthesia to unconsciousness, the person would still be able on awaking to recall to mind the person who used the drug. In each case where the anæsthetic was administered, the subject awoke at the expiration of three minutes, or about the time the nervous system was beginning to be profoundly impressed with the drug; all awoke suddenly, with coughing and resisting, or attempting to tear the towel from near the face.

POISONING BY CARBOLIC ACID.—*Ruge* (*Berlin. Klin. Woch.*, Oct. 30, 1882, and *Lond. Med. Rec.*, March 15, 1883), relates the case of a woman, æt. 59, who took by mistake for a dose of medicine a tablespoonful of concentrated solution of carbolic acid (95 p. c.). The whole quantity was swallowed. The instantaneous effect was a fearfully intense sensation of burning in the mouth and throat. The face became pale, the hands and feet cold and pulse scarcely perceptible. Vomiting did not ensue, so that the whole dose was retained. Fortunately antidotes were immediately procured. First the patient drank freely of milk and then of a mixture of milk, white of egg and carbonate of magnesia. After taking these, vomiting occurred. The white of egg was returned in lumps like hard-boiled egg and the vomited matters had no smell of carbolic acid. The above treatment was continued for several days. It is remarkable that no special signs of the poisoning supervened. The urine voided was dark but free from albu-

men and soon become normal. No fever ensued. The interior of the mouth was corroded and very painful, the pain extending far down the œsophagus. The epigastrium was not tender to pressure. The mucous membrane of the mouth and tongue came away in shreds and large quantities of mucus originating doubtless in the œsophagus, were rejected by vomiting. The severe pain in swallowing continued six days, the patient being able to take only pultaceous food. Dysphagia slowly diminished but had not entirely disappeared September 27 (the acid was swallowed Aug 23), solid food requiring a greater effort of deglutition. In all other respects the patient was perfectly restored to health.

A New Method of Artificial Respiration.—*Dr. A. McDaniel*, of Alabama, read a paper before the American Medical Association in 1869, and another before the Alabama State Medical Society in 1879, in which he described a method of artificial respiration which, theoretically speaking, is an improvement on Marshall Hall's and Sylvester's methods. The doctor's method does not seem to have received merited recognition by the profession. Its easy application would suggest a more frequent trial. The following description will make the method intelligible: It is well known that the capacity of the chest is greater in the erect form than in any reclined or recumbent posture. In the recumbent position the liver and other contents of the abdomen press upon the diaphragm and diminish the chest capacity. In changing from the recumbent to the erect position this pressure is gradually removed and the chest capacity is increased. A change in the position of the patient from an inclined or recumbent position to an erect one will cause the air to enter the lungs, or cause it to pass out if the position is again changed to the inclined or recumbent posture. Dr. McDaniel discovered that the increase of capacity in the chest is slow and small in moving from the recumbent position to an elevation of 45 degrees, and rapid in ascending from 45 degrees to the erect position. He claims, therefore, that it is not essential in practicing artificial respiration to move the patient through the whole range from recumbency to erectness, but it is sufficient to use only the upper half of this range, merely moving the patient from a forward inclination of 45 degrees to the erect position and back again. Every upward and backward movement produces an inspiration, and every forward and downward movement an expiration, and the two together a complete respiratory act. By repeating these movements regularly, artificial respiration is rhythmically performed and can be prolonged at will. Dr. McDaniel claims that this simple movement, upward and backward to the erect position, and downwards and forward to a sufficiently inclined position, regularly repeated, constitutes a new method of artificial respiration.

Any one who may try the experiment will find that mechanical and involuntary expiration and inspiration may be performed after the manner suggested.

The Prevention of Insanity by the Rational Treatment of Inebriety.—*Dr. T. D. Crothers*, of Hartford, Conn., in a paper on the above subject (*Amer. Psychological Journ.*, April, 1883), summarizes the following facts:

(1) Inebriety is the largest factor in the causation of insanity, the study of which will point out the means to lessen insanity and many of the conditions which lead up to it.

(2) Inebriety is a physical disease, which can be cured and prevented by the application of physical means.

(3) The present theories and treatment of inebriety encourage the development of the disorder, and indirectly increase insanity by intensifying all the conditions of disease and making recovery more difficult.

(4) The rational treatment of inebriety should be to isolate the patient in special hospitals, where every means can be gathered to build up and restore the entire organism.

(5) In such hospitals a study of all the conditions which favor the growth of inebriety or insanity can be made, as well as the treatment and means of prevention, which could not otherwise be known.

(6) The practical character and feasibility of such institutions are demonstrated in every advance of science, in many ways from actual experience, in face of the greatest and most discouraging circumstances.

(7) Finally, although Utopia is not here yet, there is along this line of inquiry abundant evidence to show that the study of inebriety and its proper treatment will reveal the means for lessening insanity beyond any present conceptions.

The first commencement of the Woman's Medical College of Baltimore was held at the College Building, 126 N. Eutaw Street, Tuesday, May 1st, at 12 M. Mrs. Mary R. Owen, of New York, received the degree of Doctor of Medicine, and Prof. John S. Lynch delivered the address.

Dr. Frederick S. Dennis has been made Professor of Surgery at Bellevue Hospital Medical College, vice Professor Van Buren deceased.

PUERPERAL FEVER SPREAD BY A MIDWIFE.—Dr. Dudfield, in his last monthly report, of Kensington, (*Br. Med. Jl.*, March 31st, page 631,) gives details of certain cases of puerperal fever spread by a midwife, which not only illustrate the facility with which that disease may be propagated, but the need of a registration of midwives. The details of the cases will be of interest. Case 1. Mrs. W. was attended in her confinement by the midwife on January 14th, and fell ill with puerperal fever on the 17th or 18th. On the 19th she died, having been seen that day only by Dr. R. and Dr. B. Both doctors informed the midwife of the nature of the complaint, and advised her to abstain from practice for a time. So far as is known, this was the midwife's first "bad case. "Case 2. Mrs. H. (1) was confined by the same midwife early on January 26th and fell ill with puerperal fever on the 28th or 29th. On the 29th she was seen by Dr. W., who, recognising the nature of the disease declined to attend on account of his general practice. On January 30th, Dr. S. was called in. Case 3. Mrs. H. (2) was confined by the same midwife in the afternoon of January 26th, and fell ill with puerperal fever on the 28th. On the 29th she was seen by Dr. L., who recognising the nature of the complaint, sent a message to the midwife to abstain from practice for a time. When the midwife heard that a doctor had been sent for, she exclaimed that "her practice would be stopped" Case 4. Mrs. D. was confined by the same midwife on February 7th. On or about the 13th she fell ill with puerperal fever. Dr. R., who saw case 1, was again called in, and he repeated his caution to the midwife. This patient died on February 19th. So far as can be ascertained, this same midwife appears to have had three other midwiferey cases within a period from January 19th to February 19th, which pursued a normal course. Thus of four cases in which consultants were called in, two died and two continued ill at the date of this report. Three other cases ran the course of the disease and recovered. A total of seven cases of puerperal fever within 30 days time is a large per centage for the practice of a single individual. It is probable that every confinement case attended by this midwife during this period was inoculated by her. Such an experience should be a sufficient warning against a reckless system of midwifery practice. The conduct of this midwife is more reprehensible from the fact that she was cautioned by some three or four doctors, after the first fatal case, to relinquish practice for a time, which she did not as one fatal and the other non-fatal cases occurred subsequently. If those who practice midwifery can not be made to understand the danger of transmitting puerperal fever from case to case, but continue to propagate this disease by their recklessness, such vigorous punishment should be inflicted upon them as will bring them to see their criminality.

ERRATA.—In the abstract of Dr. Coskery's Report on Surgery, before the Med. and Chir. Faculty, in our last issue, the following errors occurred: In the description of Felizet's operation, "two sutures," p. 10, 7 lines from the bottom, should have been "ten sutures"; and in the statistics of Nephrectomy, p. 12, 14 lines from bottom, "ten were successful," should have been "sixty were successful."

THE Baltimore Medical College held its second annual commencement in Masonic Temple, April 12th. There were 20 graduates, of whom 4 were ladies. Prof. Thomas Daugherty, A. M., M. D., delivered the address.

Medical Items.

A DAUGHTER of Claude Bernard, it is said, has been fined for converting her courtyard, garden, parlor and bedroom into a kennel for destitute dogs. She felt that some reparation was due the canine race for miseries inflicted on it by her father's vivisections.=At the commencement of the Medical and Dental Departments of the University of Pennsylvania, held April 13th, the degree of M. D., was conferred upon 99 graduates and that of D. D. S. on 34 graduates.=The Medical Society of the State of W. Va. will meet in Grafton May 16th, 1883. =The thirty-fourth annual session of the American Medical Association will be held in Cleveland, Ohio, June 5th, 6th, 7th and 8th. =The fifth annual convention of the American Laryngological Association will be held in the Hall of the Academy of Medicine, New York City, May 21st and 22nd, 1883.=The University of Pennsylvania has completed arrangements in its Department of Medicine for a voluntary fourth year of instruction. The course of instruction is largely practical and extends throughout the full term, which will hereafter be seven months.=Neumann has succeeded Prof. Von Sigmund in the University of Vienna.=It is reported that Prof. Wm. E. A. Aikin has resigned the Chair of Chemistry in the University of Maryland, which he has held for 46 years.=The North Carolina Medical Society will meet at Tarborough on Tuesday, May 15th, at 12 M. The annual address will be delivered by Dr. Wilson on "The Right Relation of the General Public to Sanitary Service."

Original Papers.

THE EFFECTS OF QUININE UPON BLOOD-VESSELS AND REFLEX ACTIONS.

BY W. T. SEDGWICK, PH. D.,

Johns Hopkins University, Baltimore.

Some three years ago while endeavouring to solve a purely physiological question I had occasion to experiment with quinine. It was important to discover if possible, exactly how quinine depresses the reflex-excitability of the spinal cord, for the existing interpretations of its effects were based mainly upon an old theory of reflex-inhibition, which was daily losing ground. Indeed, with the rapid advance of physiology it had even come to pass that the well-known effects of quinine upon reflex-actions, offered almost the last firm support to a tottering theory.

This theory—originated by Setschenow of St. Petersburg—holds that there are special inhibitory mechanisms in the optic lobes and thereabouts and that these when stimulated in any way whatever, inhibit reflex-actions. Chaperon, in a simple but conclusive series of experiments, proved that if to a normal frog a small dose of quinine be exhibited a remarkable loss of reflex-excitability ensues and persists so long, and so long only, as the cord, medulla and optic lobes are left intact. If a similar dose be given to a normal frog, and if the usual result has appeared, all visible effects of the drug upon the reflexes may be speedily abolished by simple division of the medulla. After thus separating the cord from the medulla and optic lobes, the depression induced by the drug speedily disappears and the reflex-excitability quickly returns to the normal. Conversely, if the medulla be cut before giving the drug the latter in the ordinary doses has no perceptible effect whatever.

What conclusion was more natural than that the inhibitory mechanisms of Setschenow in the normal frog have been aroused by quinine; that they have directly depressed the general reflex-excitability over which they are supposed to preside; and that when their paths of connection have been severed by dividing the medulla, the spinal cord no longer under their influence, resumes its ordinary activity. This was the conclusion adopted by Chaperon*, and on the assumption that there are such mechanisms as Setschenow's it is the simplest explanation that could be desired. Very soon, however, other theories of reflex-inhibition sprang up and rapidly came into general favour. They all resemble more or less closely a theory advanced by Goltz—Professor of Physiology at Strassburg—and by them this action of quinine found no easy explanation.

Meanwhile it was contended by various authors that the effect of quinine is, after all, only an indirect one; that it produces its depression not upon the nervous system *directly* but by bringing about disturbances in the circulation which in one way or another affect the reflex tone.

Of the physiologists who have taken this position we may instance Meihuizen:† This author concludes that quinine acts upon the reflexes through circulatory changes because he finds that no great loss of excitability ever *precedes* a stoppage of the heart-beat. But Meihuizen worked only upon frogs whose medullas had been divided at the outset. Hence his work lies outside the question of the action of small doses on normal frogs.

The general question, however, remains a legitimate one: Does quinine depress reflex-excitability by producing changes in the blood flow, i. e., indirectly; or does it act otherwise?

Before any attempt could be made to harmonize with the theory of Goltz, the action of quinine upon the nervous system, (which was the problem before me) it was necessary to clear away possibilities like those involved in the question just put. The *a priori* evidence against the theory of circulatory disturbance is abundant.. It is indeed difficult to conceive how disturbances in the circulation can bring about a change so marked as that from great depression in the normal frog poisoned by quinine to a condition showing no depression after mere cutting of the cord; for the circulation is practically the same in both cases. Nevertheless I selected the most favourable case for this theory, viz: extreme disturbance of the circulation by ligature of the heart. This ought surely to be more effective in reducing reflex-excitability than quinine itself which

*Pflueger's Archiv., II, 293.

†Pflueger's Archiv., VII, 216.

is not often able, even in large doses, to stop the heart altogether.

The sequel showed, however, that large doses of quinine were more effective than complete stoppage of the circulation; and that total stoppage of the circulation had, for some time, no effect at all.

In my paper* recording the work referred to above I discuss the point as follows:

"Meihuizen found—and I agree with him in this—that although in the frog whose medulla has been divided small doses of quinine do not seem to affect either the heart-beat or the reflex-excitability, large doses do, on the contrary, affect both. They slow the heart-beat and depress the reflex-excitability.

"In his other work I have not been able to confirm Meihuizen's results. Under large doses of quinine I have repeatedly seen the reflex-excitability grow feebler and feebler, till it finally disappeared altogether. In such cases I have almost invariably found the heart still beating, though the circulation in the web-vessels was usually stopped. Meihuizen, on the other hand, finds no loss of reflex-excitability until the heart has wholly stopped beating; then, he says, the reflexes disappear in from fifteen to thirty minutes, or often even sooner—that is to say, a great loss of reflex-excitability never *precedes* a cessation of the heart-beat. On this observation he builds his theory, which is, that in frogs with divided medullas quinine depresses the reflexes by producing grave disturbances in the circulation. I can only reconcile my own results with his by supposing that the exposure of the heart which he resorted to in some way causes it to stop sooner than it otherwise would."

* * * * * * * * *

"I next proceeded to estimate directly the influence upon the reflexes of profound disturbance of the circulation. The reflex-time in frogs with divided medullas having been carefully recorded and found fairly constant, the heart was exposed and a ligature passed tightly around it, so that all circulation stopped at once. This experiment showed that in no case did the reflex-time change much within half an hour." * * * * *

"On the average, about forty minutes elapsed before the reflex-irritability suffered any great change; even then the reflexes seemed to fail rather from stiffening of the muscles than from any change in the nervous elements. From the fact which these experiments seem to prove, that a total stoppage of the circulation has a less rapid effect upon the reflexes than even large doses of quinine, we must conclude that quinine does not act primarily upon reflex-excitability by diminishing the blood-flow."

Having in this way arrived at the conclusion that quinine does not depress reflex-excitability merely by producing changes in the circulation (because the greatest possible change is less powerful than a dose of quinine); I proceeded to search for the true cause which, however, does not concern us at present.

Not long after my paper was published Dr. Henry F. Campbell, of Augusta, Ga., published in the Gynecological Transactions for 1881, a paper upon the "Prophylactic and Therapeutic Value of Quinine in Gynecic and Obstetric Practice," and in this paper Dr. Campbell, after a very kind and appreciative notice of my work, offers an acute criticism of my conclusions.

If he had done no more than this there would have been no occasion for the present communication. But because he has gone further, and has drawn from my work conclusions which I cannot believe that it justifies; because, moreover, my observations have seemed to Dr. Campbell to support a theory of the action of quinine which I believe can be shown to be opposed not only to much clinical experience, but also to direct observation and physiological experiments; but especially because of Dr. Campbell's ready comprehension and practical application of the fact that quinine diminishes reflex-excitability (as shown by the rest of his paper), it becomes an imperative duty to attempt to satisfy one so acute and so skillful, as well as others who may be following his lead, that they are working upon a wrong theory.

In order that I may not misrepresent Dr. Campbell I quote from his paper*—p. 26; the italics are his.

"THE PRIMARY ACTION OF QUININE DUE TO ITS CONTRACTILE EFFECT ON THE CAPILLARIES. ROBERT CAMPBELL. 1858.

"Long previous to the demonstration that the physiological action of quinine was dependent upon its influence in depressing reflex-excitability of the cord, was the announcement and formal record of an explanation of its therapeutic power, even more profound and comprehensive in its significance, so far as relates to the class of diseases we are called upon

*The Influence of Quinine on the Reflex-Excitability of the Spinal Cord.—Journal of Physiology, III, No. 1.

*Reprint from the Gynecological Transactions, 1881.

to consider in the present discussion. Fortunately for us it does not contradict, but, on the contrary, confirms, and in a great measure explains, the postulate in regard to its control of the reflexes through the cerebro-spinal centres. The doctrine, however, does more than this—it asserts that the controlling influence of the agent is not confined solely to its depressing action on the cord, but claims that its curative power extends also to a *direct action* upon the congested and inflamed *organs* themselves.

"That Quinine is to be regarded as a disseminator and equalizer of the *circulation* and acts by dispersing, wherever found, all vascular accumulations, possibly *by giving tone to the vascular tissue*, and that it has control over the nervous system by *dispersing* such engorgements in its centres," is a proposition of Dr. Robert Campbell, of Georgia.[1] "Quinine exercises its primary action upon the middle or fibrous coat of the blood-vessels, and upon its influence in that tissue all its observed effects depend." The following propositions may be said to summarize his view of the subject as presented to the Medical Association of Georgia in April, 1859:—

"*First.* That quinine does not act *primarily* upon the nervous system.

"*Second.* That its effects upon the nervous system are neither those of a stimulant nor sedative.

"*Third.* That its manifest uniform phenomena are at variance with those of any known neurotic.

"*Fourth.* That there is no concordance between the degree of its *apparent* influence over the nervous system and the size of the dose, as obtains with all neurotics.

"*Fifth.* That its phenomena are varied in character and degree, more in accordance with an associate condition of the *vascular*, than of the nervous system.

"*Sixth.* That its action is *primarily* exerted upon the *vascular system*, by a specific agency directed to the fibrous coat of the vessels, and having the power of condensing or contracting that tissue—probably by chemical union with its elements, similar to that of the vegetable astringents. By virtue of this property it overcomes all engorgements—*by constringing the vessels.* Thus it relieves, entirely or partially, all those diseases which depend upon engorgement, resulting from vascular exhaustion or debility, such as would proceed from relaxation of the middle coat—whether occurring in a vascular organ, as lung, spleen, or liver [or uterus]; or in a nervous centre, as brain, spinal marrow, or ganglion.

"*Seventh.* That this interpretation is the only one which can furnish a satisfactory explanation of the phenomena consequent upon the administration of quinine."

"Much more recently Meihuizen has formed a theory somewhat corroborative of the above, in regard to the influence of the circulation upon the reflex-excitability of the centres. He has found that no great loss of spinal excitability ever precedes the cessation of the heart-beat. He has, therefore, builded the theory that in frogs with divided medullas *quinine depresses the reflexes by producing grave disturbances in the circulation.* This in some degree is an experimental confirmation of the theory of Robert Campbell.

"Sedgwick, in disagreeing with Meihuizen, says: "I next proceeded to estimate directly the influence upon the reflexes of profound disturbance of the circulation." He then exposed the heart of the frog, "and passed a ligature tightly around it, so that all circulation was stopped at once." He found that in this total stoppage of the circulation the effect was less rapid upon the reflexes than even after large doses of quinine. He comes, then, to the decision, which I cannot regard as entirely free from fallacy, that "we must conclude that quinine does not act primarily upon reflex-excitability by diminishing the blood-flow."

"I am inclined to arrive at a directly opposite conclusion, and one that will confirm, by his own experiment, Meihuizen's views, and especially that of Robert Campbell. Cutting off the circulation by ligature of the heart should not, perhaps, be expected to exsanguinate the capillaries of the spinal centres immediately. There would be, on the one hand, at least for a time, capillary stasis which would maintain the reflex excitability until failing by chemical interchange to maintain functional activity; on the other hand, quinine, acting directly on the capillaries of the nerve-centres, would begin by constringing their middle coat, exsanguinating at once the structure of the centric neurine, and thus starve out, as it were, its reflex activity in a shorter time than even ligation of the heart could effect. This view of the subject is placed beyond all question by his statement that "under large doses of quinine I have almost invariably found the heart still beating, though the circulation in the web-vessels was usually stopped."

"This, I think, is the legitimate interpretation that can be given to Sedgwick's ingenious experiment. It is extremely valuable, for it shows conclusively where and by what instrumentalities quinine acts in depressing reflex-

1. *The Southern Medical and Surgical Journal*, Augusta, Ga., February, 1858. This very important and philosophic explanation of the action of quinine has been of late more than once, either willfully or ignorantly, presented as more or less original with the writers referring to the subject. It is hoped that the claim of the author will hereafter be fully recognized.

excitability; not from slowing or even stopping of the heart, which we know it does, but by effecting a prompt and decided contraction of the capillaries supplying the intimate structure of the spinal centre, depriving it of the blood necessary to maintain either its functional or morbid responsiveness."

I desire to discuss, first, this criticism of my conclusions; and, secondly, the general theory which Dr. Campbell has long and jealously upheld.

First: Dr. Campbell offers a sound criticism when he affirms that "cutting off the circulation by ligature of the heart should not be expected to exsanguinate the spinal centers immediately." It is true, that quinine *might* begin by constricting violently the capillaries of the nerve centres and so starve out the brain tissue sooner than would mere ligature of the heart. This was a possibility that I quite neglected. It must therefore now be considered, and can be conveniently treated along with Dr. Campbell's theory.

Second: Dr. Campbell says (*vide supra*) "quinine acting directly on the capillaries of the nerve-centres would begin by constringing their middle coat," etc., and in this passage he applies his theory of the primary action of quinine which will be easily understood from the extract quoted above. But would quinine constrict the vessels of the nerve-centres? or of any part? Dr. Campbell says that it would, and that "this view of the subject is placed beyond all question by his [my] statement that under large doses of quinine I have almost invariably found the heart beating though the circulation in the web-vessels was usually stopped."

Now this statement was made by me merely in order to do justice to Meihuizen. Meihuizen had said that no loss of reflex-irritability ever preceded the cessation of the heart-beat. I showed that in my experiments the heart was seldom stopped after even very large doses of quinine. Nevertheless, I admitted that in these cases the circulation—at least in the web—had come to rest. This is doubtless due to the greatly enfeebled heart-beat which is perhaps unable to maintain the entire circulation especially in the presence of a depressed nervous activity.

Dr. Campbell leaves one to infer, I think, and I believe that he himself has inferred that I saw the web-vessels not only without any circulation, but also so *constricted* as to make any flow impossible. If he does he is mistaken. On the contrary, the web-vessels were distended and much engorged instead of pale and constricted. The whole leg looked congested.

In a word I saw no evidence of constriction in any vessel or set of vessels under quinine; but I did detect abundant evidences of dilation of the vessels and of congestion, (as may be seen from a remark on p. 4 of my paper) although, not being then interested in or concerned with the question I made no special statement about it.

This seems, moreover, to have been a common observation in similar cases; and I believe that all appearances of constriction in other cases may easily be explained by enfeeblement of the heart and loss of reflex-excitability. Thus Dr. Roosa,* says:

"I have been convinced by experimental and therapeutical experience that it [quinine] has a peculiar power of congesting the auditory apparatus."

In the succeeding pages Dr. Roosa details experiments made by himself and others showing that quinine does not constrict but *widens* the blood-vessels of the eye and the ear. A friend—the physician who has furnished me these cases—assures me that this is the common clinical experience of those who study the eye and the ear.

Dr. Roosa's cases, briefly stated, showed that after a moderate dose (gr. x) of the sulphate of quinine, along with the well-known sense of fulness and "tinnitus," there ordinarily appeared a series of blood-vessels upon the drum-head especially over the handle of the malleus, while before hand the same region had been pale. This means, of course, an enlargement, a widening, of the blood-vessels.

It would doubtless be easy to give other cases, but these are enough to oppose to those of Dr. Campbell. Indeed, in most cases if not in all in which constriction of the vessels has been observed, the dose of quinine has been so large as necessarily to weaken the heart and to depress the tone of the cord; either of which events would lead to a fall

*A Practical Treatise on Diseases of the Ear. New York. 1881. p. 516.

of blood-pressure and a consequent paling out of the smaller vessels I believe it to be the neglect of these facts which has led Dr. Campbell to mistaken conclusions. For example, the cases which Dr. Campbell quotes from Dr. Mary P. Jacobi and which showed a diminished amount of blood in the brain; and an effect attributed "to a depletion of the cerebral blood-vessels" may be as easily (and probably more truly) accounted for in "a boy" and in "a child ten months of age" by a general fall in blood pressure, as by an active constriction of the vessels.

A comparison of Dr. Roosa's cases with cases of heavy dosing (like some about to be mentioned) might lead to the conclusion that small doses widen, while large doses contrict the vessels. The experiments of Donaldson & Stevens (*vide infra*) show, however, that this is not the case. The observed paleness of blood-vessels under heavy doses is not due to *active* constriction, but to something else; probably to a fall of blood pressure in the whole system. It must not be overlooked that mere paleness or even observed narrowing of the vessels, does not in itself alone *prove* active constriction. It suggests it, but if *proof* is sought, the blood pressure must be noted simultaneously.

Dr. Henry F. Campbell does not himself give evidence other than the foregoing for the constricting effect upon the vessels; but Dr. A. Sibley Campbell * also of Augusta, Ga., has supported the same theory, and has given some instances of cases which, to him, seem to justify and establish it. Thus in a case reported by another physician in which more than thirteen hundred grains of quinine sulphate were given within three days the "disk was perfectly white, not a trace of optic-nerve vessels—neither veins nor arteries—choroidal vessels empty, with pale, yellowish tinge of retina."

I cannot but agree with Dr. Campbell when he says "Further comment in application of the forcible testimony derived from this *experimentum crucis* [!] in regard to the *modus operandi* of quinine is scarcely necessary."

The well-known case of Bazire would be welcomed by Dr. Campbell, for in that, after taking five ounces of quinine in seven or eight days, the patient was blind and doubtless showed no retinal vessels.

Dr. Campbell sees further confirmation of the Campbell theory in the fact that in an experiment done in Paris an alcoholic tincture of quinine thrown into the substance of the spleen caused it to contract. In none of these cases have we satisfactory proof that the phenomena observed were due to active vascular constriction.

On the other hand it may be said that Heidenhain † long ago saw a marked dilatation of the blood-vessels after injecting quinine chloride into the submaxillary gland,—and this he describes as follows:

"If one injects about 2 c.c. of the fluid (a very weak neutral solution diluted with saliva), the irritibility of the secreting elements is soon depressed and after a little wholly abolished. On the other hand after about ¼ to ½ minute while the secretory fibres of the chorda are still functionally active a strong quickening of the venous stream takes place, which is only equalled by that produced in good cases by stimulation of the chorda. I have seen the venous stream pour out red as scarlet to a hight of several centimetres. This event continues for a long time. Only after 10 to 15 minutes does the flow get as low as usual. The result can be gotten over and over on the same gland for a long time."

This experiment, by one so accurate as Prof. Heidenhain, shows not only that quinine does not always constrict the vessels but that it sometimes greatly widens them.

It may be objected, however, that its effects upon the gland cover but a small area while nothing is said in this extract about the general blood-pressure; consequently the recent work of Donaldson and Stevens§ must be mentioned.

These observers, working by an ingenious and exact method, in which the pressure was kept constant, have observed *active dilatation* of the vessels in every case under either large or small doses and thus have confirmed for the whole vascular system the experience of Heidenhain, and have shown that the Campbell theory is without foundation. They

*The Ophthalmic Use of Quinine and Its Therapeutic Action. By A. Sibley Campbell, M. D. Reprint from Transactions Med. Assoc., Georgia, April, 1880.

†Breslau Studien. p. 85. Bd. IV.

§Johns Hopkins Univ. Circular. Vol. II. No. 22. April, 1883.

prove satisfactorily that quinine does not constrict but widens the blood-vessels of the body as a whole.

With the clinical experiences of most ophthalmologists and of otologists; with the decisive experiments of Heidenhain and Donaldson and Stevens; with an easy and rational explanation of cases which at first sight seem to uphold the Campbell theory, by merely referring them to loss of heart-power and of reflex tone, we may consider the Campbell theory as no longer worthy of support.

With the fall of that theory Dr. Campbell's objections to my conclusions as to the action of quinine upon reflex tone also pass away.

We may now safely conclude that "quinine acting directly on the capillaries of the nerve-centres would" *not* "begin by constringing their middle coat, exsanguinating at once the structure of the centric neurine, and thus starve out as it were its reflex activity in a shorter time than even ligation of the heart could effect." On the contrary, if the blood-vessels alone be considered, they would contain under quinine more than the normal amount of blood (as shown by Donaldson and Stevens) and would therefore instead of "starving out the reflex-excitability" probably help to maintain it for a longer time.

If further evidence be needed that quinine does not act upon reflex tone as Dr. Campbell supposes, the case of digitaline will furnish it. It has been abundantly proven by Weil‡ that digitaline has almost exactly the same effect upon reflex-excitability as quinine. Now quinine widens the vessels, and digitaline powerfully constricts them; from which we must conclude that the change in function in question is in no way dependent upon the width of the blood-vessels.

‡Du Bois Reymond's Archiv, 1871.

Dr. L. Robert Coates has resigned the Chair of Chemistry in the Baltimore Medical college, but still retains the Clinical Chair of Genito-Urinary Surgery.= The number of medical students in the University of Vienna last winter was 1,750 against 1,412 last year.

Hospital Reports.

REPORT FOR APRIL, 1883, OF THE PRESBYTERIAN EYE, EAR AND THROAT CHARITY HOSPITAL.

BY HERBERT HARLAN, M. D.,

Assistant Surgeon and Lecturer on Ophthalmic Surgery.

The work of the institution continues to show a steady increase. The daily attendance aggregated 3,061 visits. There were 510 new cases. The greatest number seen in any one day was 184 and the smallest 95. Average attendance for the working days 122.

In all there were 111 operations in the three departments.

Of these may be mentioned 14 for internal squint, 10 for cataract, and 2 enucleations; 3 cases of cataract having some unusual features may be mentioned more fully.

Case I.—B. L., a negro 61 years of age, was struck two years ago in the right eye with a chip while cutting wood. The blow gave him some pain, and for several weeks he could only see light with this eye. Later, however, his sight improved. But his recollection on these points was not perfectly clear. Having had one good eye he did not remember very well about the bad one. He came to the hospital on account of increasing dimness in the sight of the left eye.

At the first glance it was noticed that the pupil of the right eye was widely dilated, and on looking closer, a round, white body was seen just behind the iris. With oblique illumination this proved to be the lens, which had evidently been dislocated by the blow of two years before. It appeared to be enveloped in its capsule and had shrunk to about the size of the hard nucleus of a senile cataract. It was free and readily movable backwards and forwards and from side to side with each change in the position of the head of the patient. With the ophthalmoscope a good clear fundus was seen, and with a +11 D spherical glass his vision was $\frac{15}{cc}$.

In his left eye he had an incipient senile cataract.

The second case, that of M. H., æt. 69, was of special interest as showing that in spite of a great loss of vitreous a patient may make a good recovery. A large quan-

tity escaped after the lens, and again a considerable amount as the bandages were being applied owing to unforseen struggles of the patient. It was estimated by those present that half of the vitreous had been lost. I think that a third would be a low estimate. He was put to bed, ice-water was constantly applied to the bandages and he was given a large dose of morphia. As stated above patient made a good recovery.

Case III.—G. W. L., æt. 68, having a fully ripe senile cataract in the right eye, was given one ounce of whiskey and put on the operating table for its removal. It was only after some difficulty that the patient was sufficiently anæsthetized to begin the operation. The eye was unusually prominent. A speculum without a stop attachment was used and was gently elevated by an assistant so as not to make pressure on the eyeball. It was intended to make the usual upper corneal section and a Graeffe cataract knife was used. After the puncture and counter-puncture had been made and before the flap section was complete the patient came partially from under the influence of the chloroform and began to struggle violently. The section could not be completed nor could the knife be hastily withdrawn. With great skill it was held in its position and moved with each movement of the head. To continue, the administration of the anæsthetic and hold the head absolutely still, the assistant was compelled to let go the speculum, and this seemed to get behind the eyeball and as if it were about to force the eye from the socket.

When the patient again became quiet, the aqueous had been let out, the eyeball was collapsed and the iris in contact with the knife-blade. It was deemed imprudent to attempt to continue the operation, and accordingly the knife was gently withdrawn, the speculum removed, the eye soaked with atropia and closed with a pad and bandage. No disagreeable consequences followed, all inflammation has passed away and he is now ready for a second attempt at removal ofthe lens.

Dr. W. W. Keen has been elected Professor of Surgery in the Woman's Medical College of Philadelphia.

Correspondence.

THE EFFECT OF ALCOHOL UPON THE FŒTUS THROUGH THE BLOOD OF THE MOTHER.

Editors Md. Med. Journal:—In the issue of your Journal dated May 5th I find that you have been misled as to the opinions of Drs. J. C. Dalton, W. B. Carpenter and B. W. Richardson, being furnished in testimony by me in my recent case against a Catholic priest of this city for slander. The case referred to was given to the jury January 17, (1883) and resulted in a disagreement. On Feb. 2d, I wrote to Drs. Dalton and Carpenter asking their opinions in the *questions before us*,—and thinking that the Medical profession as well as the general public would be interested to know what these eminent scientists would say on so important and vital a subject I took the liberty of forwarding copies of their letters to the *N. Y. Med. Record.* Accompanying Dr. Carpenter's letter was also a note from Dr. Richardson to Dr. Carpenter endorsing the opinions of the latter in his letter to me.

The editor of the *N. Y. Med. Record* seems to take rather a *curious* view of the action of alcohol on the human system when he says that it is rapidly eliminated, and that the fatal dose of alcohol is considerable. It is a well-known fact to physicians that ether and chloroform are much more rapidly eliminated from the system than alcohol, and yet those agents in the hands of the most careful and skilled persons *occasionally* prove fatal. How often do we see victims of alcoholic intoxication remaining for several hours unconscious and, I may ask here, how often do we see them linger for several hours and finally die, in the face of all that Medical science can do to save them? The editor of the *Record* might with just as much logic say that the quantity of heat or cold necessary to destroy human life is considerable. My experience as a Medical practitioner for the past twelve years has taught me that it requires a very small dose of alcohol to produce fatal results to infants or young children, and the fact that more infants are not still-born from maternal intoxication is really owing to the fact that such conditions of the mother, during parturition, are fortunately very rare. That cases of this nature, however, do happen, I have not the least doubt, as I have had at least eight in my own practice, which could not be accounted for in any other way. For instance,—three years ago I was called about 6 o'clock one morning to a woman who had been put to bed the previous evening in a beastly state of intoxication. I found her still drunk and unable to articulate so as to be easily understood when she at-

tempted to speak. In the bed beside her lay a large, healthy-looking male child with the umbilical cord and placenta attached. There was nothing to indicate that the child died of anything else than alcoholic poisoning contracted by absorption from the mother's blood. The mother herself had no recollection afterwards when or how her offspring came into the world. The husband, who is a sober, industrious man, had slept in the same bed with his wife, but had no knowledge of the birth till just before he summoned me. In the case of prostitutes we often find that the decomposed bodies of infants will come away from them at any time from the fourth to the ninth month, and still no syphilitic history or attemps at abortion in the ordinary ways, can be found to explain the cause. A succession of alcoholic debauches might, I think, be very likely to cause the death of the fœtus in utero, just as surely as it is liable to do in the cases of those whose constitutions are calculated to resist the effects of so powerful a poison, with plenty of pure air and physical maturity to back them up. If the fœtus during its intra-uterine life is in any degree liable to suffer from alcoholic intoxication on the part of the mother then how much more pernicious must the effects of the maternal intoxication be on the fœtus after birth when it is altogether dependent on its own organs for existence. Dr. Carpenter speaks very plainly on this point, and leaves no room for argument to the contrary. W. H. McDaniel.

Lynn, May, 1883.

Baltimore, May 2d, 1883.

Drs. Ashby and Cordell:

Gentlemen—In an article published in your valuable journal of 5th inst., in reference to the Baltimore Medical College, it seems that you have been misinformed and have consequently misrepresented us in stating that the Christian feature of said college had been abandoned, which is not so. The Christian feature is embraced in the act of incorporation. The college is controlled by a board of trustees, who have neither the power nor the desire to change that feature. Please make the correction in your next issue, and oblige our board of corporators. W. R. Monroe,

Secretary.

(Our statement in regard to the abandonment of the Christian feature was made upon the authority of the Professor of Anatomy, who gave full permission to use his name in connection with it.—*Eds.*)

Society Reports.

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

EIGHTY-FIFTH ANNUAL SESSION.

(*Specially Reported for Md. Med. Jour.*)

(*Continued from p.* 28, *May* 12.)

THIRD DAY.

ANNUAL ORATION.

The special order of business at the opening of the day's session, at 12 M., was the annual oration, which was delivered by Dr. Jno. S. Billings, Surgeon U. S. A., on Medical Bibliography (an abstract of this appeared in our last issue.—Eds.).

SECTION ON OBSTETRICS AND GYNÆCOLOGY.

Dr. Wm. T. Howard, Chairman of the Section, did not present a formal report but spoke from brief notes.

After reviewing the rather meagre work done by the Section at its monthly meetings held during the year, he drew attention to the subject of trachelorrhaphy or Emmet's operation for laceration of the cervix uteri, as a frequent and, until recent years, unrecognized cause of uterine diseases. It is a very remarkable fact that although Dr. E. first recognized this lesion in 1862, practised the operation for its relief for nearly twelve years at the Woman's Hospital in New York City, and particularly called the attention of the profession to it in an elaborate essay on the "*Surgery of the Cervix*," which was published in the *Amer. Journ. of Obstetrics*, for Feb., 1869, yet his example and words were unheeded. For years afterwards there was no mention of Dr. Emmet's name in connection with this lesion in any treatise on Gynæcology that Dr. Howard had seen, and it was not until Dr. Emmet had published a second elaborate paper on the subject in the same journal for Nov., 1874, that the profession was aroused to its importance. For three or four years before that date Dr. Howard had been practising the operation, publicly in the hospital of the University of Maryland and in his private practice, having learned it from Dr. Emmet himself in New York. When Dr. Howard brought the subject before this Faculty in a report to this very section made in April, 1875, few had ever heard of it. When Dr. Emmet's paper was under discussion before the Med. Soc. of the County of New York, Sept. 28th, 1874, Dr. Sims said: "There can be no objection, no opposition to the operation. We must accept it as Dr. Emmet has given it

to us, for it is perfect—perfect in its methods and perfect in its results. Like all new operations it is likely to be abused, but the time will soon arrive when it will assume its place in the foremost rank of useful improvements." Never was prophecy more completely fulfilled. The operation has been greatly abused and still more greatly misunderstood and misrepresented, and that, too, by eminent gynæcologists in high positions, who aspire to be lead ersin gynæcological thought and practice. Still the operation is a fixed fact in the domain of science, and the name of its author will be forever embalmed in the gratitude of the profession when his detractors shall be forgotten. Two years after Dr. E.'s paper appeared, in consequence of expressions of disappointment at the results obtained, Dr. E. published in the *Am. Practitioner*, for Jan., 1877, another paper on this subject and pointed out that the failure to obtain success was chiefly due to want of proper care in the preparatory treatment.

The author then criticised very sharply some remarks made in reference to the operation by Dr. Tilt, in his "Change of Life in Health and Disease." The latest utterances of Dr. Emmet upon laceration of the cervix are found in the report of the discussion upon Dr. C. C. Lee's paper "On the Proper Limitations of Emmet's Operation, etc.," published in the *N. Y. Med. Journal* for September, 1881. He then said: "That in the absence of cicatricial tissue, by relieving the pelvic cellulitis and the inflamed condition of the cervix, he had occasion to resort to surgical means in about *one case in ten in which he would have formerly operated.*" Dr. Emmet has uniformly taught that lacerations in the median line, if confined to the cervix, generally heal spontaneously; that they leave scarcely a cicatricial line to mark their course; that it is very rare for any bad effects to remain, and when they do it is exceptional, because the recumbent position after labor maintains the raw surfaces in close contact by the pressure of the vaginal walls until they become firmly united. The author at some length continued to discuss the English ignorance and misrepresentation of Emmet's views.

Dr. Howard then took up Tarnier's Forceps, the development and principles of which he illustrated by instruments and stereopticon views. He regards it as a most valuable improvement upon the ordinary instrument and related a number of cases occurring under his observation in which its superiority was strikingly shown.

Dr. Howard spoke of a variety of other subjects, as fibroid tumors of the uterus—intra-uterine and extra-uterine—specimens of which he presented on this occasion, six cases of ovariotomy out of fifteen which he had done, and which he selected on account of interesting points in their history, etc., etc., of which, however, the reporter failed to get notes.

SECTION ON MATERIA MEDICA AND THERAPEUTICS.

Dr. John S. Lynch presented a deferred report from this Section entitled "*Observations on the Antipyretic Effects of Carbolic Acid; and on the Astringent Influence of Rubus Procumbens in Diarrhœa and Dysentery.*" For three years the author had been employing carbolic acid for the purpose of lowering the temperature and shortening the duration of typhoid and other fevers. Beginning with three drops of Calvert's No. 2, he had gradually increased the quantity to five, so that the following formula is habitually employed in all fevers attended with frequent pulse:

℞.	Acid. Carbolic.,	ʒ i
	Tinct. Aconit. Rad.,	ʒ ss
	Glycerini, q. s., ad	℥ iss
M. S.	Teaspconful every 2 to 4 hours.	

The aconite is used for its sedative effect upon the heart which carbolic acid does not seem to possess. In several hundred cases he has never known any toxic effect to follow this use of the agent.

Whilst it is not infallible, carbolic acid fails less frequently than any antipyretic except cold water. It would seem that it is precisely in those cases where quinine fails to control the temperature that carbolic acid is most effectual. This was first impressed upon the author by the case of a physician, suffering with the so-called "typho-malarial" fever. This fever prevailed extensively in Baltimore in 1879-81 and was entirely unamenable to quinine, continuing in spite of large doses from three to ten weeks. In the case referred to, the evening temperature continued at 103° to 105°, in spite of 40 to 60 grains of quinine daily. With the carbolic M. the temperature at the next visit was 102° and never afterwards rose above 101°, and fever ceased entirely within another week.

In typhoid fever it seems also to prevent diarrhœa and tympanites, deprives the stools of fœtid smell, and especially prevents entirely the secondary fever which often protracts the disease through many weeks and may destroy life by sheer exhaustion. When the treatment was early instituted Dr. L. had never seen this disease protracted beyond the eighteenth day, and it generally terminated on the fourteenth.

In septicæmia the agent seems to be far more certain and efficient than quinine. A

striking instance was related. In the hectic fever of phthisis it is also extremely valuable.

The absence of bad taste, greater cheapness and entire absence of irritating effect on the stomach, together with its antipyretic virtues, give this remedy "infinite advantages over quinine." It never excites nausea (as quinine does), relieves nausea when present, promotes appetite and digestion, and prevents fæcal decomposition and the saparæmic or stercoræmic fever which so often complicates and increases the danger from proctracted high temperature.

In inflammatory fever the agent is also an efficient antipyretic, but in a less degree.

The Rubus Procumbens, Rubus Trivialis or Dewberry Root, has been long in use in domestic practice in the South in the treatment of diarrhœic and dysenteric affections. Two years ago Dr. Lynch employed it in a very intractable case of diarrhœa in a patient in the last stage of consumption with prompt relief. Since then he has used it habitually in all cases of obstinate diarrhœa and dysentery, both in adults and infants, and it has never failed him in a single instance. In the summer diarrhœa of infants he considers it to be as perfect a specific as any to be found in the materia medica, and has not lost a single infant from summer complaint during the two years. That its effect is not due simply to the tannic acid it contains is proven by the fact that it is far more efficient than the latter. It is also more efficient than any of the other vegetable astringents containing tannic acid. Dr. L. employs the fluid extract, which is found in the shops, in the dose of one drachm every two hours.

ELECTION OF MEMBERS, RESIGNATIONS, ETC.

Drs. James Bosley, Edw. G. Waters, Chas. H. Cockey, Jno. Brawner, J. W. Downey, J. L. Ingle, D. J. Reinhart and W. H. Clendinen, were, upon recommendation of the Examining Board of the Western Shore, elected members of the Faculty.

Drs. W. H. Diffenderffer and Henry F. Hill presented their resignations which were accepted.

Drs. Cameron Piggot, from the Clinical Society of Md.. and W. W. Virdin, from the Cecil Co. Med. Society, were admitted as Delegates.

FOURTH DAY.

The proceedings of the day opened with an invited paper by *Prof. H. Newell Martin*, of the Johns Hopkins University, on

THE DIRECT ACTION OF ALCOHOL ON THE HEART.

Assisted by Messrs. Lewis and Stevens the author had experimented upon the heart of a healthy adult—a total abstainer from the use of alcoholic liquids in any form—and upon the heart of a dog isolated from all the body but the lungs in the manner described by Prof. Martin a year ago (see MD. MED. JOUR., April 15, 1882). This isolated heart was nourished with defibrinated blood, then blood containing $\frac{1}{8}$, $\frac{1}{4}$ or $\frac{1}{2}$ per ct. of absolute alcohol was supplied to it, and finally good blood again. They find :

1st. Alcohol in the above doses has no influence on the pulse rate.

2nd. As regards the work done by the heart in a minute, blood containing $\frac{1}{8}$ per cent. of alcohol is without effect, at least for five or ten minutes; but blood containing $\frac{1}{4}$ per cent. of alcohol nearly always, that containing $\frac{1}{2}$ per cent. always, greatly diminishes the work done. If the supply of alcoholized blood be not too long continued the heart can be recovered by feeding anew with pure blood.

3d. The diminution of the work is due to an alteration in the elasticity of the cardiac muscle in consequence of which the heart swells out so that soon in its systole it nearly or quite fills the pericardial bag. Hence in diastole it cannot dilate further to receive a fresh supply of blood.

4th. If the pericardium be removed, the above doses of alcohol are without effect on the work done, at least for a considerable time; the heart, however, swells enormously, and beats in a quite unphysiological manner, never obliterating its ventricular centers in systole.

(*To be Continued.*)

Editorial.

THE CARE OF THE TEETH.—The teeth not only materially aid the processes of digestion and thereby promote health and comfort, but when properly cared for contribute largely to the good appearance of the mouth and to the expression of the face. Nothing is more ornamental and attractive in the features of an individual, male or female, than white, evenly-arranged and shapely teeth. Apart from appearance's sake, in respect to which most people are always jealous, the comfort of a clean mouth and the consciousness of a pure breath are especially to be desired by everyone.

We would naturally suppose that everyone would desire to possess clean and healthy teeth did we not know on the contrary that very few persons really prize these truly important organs. The teeth are sadly abused by many. The tooth-brush is a poorly appreciated article of domestic comfort, often not used at all, or if used the application is frequently ineffective and irregular. As for the dentist he is too often shunned and dreaded as an evil genius until relentless pain forces an

acceptance of his cruel steel. The fact is very few people know how to take care of their teeth or appreciate their importance to the economy. They have failed to learn the fact that "prevention" is better than "cure" and in consequence neglect the teeth until it is frequently too late to save them from total decay.

It may be that the cost of preventive treatment is an item considered by many; nevertheless this item of expense should be viewed from the standpoint of the old maxim "a stitch in time saves nine." It is poor economy to delay the care of an important organ until that organ is too badly damaged to be of much further service. The proper time to learn to take care of the teeth is in youth. Children should early be taught to use the brush and to guard against the use of agents which injure or discolor the teeth. A good brush should be selected and the child should be instructed to use it properly and regularly. A brush to be of service should be of suitable size for the mouth, with elastic bristles having serrated ends. The brush should be firmly pressed against the teeth and then brought backwards and forwards with such gentle motion as will force out any accumulations which have lodged between them. Too great force with a brush only scratches the enamel and leaves the debris between the teeth undisturbed. The proper time for brushing the teeth is after meals, but as it is not always convenient to use the brush after each meal it is better to discharge this duty just before retiring at night. The teeth may be brushed in the morning to remove the sordes which have accumulated during the night, as also to cleanse the mouth and purify the breath. As a means of guarding against the consequences of neglect, every one should make a semi-annual or annual visit to a skilled and honorable dentist to have the teeth carefully examined and treated, if required.

In view of the great importance of good teeth to everyone, the physician should guard his patients against the neglect of these organs and instruct them in their hygienic management. The matter is of sufficient importance, in our opinion, to deserve this lengthy notice.

A One-Sided Picture.—Under the heading, "The North Carolina Accident," our esteemed contemporary, the *North Carolina Medical Journal* for April, revives the memory of an event which so closely concerns the reputation of a distinguished Maryland physician, who by his labors in the cause of humanity may well be called one of the world's benefactors, that we deem it our duty to offer a comment upon it. Dr. James Smith, of Baltimore, who began vaccinating in 1801, devoted himself very zealously to the dissemination of the doctrines of Jenner and to the propagation of the Jennerian virus. Some years later he obtained from Congress authority to establish a vaccine bureau, and among the agents whom he appointed for the distribution of his virus was a Dr. Ward, of Tarborough, North Carolina. According to the account referred to, he sent to this gentleman, by mistake, a small-pox crust which however was labelled [*variol.*] i. e. small-pox. This Dr. W. proceeded to use with naturally most disastrous consequences.

We are left entirely in ignorance as to the circumstances under which the virus was sent and received; it is not said that any directions accompanied this virus, which probably was some kept by Dr. S. for inoculating those who had been vaccinated—a method of testing the protective influence of vaccination which was in vogue among the physicians of that period. Whilst our contemporary has much of censure for Dr. Smith he has none for the doctor who uses, for vaccinating, a scab with the label "small-pox," staring him in the face, and who is so stupid or ignorant as not to recognize that he is dealing with the disease small-pox until it has spread havoc far and wide. Granting the mistake by Dr. Smith, what shall we say of the analogous case of ourselves and the druggists? How many of our patients owe their lives to the watchful scrutiny which these faithful sentinels exercise over our prescriptions? And if we rely for protection upon a druggist whom we are accustomed to look upon as an inferior, how much more have we the right to do so upon a brother physician to whom a package marked " small-pox " has (by some inconceivable and by our informant not sufficiently investigated mischance) been inadvertently sent? As for the speech made in Congress by the North Carolina representative, we have had too recent exhibitions—in the case of the National Board of Health and the Garfield bills—of the sort of justice which these Congressional statesmen dispense when discussing affairs medical. Quite evidently our contemporary has given us a one-sided picture of this event, and we are therefore glad to learn that the facts of the case will be brought

out in the forthcoming paper, announced in our Society Bulletin, to be read before the Medical Association by Dr. Quinan.

Printing of the Transactions.—Will the Committee on Publication explain to the members of the Medical and Chirurgical Faculty its reasons for not advertising for estimates for the printing of the Annual Volume of Transactions, shortly to be issued? Has the Committee lost sight of the fact that there are more than two respectable printing establishments in this city of four hundred thousand people? We can show the committee that the cost of printing the Volume of Transactions for this year is excessive, and that a saving of from ten to fifteen per cent. could have been made had estimates been invited from more than *two* printers.

The Committee well knows that the Faculty will be put to very great extra expense in view of the issue of a large edition of a second volume, which will cripple greatly the development of the library, the most important work in which the Faculty is engaged. If ever there was need of economical administration of the finances of the Faculty it is at the present time.

Reviews, Books and Pamphlets.

Lectures on Orthopedic Surgery and Diseases of the Joints. Delivered at Bellevue Hospit a Medical College during the winter session of 1874 and 1875. By Lewis A. Sayre, M. D., Professor of Orthopedic Surgery and Clinical Surgery in Bellevue Hospital Medical College, etc., etc. Second Edition. Revised and greatly enlarged, with 324 illustrations. New York: D. Appleton & Co., 1, 3 and 5 Bond Street. 1883.

In looking over the second edition of Sayre's Orthopedic Surgery and Diseases of the Joints, we are at once struck with the fact that it is a more complete and systematic treatise upon these subjects than the first edition, which was published in 1876. About one hundred pages have been added to the text, and fifty-two new illustrations introduced. The arrangement of the contents has been much altered, and a number of new subjects are treated of. Many cases illustrative of the text, which have come under notice since the last edition was issued, are here recorded.

After giving a brief but interesting history of the development of orthopedy, the author sketches out his course in a classification of deformities.

Under the head of "Absence of Parts" are included hare-lip, cleft palate, bifid uvula, spina bifida, fissured acetabulum, hypospadias, epispadias, exstrophy of bladder, and deficiency in the number of fingers and toes, with an etc. to cover omissions. In most of these affections there is no absence of parts, but an arrest of development, whereby the normal fusion of parts is prevented and fissure or cleft is produced, the pathology of fissure being very different from that which is productive of absence of parts.

The III. and IV. lectures are devoted to the consideration of the general principles of the treatment of deformities, and contain much useful information.

Lecture V., on malformations, is entirely new and occupies thirteen pages, and is devoted to the consideration of thirteen important subjects. Hare-lip takes up two and a half pages and has two large illustrations; cleft palate one and a-half pages, spina bifida two and a-half, and hypospadias and epispadias six lines each. It is needless to say that the description of these affections is of the most superficial character, and is in no way commensurate with the importance of the subjects. It is difficult to understand why this medley was interpolated into the work, unless it is to give the author a chance to display the results of his operative skill. To the student seeking knowledge of the etiology, pathology, symptoms and treatment of some of the most hideous and mortifying deformities to which the human frame is liable, the section is worse than a failure.

Lecture VI. is devoted to the etiology of deformities in which congenital phimosis and adherent prepuce are made to play an important part, notwithstanding the opinion of some of the best neurologists who declare there is not a case on record which proves phimosis to be a cause of reflex paralysis. The fact is sure, however, that certain nervous phenomena do improve vastly after circumcision. In this chapter Dr. Sayre also declares the same nervous symptoms to be due to irritation of the clitoris, and advises the performance of clitoridectomy.

Nearly 100 pages are devoted to the consideration of Talipes, and it is here that the practical value of the treatise begins to be apparent. Nothing of importance has been added to this section in this edition, except a case which illustrates how much may be accomplished in a short time by judicious treatment.

This whole section is one of great interest, and will well repay any one for its study. A few remarks upon club-hand have been appended to this section.

The various diseases of the joints occupy

283 pages, and are more fully and systematically treated than in the first edition. One looks in vain for any description of inflammation of wrist, elbow, or shoulder-joints in the previous edition; but in the present a very brief chapter of 9 pages is devoted to their consideration. The chapters on the other diseases of the joints are but little altered, and are admirable practical guides to the diagnosis and treatment of these diseases.

Dr. Sayre takes occasion to loudly condemn the plan of treatment of diseases of the joints of lower extremity which has been so highly vaunted by Dr. J. C. Hutchison, of Brooklyn, viz.: that by elevation of the sound limb on a patten and allowing the patient to go about with crutches, the diseased limb in this way being relieved of pressure. It is interesting to note that Hutchison does not think much of Sayre's methods of treatment.

Thirteen additional excisions of the hip-joint are tabulated, making the whole number of operations by the author 72, of which 63 recovered, 9 died and 47 are now alive; 29 recovered with less than one inch shortening; anchylosis resulted in but 2 cases.

Diseases of the spinal column are treated more at length than in the first edition, and form an interesting and instructive essay.

The author reaffirms his belief in the efficacy of the plaster of Paris jacket in the treatment of spondylitis, and fracture of the spine, and appears to use it to the exclusion of every other method of treatment.

Lateral curvature is also treated by the use of plaster-jackets, and gymnastic exercises, the jacket being removed at night and during the gymnastics and worn as a corset during the day. The author says: "I wish it to be distinctly understood that the plaster-jacket is simply an adjuvant to the gymnastic exercises so necessary to the cure of this deformity, and which are for the purpose of developing the weakened muscles upon the affected side; the plaster-jacket being simply applied for the purpose of retaining the body in the improved position which self-suspension, etc., give it."

The remaining pages are devoted to the consideration of numerous miscellaneous subjects, as deformities from paralysis, torticollis, genu-valgum and varum, deformities from burns, corns, bunions, ingrowing toe-nails, etc., which though very briefly described, will be found to contain useful information.

In conclusion, it may be stated that Sayre's Orthopedic Surgery is a work of decided merit, but one which is imperfect in many ways. His pathology is very incomplete, and in some cases bad; but the various methods of diagnosis and treatment are admirable. The reviewer ventures to think the value of the work has not been enhanced by the addition of the very imperfect chapter on malformations, which, if treated at all, should at least have had a reasonable amount of thoroughness bestowed upon them.

Whilst it is natural that Prof. Sayre should feel laudable pride in the success of his methods of treatment, much bad taste is shown in mentioning the names and residences, or even the initials of physicians who have not been so fortunate in their efforts. It is also questionable whether the publication of letters from sundry non-professional ladies and gentlemen, laudatory of his own treatment and deprecatory of that of other equally deserving orthopedists is altogether the square thing.

R. W.

THE AMERICAN PSYCHOLOGICAL JOURNAL.—With April appears the first number of the American Psychological Journal, published under the auspices of the National Association for the Protection of the Insane and Prevention of Insanity; edited by Dr. Joseph Parrish and an efficient corps of associates.

The object of the Journal is to bring before the public a wholesome sentiment on the subject of insanity in all its forms, with a special direction toward amending the present State laws regarding lunacy, which are so sadly defective in many States; a furtherance of better and more scientific methods of treatment in asylums already existing; and the prevention of mental disease.

The present number contains quite a long list of articles bearing upon the several departments of the subject, by well-known writers, abroad as well as at home.

May the Journal increase and prosper from its good beginning, always carefully abstaining from those ultra views so liable to do harm when the reaction to the present popular sentiment comes; otherwise, as Clark Bell so justly says, "we may see the shadow turned backward upon the dial of asylum reform another decade, and take years to recover our present vantage ground."

H. B.

Report of Proceedings of the Illinois State Board of Health. Quarterly Meeting. Chicago, April 12 to 14, 1883.=*Proceedings of the Sanitary Council of the Mississippi Valley at its Fifth Annual Meeting.* Jackson, Miss., April 3 and 4, 1883.=*First Annual Report of the Provincial Board of Health of Ontario,* 1882.=*The American Psychological Journal.* Quarterly. Vol. I, No. 1. April, 1883. Edited by JOSEPH PARISH, M. D. Burlington, N. J.: P. Blakiston, Son & Co., Publishers, Philadelphia.=*What Shall we do With Chloroform?* By J. T. SMITH, M. D., Baltimore. Re-

print. Pp. 8.=*The Pathology and Morbid Anatomy of Tubercle.* By N. SENN, M. D., of Milwaukee. Reprint from the Transactions of the State Medical Society of Wisconsin, 1883. Pp. 33.=*Medical Essays*, 1842–1882. By OLIVER WENDELL HOLMES. Boston: Houghton, Mifflin & Co. Cambridge: 1883. Pp. 445]

Miscellany.

ON THE INFLUENCE OF QUININE ON THE RATE OF FLOW THROUGH THE BLOOD-VESSELS.—Thus far experiments have been made on the "slider" terrapin only. To determine the influence of the drug on the rate of flow through the vessels, independent of any effect which might be produced on the heart by the action of the drug, a method was used which may be described as follows: A large opening being made in the plastron over the region of the heart, the pulmonary arteries were ligatured, the heart cut away and cannulas placed in the left aorta and innominate trunk and also in the three great veins. The arterial cannulas were then connected with feeding flasks, filled with normal salt solution, and this was allowed to flow into the vessels under a known pressure. Having traversed the arterial system, the fluid returned by the veins and was collected and measured as it flowed out. The resistance offered to the liquid under these conditions is of course that of the small arteries and capillaries, and any variation in the size of these vessels must be followed by a variation in the amount of liquid which flows out; a narrowing of the vessels causing increased resistance and a decrease in the quantity of liquid which passes through in a unit of time, and a widening, causing a decreased resistance and an increase in the quantity of liquid. We have made experiments on terrapin with the central nervous system intact, and also with the same destroyed. In the former case the animal was curarized. In both cases there is a much increased flow through the blood-vessels after quinine. In many cases it was possible to recover the vessels back to their previous state of distension, and then giving quinine to again get an increase in the amount of flow through them. As this variation occurs after the destruction of the central nervous system, the drug must act on some peripheral mechanism. It is not yet clear whether it acts on the muscular coats of the small arteries or on the capillaries or on both. These effects are obtainable with a solution of quinine equal to .002 grms. in 100 c. c. of salt solution, or 1 part in 50000. We have evidence, then, for the view that, in the terrapin, quinine dilates the small blood-vessels and can act without the aid of the central nervous system. Further experiments will be made on frogs.—*H. H. Donaldson and L. T. Stevens, Johns Hopkins Univ. Circular*, April, 1883.

SUICIDE AND HOMICIDE UNDER INSIDIOUS FORMS.—*Dr. Richard McSherry*, of this city, contributes to *The Sanitarian*, April 26th, 1883, a very suggestive paper with the above title. He begins with the remark, "Not one-half of the human race reaches one-half the alloted term, and there must be some reason for this unfortunate but undeniable fact. It may be said, simply, that, notwithstanding all the blaze of light, moral, religious, intellectual and electric, of this nineteenth century, one-half of the premature deaths may be attributed, no matter how the health statistics report it, to suicide or homicide." "When a man dies from *mania-a-potu* it is not reported suicide, but it is just as much that, from spirit, as in the case of the poor wretch who has been taken out of the docks to the morgue from water."

Dr. McSherry estimates that fifty out of every hundred men in this country who die in the maturity of manhood, between thirty and sixty years of age, die of their own vices or follies. The cause or manner of going off may be different, but the result is the same. Habitual drunkenness, a wild debauch or gluttony, may lead to death. They are all suicides. Every observant physician knows that a person does not have to be a drunkard to shorten his days by the use or abuse of wines or liquors. The average man who drinks over two ounces of alcohol—the equivalent to about a tumblerful of sherry wine—habitually and daily, is surely sapping his own foundations, and is almost surely hastening to a premature grave." "Every doctor knows how common this form of suicide is, though many people may refuse to believe it."

"Gluttony, that is, habitual excess in eating, is nearly as bad."

Syphilis is another potent cause of ignorant suicide and unintentional homicide, against which protection should be thorough by practical legislation.

Among the vices and follies which induce suicide and homicide to an extent not commonly recognized may be enumerated the educational craze. "Not understanding what education is, properly," Dr. McSherry says, "foolish parents are immolating their children by hundreds and thousands by a false system of education, supposing that it is solely a matter of books and school-rooms.

"Under such delusion they exhaust the children's brains and nervous systems with complex and multiple studies, and ruin their bodies by protracted imprisonment."

He protests against the system of cramming, now nearly universal, which does not fit the young man for a useful career in life, nor the young woman to be a good, staunch helpmeet.

"So far as hard study goes, however, there is apt to be a certain sturdy conservatism about boys that prevents them from committing suicide by excessive brain work."

"The poor girls, with their nicer organizations, are the unfortunate victims."

Dr. McSherry shows how many a woman has paid too dearly for her superficial acquirements, not in money, but in health, compared with which real learning is of so little value.

The evils of this cramming, crowding and forcing process are becoming noticed in all quarters. It has been stated that in Italy insanity is increasing somewhat *pari passu* with education, and the Scotch schoolmasters announce officially that education, as directed in Scotland, is injurious to the health of the children.

Dr. McSherry suggests that "parents who do not wish to immolate their children, daughters especially, should not allow them to devote more than from four to six hours daily to brain work."

"Learning, whatever its value, is not acquired by cramming and forcing, but merely the show of it."

THE NEW YORK ACADEMY OF MEDICINE AND THE "NEW CODE."—When the "New Code" was presented at the meeting of the State Society, held at Albany last year, its supporters were accused of having packed the meeting to secure its passage on the day it was first announced. An appeal was made to postpone the consideration of so important a matter until the opinion of the profession concerning it could be ascertained. This appeal was voted down and the "New Code" became a law. At the meeting of the State Society held this year, an attempt was made to rescind the "New Code," but the resolution to that effect was lost. Since the adoption of this "code," a heated and bitter controversy has grown out of the action of the State Society in its departure from the "code" recognized by the American Medical Association. The advocates of the National and State Codes have gotten further and further apart until an ethical difference has given rise to an angry discussion which threatens to divide the profession into two bitter and hostile factions. The feeling which exists was fully brought out at a recent meeting of the N. Y. Academy of Medicine. Dr. Fordyce Barker, President, and Dr. R. F. Weir, Vice-President, are advocates of the "New Code," and Drs. Roosa and C. R. Agnew, who have taken the most active part in its adoption, are influential members of the Academy. Upon this question the membership of the Academy is divided, and when an attempt was made on a former occasion to bring it before a meeting of this scientific body, Dr. Austin Flint, Sen., suggested that such discussions could more properly be pursued in the County Society. Dr. Flint thus saved the Academy, for a time, from the bitter discussion through which it passed at its last meeting, necessitating an adjournment until October.

The feeling of uneasiness, which existed among the members who favored the "National Code," grew more pronounced after the President, Dr. Fordyce Barker, expressed a preference for the "New Code."

At the regular meeting held April 19th, Dr. Austin Flint, Jr., introduced the following preambles and resolutions with these prefatory remarks:

"It is time that in this hall presented by a distinguished fellow and benefactor of the Academy, and in the presence of these portraits of former presidents and distinguished fellows, most of whom have passed away, resolutions should be introduced deprecating the admission of new fellows who can not conscientiously sign, as we have all signed, and cordially support as we should all support, the code of Ethics of the regular profession which is the code adopted by the by-laws of the Academy; I therefore move the adoption of the following:

WHEREAS, The New York Academy of Medicine has adopted in its laws as its standard of Medical Ethics, the code of Ethics of the American Medical Association; and

WHEREAS, Each newly elected Fellow of the Academy is required to sign its Constitution and By-Laws. be it

Resolved, That the Committee on Admissions be and is hereby instructed to report to the Academy for election as resident Fellow, no physician who is known to the Committee to be in opposition to the Code of Ethics of the Academy, and who, as a consequence, connot consistently sign the By-Laws of the Academy.

Resolved, That these instructions to the Committee on Admission be continued in force until the American Medical Association shall have modified or repealed its Code of Ethics, and such modification or repeal shall have been adopted by the Academy, or until the Academy shall have modified or repealed its By-Laws referring to Medical Ethics."

These resolutions were seconded by Dr. J. P. Garrish.

A motion was then made by Dr. C R. Agnew, after warmly protesting against their introduction without previous intimation of their import, to lay them on the table. The vote was taken: Ayes 32, Nays 60.

The motion to lay on the table was declared lost.

Dr. Roosa then said that this meeting was not a spontaneous agitation, not an expression of the real sense of the medical profession, but an expression created simply by a secret society, a high organization which sends its orders to individuals to be present on certain occasions. He appealed to the honor of the gentlemen who claimed to represent the purity of the ethics of the profession as against those who are irregular, to forego their action at this meeting.

Dr. Flint, Jr., again defended the resolution. He urged that it was necessary from what had already occurred, that the Committee on Admission of new Fellows should be instructed, that the profession was divided, and that it is absolutely necessary that the Academy should take a position on one side or the other. He then introduced the following resolution:

Resolved, "That the Academy hereby disavows any sympathy with the action of the State Medical Society, which has put the profession of the State, through its State and County Society, in an attitude of opposition to the medical profession of the rest of the United States."

This resolution was discussed and then carried by nearly the same vote as the first resolution.

A motion was then made to reconsider and then a motion was made to indefinitely postpone the reconsideration, which last motion was carried.

A motion was made at the request of the President to suspend the By-Laws and postpone all stated meetings of the Academy until the time of the first stated meeting in October. This motion was lost, whereupon the President tendered his resignation, which was subsequently withdrawn.

Dr. Weir stated that he was called upon to choose between the law of the State and the State Medical Society, and the Code of Ethics of the American Medical Association. He chose to abide by the State law and the State Medical Society. He then tendered his resignation as Vice-President and Fellow of the Academy. Drs. Agnew, Roosa and Cushman also tendered their resignations.

A motion to adjourn until October was then carried.

SOCIETY BULLETIN.—The Arkansas State Medical Society will hold its Eighth Annual Session at Little Rock, May 30 and 31st. The Fifty-first Annual Meeting of the British Medical Association will be held at Liverpool, July 31st, August 1st, 2nd and 3rd. The Fourth Annual Meeting of the American Surgical Association will take place in Cincinnati, May 31st and continue for three days. The American Medical Association will meet in Cleveland, Ohio, June 5th, 6th, 7th and 8th. The Clinical Society of Maryland will meet May 18th, at 8 P. M. Dr. John Morris will read a paper on "Hydrops Chorii (False waters)."

Medical Items.

THE Government of Brazil has awarded a gratuity of about $17,000 to Dr. John Baptist Lecerda for his discovery of the antidotal virtue of permanganate of potash in the poisoning of snake-bites.=Dr. Roberts Bartholow succeeds Dr. Ellerslie Wallace as Dean of Faculty of Jefferson Medical College.=Seventeen medical men were chosen members of the Italian Parliament at the last general election.=The receipts from subscriptions and advertisement of the *British Medical Journal* for the year 1882 were over $70,000 and profits over $10,000. This journal is owned by the British Medical Association.=Dr. Maurice Krishaber, a well-known laryngologist, recently died in Paris.=The Philadelphia Polyclinic announces that it receives neither *free* pupils nor medical *students* in its classes, which are designed for graduates only. The various departments have now a membership of twenty-six.=Mr. Butlin (*Practitioner*, March, 1883) recommends a ten-grain solution of chromic acid in cases of chronic superficial glossitis and in ulcerative affections, including those of syphilitic origin.=Dr. G. Halsted Boyland, late Professor of Anatomy, has been elected Professor of Surgery, in the Baltimore Medical College.=Dr. Wilmer Brinton, left Baltimore May 10th, to spend 12 to 18 months in Europe.=The Army Medical Library receives 760 current medical journals and transactions at a cost of $2500 per annum.

Clinical Lectures.

AMPUTATION OF THE THIGH; TETANUS; CONICAL STUMP.

BY J. EDWIN MICHAEL, M. D.,

Professor of Anatomy and Clinical Surgery, University of Maryland.

(*Delivered at the University Hospital*).

Gentlemen:—You recognise in the patient before us one who has occupied our attention several times before and the progress of whose case has elicited our interest as well as our sympathy. He is ten years of age and first came into our care on April 2nd. Four days previously he had fallen under a heavy wagon, the wheels of which had passed over his leg about four inches below the knee crushing it badly. His physician had attempted to save the leg by the adoption of conservative measures, but the attempt was unsuccessful as gangrene supervened, and he was brought to us for operation. His condition at that time was truly pitiable. His leg below the knee was simply rotten and emitted a stench of the most horrid character. The thigh was swollen, œdematous, of a dusky hue, and the inguinal glands were considerably swollen. There was, however, no crackling to indicate the presence of the gases of decomposition in the tissues. The child was extremely weak with a pulse of 150 to the minute. Amputation was decided on as the only hope though with the distinct understanding that the prognosis was unfavorable. Chloroform was administered and the operation done at the middle of the thigh by the circular method, and it was well that a lower point was not selected since the posterior muscles were gangrenous to within an inch of the point of section. The connective tissue, subcutaneous and intermuscular, was found infiltrated with a dirty yellowish fluid, and many ligatures were necessary to control the vessels which sprung. The wound, after free irrigation with hot carbolised water, was well dusted with iodoform and closed with silver-wire sutures, the lower angle being left open and the ligatures brought out at that point for drainage. A large pad of oakum was then applied and fixed with a bandage, and the boy put to bed, stimulated, and surrounded with hot bottles. He reacted well and his progress was satisfactory for a week, when the dressing was changed for the first time. During this week the highest temperature shown was about 102°, which was on the second day after which it declined and ran at about 99°. Upon the removal of the oakum pad it was found that the outer half of the wound had united, the inner half was open and there was some dark sanious discharge. Two of the ligatures came away on slight traction, the sutures were removed and the wound dressed as before with iodoform and oakum. On the eighth day, you will remember, I called your attention to some very slight symptoms, which were suggestive of tetanus. There was slight corrugation of the forehead, a mere suggestion of a *risus sardonicus* and the patient complained of a pain in his tongue. These were the only symptoms, and although they were not accompanied by a rise of temperature or stiffness of the jaws, I considered them of grave import. On the ninth day tetanus was distinctly developed, though of an exceedingly mild type. The boy was removed from the ward to a private room in order that all noises and other causes of excitement might be avoided and tincture of opium q. s. prescribed. No particular quantity of the drug was ordered, but directions were given to keep the patient on the verge of narcotism, and enough was to be used to produce that effect. Stimulation and fluid nourishment in proper amounts were also ordered.

We have followed the case together and seen the rigid jaws, the neck ridged by the contraction of the platysma and sterno-clavicular muscles, the head thrown backward, the flexed extremities, the hard belly all gradually yield, and I think we may now consider the patient nearly if not quite out of danger. This attack of tetanus is of peculiar interest from the clinical point of view since it may have originated either from the original injury or from the amputation which became necessary four days after its infliction. If there were any positive data upon which we could decide this question, and especially if we could be certain that the injury and not the amputation was the cause, it would have a very important bearing upon the question of amputation for tetanus. Let us consider the probabilities in the case. In the first place it is well known that injuries which crush and lacerate are much more liable to produce tetanus than those which are in-

flicted with sharp cutting instruments, and hence *cæteris paribus* we would rather expect to find the laceration than the amputation guilty. In the second place we must consider the length of time elapsing between the two occurrences and the development of lock-jaw, together with the gravity of the attack, in the light of experience. The facts are these. An attack of tetanus occurs eight days after an amputation, twelve days after a laceration. The attack begins mildly, is exceptionally mild throughout and the patient recovers. Experience teaches us that the more distant in point of time from the injury which causes it, the more mild an attack of tetanus is likely to be, and the mildness of the symptoms in the case before us would rather incline us to attribute it to the first than to the second traumatism. Moreover it is not impossible that the very mildness of the case was due to the modifying influence of the amputation. The ways of tetanus are so devious however that, although we may claim that the probabilities are strongly in favor of the laceration being the causative element in this case, we are not in a position to definitely decide the question.

I would like to add a few words in regard to the treatment of this case, and I will begin by confessing that I attribute the cure rather to the mildness of the symptoms that to the method adopted. In acute tetanus, drugs are useless except as a means of producing euthanasia. Opium, conium, belladonna, chloral, calabar bean, and many other drugs have been, as Mr. Erichsen pointedly remarks, "most ineffectually" tried. In subacute cases, among which I rank this one, these drugs are useful, but not curative. They relieve pain, control to some extent the paroxysms and induce sleep, but they do not cure. It is a fight between the disease and the patient, and the best man wins. These drugs oppose the enemy only at certain points and only temporarily. Hence they must be repeated frequently. But it must not be forgotten that having tetanus is exceedingly hard work; every muscle is in action and the way in which we have seen our little patient sweat shows what fatigue he has undergone. A man who is worked hard and not well-fed will die. Hence we have been liberal with soft-boiled eggs, milk, rich soup and the like. Moreover, as giving additional aid in the contest, we have stimulated freely. In these three elements of treatment then—in addition to the removal of all external sources of irritation—we place our trust: Opium, food, stimulation. I well remember another successful case treated on this plan in which the patient, a physician, took the stimulation into his own hands and merged from tetanus into *delerium tremens* from which he also promptly recovered.

Let us now turn to the condition of the stump, for in it we will find something of peculiar interest. You will permit me to again call your attention to what has already been referred to in order that we may study the present condition in the light of what has gone before. At the time the amputation was done, there was an ample flap and no tension was required in placing the sutures. If the flap had been too short I would not have hesitated to cut off more bone, as it is much better surgery to make a second cut of bone than to leave an insufficiency of soft parts. Again, when upon the eighth day after operation the dressing was removed, we found half the wound united and little or no gaping at the other half. The bone was well covered. Now we see the femur surrounded by a mass of granulations protruding and the margins of the skin flap drawn back an inch or two above the end of the bone. Now, in order to understand this state of affairs, we must study the causes. During the first week of the operation these soft parts of the stump were cemented together by the organization of the plastic lymph thrown out from the cut surfaces. In other words, cicatrisation was proceeding normally. Upon the outbreak of tetanus the muscles of the stump participated in the contractions, pulled open the wound, dragged upward all the soft parts, and produced the state of affairs which we see here. Now that the spasmodic condition has ceased there is no more traction, and we can see from the folds into which the skin is thrown that if it were not that the margin of the flap is united to the soft parts below, there is even yet skin enough to cover the bone without tension. I have not searched the literature of the subject carefully, but in looking over our ordinary text-books I see no mention of this condition as depending on tetanus. One exceedingly good explanation of the paucity of observations on this subject is the fact

that by far the larger number of cases of tetanus following amputation are fatal, in which case the condition of the stump is of no particular importance. I am, therefore, glad to have the opportunity of showing you this case as one you are not likely to see duplicated. The interesting clinical point, however, is, what is to be done to remedy the condition? The occurrence of conical stump is not rare after amputation in children, and the reason is not far to seek. The bone still continues to grow, which the soft parts do not, and so protrudes from the stump. Mr. Bryant speaks of a case in which he has several times removed a piece of bone from this cause. Now, while we could dissect up the edge of this flap and bring it down over the bone without difficulty, I do not think it would be wise to do so. The patient is only ten years of age, and it is to be hoped he will do a good deal of growing yet. Therefore the proper plan would be to open up the stump, perhaps only on the outer side, and remove at least two inches of the femur, and when he has gained a little more strength I shall do that operation in your presence.

Original Papers.

ILLUSTRATIONS OF MEDICINE IN MARYLAND IN 'YE OLDEN TIME' —INQUESTS AND AUTOPSIES.

BY J. R. QUINAN, OF BALTIMORE, MD.

I.

The earliest record of an inquest accompanied by a post-mortem, in America, has hitherto been thought to have been that of Mass., 1674 (see address of S. A. Green, before Mass. M. Soc.; p. 50). But we find two instances in Maryland still earlier. One of July 20, 1670, when John Stanley and John Peirce, chirurgeons, are ordered by the Maryland Council to view, on Monday, 8th August, 1670, the head of Benj. Price, who was supposed to have been killed by the Indians (see Ms. 'Council Book,' 1669–1673; No. 4. State Papers, p 31, in Md. Hist. Soc.*) I have found another still earlier, accompanied by some features so singular as to justify quotation at some length. It deserves recital also as a proof of the strict justice dealt out by our forefathers to all without regard to 'race or color.'

"At a provincial Court held at Patuxent, for the Province of Maryland, Sept. 23, 1657, whereas, it is thought requisite that a view be taken of Henry Gouge, who is suspected to have been brought to an untimely death by his master, John Dandey, and whereas it is conceived that this cannot be had so conveniently in time as by a competent jury to take a view of said corps, the Court doth order that Mr. James Veitch be hereby empowered to go to the place where the said Henry Gouge was interred and to call so many of the neighbors as conveniently can be procured with two *chirurgeons* viz: Mr. *Rd. Maddocks* and Mr. *Emperor Smith*, and after said neighbors and the two chirurgeons have taken a diligent view of the said corps, then the said chirurgeons in the view of those present *are to take off the head of said corps and after diligent view and search to signifie under their hands* how they find *said head and corps*, are to cause the said *head* to be *carefully lapped* up and *warily brought* to the *Court* with what convenient and possible speed as may be."

The return of this jury rendered to the court Sept. 24, 1657, runs thus: "Whereas, according to the order of the court, we have proceeded and diligently viewed the head of the corps of Henry Gougue and laid open to us by the chirurgeons, which was ordered by the court to view and lay open to us.

"We detest" (sic) "under our hands that we can see nor find nothing about the said head, but only two places of the skin and flesh broke on the right side of the head, and the scull perfect and sound and not anything can or doth appear to us to be any cause of the death of the said Gouge, and also we do *detest* that we did endeavor what possible in us lay, to search the body of said corps and could not possibly do it, it being too noysome to us all and being put at first into the ground without anything about it, as the chirurgeons and the sheriff can satisfie you, this is the truth and nothing but the truth as witness our hands and seals, this 24 day Sept. 1657. And according to the order we have *delivered* the said *head* in the hands of the sheriff.

"Wm. Barton, H. W. Lilly, Rd. Lloyd, Chris. Russell, Thos. Bassett, Rd. R. Nev-

*I am indebted to Dr. E. M. Hartwell, A. M., J. H. Univ., for calling my attention to this.

itt, Christ. Goodrich, Ed. Turner, Rd. Bennett, W. Whittle, Wm. Young" (Lib. No. 3, from old Lib. A. & B. 1650-1657. pp. 305-6). This return did not 'satisfie' the court, who ordered a new jury, and it being proved that his master had inflicted blows upon his slave that caused his death, the latter was convicted of murder and ordered to be hanged "on an Island of St. Leonard's Creek near its junction with the Patuxent River" (loc. cit. p. 328). The chirurgeons were allowed 1 Hhd. Tob. as their fees "for dissecting and viewing the corps" (loc. cit. p. 334).

It is of interest to note that several of the witnesses against Dandy depose that "the corps bled afresh when Dandy touched it," an old superstition in regard to proof of guilt.

Society Reports.

PROCEEDINGS OF THE MEDICAL SOCIETY, DISTRICT OF COLUMBIA.

REGULAR MEETING HELD MARCH 28, 1883.

(*Specially reported for Maryland Med. Journ.*)

The Society met, with the President, Dr. A. F. A. King in the Chair, Dr. T. E. McArdle, Secretary.

Dr. Garnett presented the SUPRA-RENAL CAPSULES obtained from a patient who died of Addison's disease. The case, he said, was one of great interest in several respects—its great rarity, its great fatality, and the mysterious manner it manifests itself in a pathogenic way. The "bronze disease" was first accurately described in an elaborate paper by Dr. Addison, hence its name, Morbus Addisonii. Anatomists have held divers opinions concerning the anatomical structure of the suprarenal capsules. It is generally conceded, however, that they are composed of a cortical and medullary substance.

The cortical substance is a reticulated fibrous structure. The medullary substance partakes of the character of glandular structure. The nerves are so preponderant that the capsules are considered by some as nerve ganglia. We will not wonder at this when we consider that we find there branches from the splanchnic, cœliac plexus, pneumogastric, phrenic and sympathetic. Such a nerve structure must play an important part in the vital economy, the nature of which has not yet been discovered. The particular feature of Addison's disease is the discoloration of the skin. Writers speak of three stages of the disease. There is the introductory stage, when the physician will examine his patient and find nothing but feebleness, lassitude, weak pulse, exhaustion. In this stage the capsules have been found to be two or three times their normal size, and resemble whitish albuminoid substances. Sometimes greater or less discoloration of the skin begins to be manifest. This is of a peculiar character and unlike jaundice from the absorption of biliary matter. It is confined to the skin and some portions of that are free—as the scalp, the palms of the hands and the soles of the feet. The nails are not discolored. Pathological changes continue and there is a gradual caseous degeneration of the medullary substance. After discoloration is well established the capsules pass from an albuminoid into a white calcareous substance and the entire mass becomes shrunken. The bodies which he now presented were taken from a youth 17 years of age. His mother, who died of consumption, had been treated by Dr. Garnett twelve years ago. Three years ago he was requested to see this boy. At that time he was weak and unable to study. The Doctor found a very slight discoloration of the skin, but enough to attract attention, and he spoke of it to the child's father. Six or eight months afterwards he was called to see the patient again and found the discoloration much more marked, and he again diagnosed Addison's Disease. Dr. Ely, of Rochester, saw him, and after a careful examination confirmed the diagnosis. Dr. Duhring of Philadelphia, came to the same conclusion. The boy came back here about a year ago. Instead, however, of going through the regular stages, he seemed to improve. He walked sometimes four miles a day, and he rode frequently on horseback. The discoloration though was fixed and still increased. His appetite was good and he apparently improved in health. On the 2nd of March, after breakfast, he went down town as usual; but on coming home in the afternoon he was taken with a severe chill followed by fever, nausea and headache. The Doctor ordered some simple remedies, amongst others hot pediluvia. Was called again early the next morning and saw him between 9 and 10 o'clock. He then found that during the night the nausea and vomiting had increased, and he was so prostrated that the bowels and bladder were emptied involuntarily. His breathing was stertorous, his eyes were open, and he could make no effort to speak. There was no pulse perceptible and hardly any cardiac murmur. Word was sent to Dr. Weir Mitchell, who happened to be in town, to come and see the case; the patient, however, died shortly after Dr. Mitchell arrived in the house. Dr. Mitchell said that he had seen two cases of the disease, one of which died suddenly in the

street, the other gradually passed away. The singular feature of Dr. Garnett's case was that the patient did not suffer a gradual loss of strength, but on the contrary walked four miles a few days before death.

The Doctor here read his notes of the autopsy made some hours after death.

W. F., 17 years old, died at 10.15 A. M. Autopsy at 12.30 P. M.

Rigor mortis slightly observable; bronze hue of skin greatly intensified since death; emaciation very slight if any; subcutaneous deposits of adipose tissue abundant; muscles well developed and presenting a healthy red color; omentum largely supplied with fat; large quantity apparently of sanguineo-serous fluid in abdominal cavity; no flocculi; fat adherent to parietal peritoneum; *liver* slightly congested but structure normal and of healthy appearance. *Right Kidney*: Size, weight and form normal; color rather darker than natural; supra-renal appendage irregular in shape, shriveled nodulated and diminished in size; structure entirely changed; calcareous deposits brittle and hard to cut; result of caseous degeneration. *Left Kidney*: Somewhat enlarged and presenting the same general appearance as the right; supra-renal capsule almost identical in structure and appearance with that on the right side; intestines partially examined but so far as observed healthy; mesenteric glands normal. More viscera and ganglia were not examined as there had been great opposition to the autopsy, which was only obtained upon the condition that there should be as little mutilation as possible.

The spleen, he said, had some dark pigment spots. There was no anæmia, but on the contrary a sufficient quantity of red blood. The urine was natural in appearance and differed manifestly from that of jaundice. The pigmentation was confined to the external surface, and unlike the effects of malaria, the pigment granules were not found in the blood.

It is interesting to speculate on the connection between the internal nervous system and the integument. In his recent paper on malaria, in which he contended there was no such specific thing, but that the trouble came from change of temperature, he sought to show the influence upon the nervous system through the medium of the skin. Burns are found to be associated in a short time with ulceration along the intestinal tract. Urticaria may be caused by eating shell-fish, and an erythematous eruption from irritation of the ganglionic system of nerves. The supra-renal capsules seem to exercise some special influence on the skin. The experiments of physiologists and pathologists would seem to go to show that these little bodies are important to the vitality of the animal; for if they are injured or even squeezed the animal dies. There would seem to be some analogy between the effect produced by the bodies, and that caused by irritation of the intestinal mucous membrane upon the external integument. He gave out this crude idea that some gentlemen might investigate it.

Dr. Acker said he had made the post-mortem and found the pancreas, liver and kidney normal. They were examined macroscopically and microscopically. The supra-renal capsules had undergone fatty degeneration, and no ganglionic cells could be found; indeed there was no normal tissue. The condition of the semilunar ganglia was not noted. The lung and heart were normal, and no tubercles were found in any of the organs. There was marked increase of pigment in the rete mucosa.

Dr. Schaeffer said this case of such a rare disease was interesting. It derived great importance from the fact that the organ involved was considered developmental. In the fœtus it was large, but diminished in size as the person grows older. The fact that squeezing causes death would not show that the capsules were necessary to vitality. Several instances are recorded of the organs having been extirpated from animals and yet they lived. Medullary cancer of the capsules will cause a bronzing of the skin, showing an immediate connection between the organs and the skin.

Dr. Lamb said this specimen confirmed what was usually found. Rare cases have been reported where the capsule was not affected—a few cases where the capsule was so atrophied that it could not be found. In nine out of ten cases, however, we find a simple cheesy or chalky formation. He had seen a case of cancer affecting both capsules, one weighing eight ounces, yet there was no bronzing. The statement has been made here that only the external surface is discolored. There are on record, however, cases where the mucous membrane has been so affected. In one case the oral cavity was thus discolored. Owing to the affection of the spleen, some have sought to show a relationship with malaria. There is a common pigmentation in both diseases, and there is undoubtedly a change in the blood. One great point of interest in this case is the treatment, to which must be attributed the fact that this patient progressed so much more favorably than others usually do. One other point which should not escape notice is that some have contended that the affection of the capsules is

a mere concomitant, and the locality of the true cause of Addison's disease is unknown.

Dr. Kleinschmidt said the treatment seemed to be limited to fresh air and good diet.

Dr. A. F. A. King remarked that the enlarged pigmented spleen and skin coloring of this case, were suggestive of a pathological relationship between it and malarial melanosis. He had read a paper before the Philosophical Society of Washington, on the 10th of February last, in which he had endeavoured to show that malarial disease was due to the malarial-poison being inoculated into the human body by the bites of mosquitoes and other proboscidian insects. He had then suggested that the black coloring of the skin that occurs in well marked cases of malarial melanosis, was a conservative modification of the cutaneous surface—a sort of "protective coloring"—designed to render the individual invisible to the mosquito. He had also regarded the spleen as naturally designed, with its other functions—not only as a pigment-forming organ, but as one whose special office it was to govern and determine the color of the cutaneous surface. If his views were correct it might possibly turn out hereafter that the real cause of Addison's Disease was the bite or puncture of some insect.

Dr. Gleeson presented a FŒTUS, which he said was interesting as affording another link in the chain of evidence relative to the frequency with which abortions are procured. He then read the following:

DR. GLEESON'S CASE.—This patient, Mrs. H. is the wife of a mechanic—about thirty years of age and the mother of three living children, the youngest being about five years age. I was called to see her first, in the morning, April 13th, 1882. She was complaining of severe abdominal pains which I thought were uterine, and upon inquiry she stated that her last regular menstruation was in January, since which time she had been irregular and there had been several slight attempts at menstruation, as she expressed it, but she did not think she was pregnant. Had been suffering considerable pain for two or three days, with very slight hemorrhages at intervals. As she was not willing to submit to an examination, I ordered her to bed, gave an anodyne and insisted upon her keeping quiet, and in addition, I think, ordered the fid. ext. of ergot, in twenty drop doses every three hours. About one o'clock the same day I was sent for in great haste, but did not reach her until about two o'clock, when I learned she had been attacked about noon with severe pains, resulting in the expulsion of this fœtus, before my arrival. There was only slight hemorrhage, but the pains had been and still continued so severe that I gave her a hypodermic of morphia, and the result was that she had no more pain and recovered without an unfavorable symptom, and was about the house in about a week, contrary, however, to my advice. As I have intimated, she was a stranger to me, and being very reticent, I could get little or no information from her, as any leading question only brought out stout denials—but a female relative or friend, who was in the house at the time, told me that about a year before this she had a miscarriage or abortion, and that she told her afterwards she had produced it by the use of a hair-pin. This specimen bears evidence to the fact that violence was resorted to in this instance, as the head is nearly torn open—or rather the top nearly torn off.

This patient had a slight illness in the following September, and from that time remained in good health, as far as I know, until the 7th of January, 1883, when I was sent for again and found her complaining of constant slight hemorrhage which continued for several days, with occasional paroxysms of pain. She was weak, and anæmic in appearance, with loss of appetite and a bilious condition of the stomach. She denied positively that she was pregnant, or had any reason to suspect that was her condition. I treated her for the general indications, followed by tonics, and again ordered ergot in small doses. I also enjoined upon her the necessity of quiet and rest—which, however, she did not observe very closely I think.

She continued under this treatment for about a week, improving slowly until the 13th, when I saw her in the afternoon and found her feeling much better, with little or no pain, and the hemorrhage having ceased.

At three o'clock the next morning her husband came for me in haste, and I found her in great agony, the pains having every appearance of labor-pains. She refused to allow an examination again, but consented to allow it during the day, and although the pains had become somewhat easier, she seemed so prostrated from it, and entreated me so earnestly for relief, that I finally gave her a hypodermic of morphia and she soon dropped off into a quiet sleep which continued until along in the forenoon. I saw her about noon when she was perfectly comfortable, and quietly informed her that she had miscarried again a fœtus about as large as the last one; but it had been disposed of, and I failed to secure it.

I have no doubt, however, but that she constantly tampered with herself until she brought about this result. She made in this, as in the other case, a complete recovery without an untoward symptom.

The history of the case showed, he said, the temerity with which even ignorant persons operate upon themselves. He presented this case not, unfortunately, on account of its rarity, but to ask what is the duty of the physician. The path of this woman will for the next ten years be strewn with embryonic remains. Would she not as quickly take the life of a prattling babe, if it could be done so readily?

Dr. Bigelow said in regard to the treatment of Dr. Gleeson's case, he would deprecate the use of ergot in any departure from the normal menstrual standard until an examination had satisfied him of the true cause of the symptoms. Ergot is not always indicated in menorrhagia or amenorrhœa, and its action in governing the menstrual flux will depend upon the view we hold as to the physiology of menstruation. If due to an action within the Fallopian tubes, ergot would only affect menorrhagia by contiguity of struture. If due to a retrograde metamorphosis within the uterus, it will only act by diminishing the lumen of the capillaries. If ovulation and hemorrhage be regarded as necessary concomitants, each of the other, then the menorrhagia is apt to depend upon some pathological condition, and the action of ergot would be palliative only. With a previous history of abortion, and without locating exactly the cause of hemorrhage by examination, he considered the use of ergot ill advised.

Dr. Schaeffer had no doubt of the frequency of criminal abortion and related the case of a young man not yet thirty years old who had by his own confession, been the means of procuring nine abortions on females of his acquaintance. He doubted, however, that much remained to be done by the physician subsequently called in attendance but to get the patient well as speedily as possible.

Dr. Lovejoy said the legal profession was the only one whose secrets were inviolable in the eyes of the law. The clergyman even would be compelled to reveal the secrets of the confessional. The medical profession should take measures to force the law to give them the same privilege as the lawyers now have in this regard. It would do no good for the doctor to have women prosecuted who procured abortion. Such a procedure would work harm in that it would deter patients from calling in their physicians when evil resulted from the malpractice, and thus their lives might be sacrificed.

Dr. Bigelow said a judge had recently held in New York that the secrets of the patient need not be revealed by the doctor.

Dr. Kleinschmidt said the Supreme Court, D. C., had so decided in his own case.

Dr. Lovejoy said he knew the reverse had been decided here, though he believed that New York and a few other States held the doctrine approved by Dr. Bigelow.

Dr. C. E. Hagner said the court here had decided in his case that he must tell or go to jail for contempt of court.

Dr. Gleeson said he had not thought about bringing the matter to the attention of the courts. What he wanted to know was if he should have used moral suasion. Would any benefit have resulted from his remonstrances?

As to treatment, he could get no information as to the cause of trouble from the patient, who was a stranger to him. She assured him she was not pregnant. He could not have done her much harm for she only took one dose of the ergot. The second time he gave her twenty drops thrice daily, and she was relieved of her symptoms before she miscarried. He has often relieved congestion and stopped hemorrhage by the same treatment as he adopted in this case.

Dr. A. C. Adams presented a piece of linen stained green by the secretion from a burnt shoulder. He was now giving the patient iron and quinine.

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

EIGHTY-FIFTH ANNUAL SESSION.

(*Specially Reported for Md. Med. Jour.*)

(*Continued from p.* 42, *May* 19.)

SOME FORMS OF LARYNGEAL PARALYSIS.—*Dr. J. D. Arnold* presented a paper upon this subject. The comparative rarity of motor neuroses of the larynx, not due to cerebral lesion or injury of the recurrent nerve, and greater accuracy in the etiology and knowledge of function of the laryngeal muscles, render it desirable to record cases bearing upon the subject. The following are contributed by the author:

1. Miss S., æt. 19, came under care Oct., 1879. Three years before, she had a severe

attack of diphtheria, followed by complete aphonia. This was regarded as a sequela of the diphtheria and treated accordingly. For fourteen months electricity of both kinds and strychnia subcutaneously were employed by a laryngoscopist. At the end of two years from the beginning of her aphonia not the slightest benefit had been secured; treatment was discontinued, with the statement that her trouble was irreparable. A year later she came to Dr. Arnold, at the urgent solicitation of her parents, to have her larynx examined. The larynx was found normal in development and healthy in color and contour. The excursions of the cords and arytenoids were natural in amplitude, and at each expiration the whole superior face of both cords came distinctly into view; upon attempted phonation, however, the left cord remained nearly immovable, whilst the right advanced slightly beyond the median line of the glottis. No sort of irritation produced any response in the lame cord. On repeating the attempt, a week later, it was found that touching the inter-arytenoid space with the tip of a sound produced short, isolated cough acts, during which the cords met in the median line of the glottis for an instant before expiratory effort; the cough at the same time *had tone*. Later it was found that with very delicate manipulations of the arytenoids the action of the lame cord could be excited without producing cough (by an incomplete cough-act).

Under the belief that the case was one of functional paresis (possibly hysterical) and not diphtheritic, the patient was persuaded to submit to further efforts at restoration of her voice. Being in robust health, there were no indications for constitutional treatment, consequently the means employed were altogether local. Four times a week, a very weak faradic current was used, one electrode being put upon the neck immediately over the left wing of the thyroid cartilage and the other (Mackenzie's) being introduced into the left pyriform sinus. So tolerant had her throat become that she quickly learned to retain the latter ten to fifteen seconds at a time. The current was applied with short intermissions for ten and twenty minutes and immediately after the inter-arytenoid space was lightly brushed with a delicate whalebone sound. In three weeks she acquired the power to pronounce the letter *a* (ah), which she was required to practice for hours daily. The other vowel sounds were rapidly acquired, and in two months she could read 300 to 500 words without fatigue. The voice gained daily in volume but more slowly in compass, another month being required in order for her to go higher than the ordinary range of the voice. Before this, however, treatment was suspended except exercise in articulation. She had difficulty in pronouncing i, and spoke of herself as "she." By Feb., 1880, she could sing and speak as normally. She remained well for twenty-one months when, owing to the illness of her brother, she had incomplete aphonia, which was cured in a few days and there has been no further relapse since. In this case even after three years of disuse of voice the muscular mechanism of the affected cord had undergone no considerable structural change.

2. Mrs. S., married, æt. 43, came under care Nov. 8th, 1882, having for four years suffered from frequent attacks of sore-throat accompanied by severe hoarseness; since May the symptoms had been worse and had been accompanied by harassing cough, and great pain in swallowing. A laryngoscopist under whose care she had previously been, had diagnosed first ordinary sore-throat and later malignant and incurable growth in the larynx. Patient was a short, fleshy woman, who spoke in a whisper, occasionally with a guttural intonation. The epiglottis was found somewhat depressed and of a deep purplish color; right arytenoid and band dusky but of normal contour; right cord crimson-hued and slightly thickened. Left arytenoid twice the natural size and firm and yielding. Left cord nearly invisible and in its posterior two-thirds covered by a red tumor, springing apparently from the ventricle. There was no abrasion visible anywhere. On attempted phonation the tumor floated upwards but the whole left side of the larynx remained immovable. During examination the tumor underwent changes of size, insinuating itself over the whole superior surface of the vocal band on attempting to phonate. The tumor could be returned with the sound—when the red and tumefied cords appeared—but reappeared on slightest cough or attempt at phonation. The paresis of the left cord was evidently due to the swelling of the arytenoid and infiltration of the thyro-arytenoid muscle

and perhaps also of the crico-arytenoid lateralis. Swallowing caused only partial extrusion of the tumor. Prolapsed ventricle was diagnosed. As she had had five miscarriages during the last seven years — although there was nothing else to point to specific origin—she was put upon doses of the proto-iodide of mercury, ¼ grain of morphia insufflated daily, followed by replacement of the ventricle, and the use of the voice absolutely forbidden. In three weeks, as the symptoms of mercurialism were appearing, the whole larynx had undergone a marked change, and the excursions of the two sides were nearly equal. But eversion still occurred after cough or continued phonation, which would be indicated by a change from a low pure tone of voice to one hoarse and guttural. The iodide of potash and bichloride were now substituted and the ventricle touched with tr. iodine and glycerine, equal parts.

Improvement continued, and on Dec. 23rd the ventricle was replaced for the last time. A cautious use of the voice was allowed. Her general health at present is better than since five years; voice full, clear and strong; laryngeal image perfectly normal except that the vocal cords are not yet opaline but white.

SECTION ON PSYCHOLOGY AND MEDICAL JURISPRUDENCE.

Dr. Richard B. Gundry, Superintendent of Spring Grove (State) Insane Asylum, presented a report from this section, in the form of a paper entitled *Prognosis in Insanity*. The author referred to the fluctuation of opinion among alienists upon this subject. Public sentiment has also undoubtedly undergone a change since the days when the insane were placed upon a footing with brutes and subjected to all manner of cruelty and barbarity. What is a cure of insanity and when is it known to have taken place? The question has a subjective as well as an objective element. "In social statistics we must understand by curing an insane person, taking him from the dependent class of the community and restoring him to the independent class to which he belonged. If a man, discharged as cured from the hospital, goes home, requires to be watched and attended, is useless as a producer and remains so to the end of his days, he cannot be regarded as so transferred; or if he is afterwards consigned to the poor-house, for his inferior mind, by society, there to spend his remaining days, and if after an apparent convalescence, the return to business renews all the symptoms of the attack, and shorter or longer alternations of mental disease and mental health become the order of his existence; in either of these cases he cannot surely be considered as transferred from the dependent to the independent class of citizens though his recovery were certified by twenty alienist physicians." * * * "The symptoms may simply be repressed, not obliterated, and may start forth in their original force directly the unfortunate man renews his acquaintance with the scenes and duties, among which he became deranged." The above considerations suggest the importance of making a liberal allowance for the statistics of cure of those in charge of hospitals for the insane. There is a source of fallacy in the fact that the same individual may be reported several times as cured, thus creating the impression that not one man but several men have been cured. Such statistics represent not persons but attacks.

The author then referred to statistics which he had prepared in 1860, according to which, of 52,702 cases admitted into 23 institutions, 22,669 or 1 in every 2.32 recovered. The percentage ranges from 17 p. c. to 51.49 p. c In the twenty-three years since elapsing, the proportion of recoveries to patients has gradually diminished. This was ascribed by the author to the great increase in the number of hospitals for the insane, from which it happens that the number of chronic cases under treatment has greatly multiplied, whereas formerly owing to the insufficient accommodation the old cases were being constantly discharged to make room for recent ones. To some extent it is also due to increase of cerebral disease with its accompanying psychical disorder, to change of character and habits, growth of cities, increased mental activity, incessant toil and worry, etc.

Dr. Thurman traced the histories of patients in York Retreat during forty-four years up to the time of their death. He found in substance that of 11 persons attacked with insanity 6 recover and 5 die sooner or later during the attack; of the 6 who recover not more than 2 remain well

during the rest of their lives; the other 4 have subsequent attacks during which at least 3 of them die. "Although," adds Dr Thurman, "this view is an unfavorable one, it is very far from justifying the popular prejudice that insanity is virtually an incurable disease, and the view that it presents is much modified by the long intervals which frequently occur between the attacks,during which intervals of mental health (in many cases of from 10 to 20 years duration) the individual has lived in all the enjoyment of social life."

One of the chief difficulties in the way of settling the question is that cases appear as persons so that what is really one person several times repeated seems to have been several insane persons who have recovered. The tendency to periodical recurrence should be borne in mind and not confounded with a new attack. The insane are also subject to relapse.

In estimating the prognosis, youth and vigorous adult life are more favorable than decrepitude and old age. In children, owing to frequency of epilepsy, etc., the prognosis is in a majority of cases unfavorable. In the author's experience the largest number of recoveries had taken place from 15 to 20 years, the next from 40 to 50 years. A very slight difference is shown in favor of males over females. Persons of strong intellect and habits of self-denial yield less readily and less frequently than the opposite class of persons and their power of recuperation is also much greater. The cases of Sophocles, Robt. Hall, Comte, Rousseau, Byron, Sam'l Johnson, Brougham, Cowper and others, were cited in proof of this statement. A lofty aim in life may act as a prophylactic. Duration has an important bearing on prognosis, recovery being most to be expected in recent cases before textural changes have taken place; yet undoubted recoveries occur after even many years of insanity. Hereditary influence does not preclude the hope of recovery, yet it increases the liability to relapse.

The author next proceeded to discuss the influence of epochal periods—as puberty, parturition, the climacteric, etc.—upon prognosis in the insane. Dipsomania, kleptomania, and the so-called moral insanity, etc., depending upon insufficiency of inhibitory power, the author believes to be incurable, though repressed perhaps for a time. Circular insanity—i. e. recurring attacks characterized by the same series and order of forms of the disease—when once established, is incurable. Recurrent or periodic insanity is rarely recovered from.

Epilepsy and chorea add to the hopelessness of cases of insanity. Paryoxysmal insanity with violent symptoms is rarely recovered from. All forms of melancholia, unless complicated with organic disease, are apparently curable, unless it passes into acute melancholia. The great danger in melancholia is the tendency to sudden homicidal impulse. Melancholia attonita, as this is called, is the only instance known in which effectual sudden recovery may occur. The most unfavorable form of melancholia is nostalgia.

In discussing other forms of insanity the author said of mania, that the happiest presage of returning health is a recognition by the patient that he has been insane; without this a relapse may be looked for. So a sudden termination is less favorable than a gradual subsidence of symptoms. The author had known of but one case of sudden recovery from mania which proved complete and permanent.

SUBCUTANEOUS NERVE-STRETCHING AS A TREATMENT FOR SCIATIC NEURALGIA.

This was the title of a paper presented by *Dr. J. W. Chambers.* This operation was first introduced by Billroth early in 1882. It is done as follows: The patient being recumbent with leg extended, the thigh is strongly flexed upon the abdomen. Seven cases are related by the author, three of which occurred in his own practice, three in that of Dr. Jones, of Frostburg, Md., and one in that of Dr. Coskery. The following are the conclusions deduced: (a) that in rebellious cases of sciatica the results of the operation are highly satisfactory; (b) that probably all necessary force can be obtained by this means; (c) that its simplicity and safety entitle it to supersede the cutting operation; (d) that the nerve can be sufficiently stretched by this means to produce anæsthesia; (e) that moderate elongation of a nerve impairs its sensory functions though but little if at all its motor ones; (f) that considerable force may be applied to a nerve-trunk without injuring seriously its motor functions; (g) that it is not justifiable or necessary to employ more force than is requisite to produce anæsthesia.

(*To be Continued*).

Editorial.

Reclamation of the Campagna.—That the region of country surrounding the city of Rome, known as the Roman Campagna, was once healthy and contained a numerous population, is a fact which is based upon the amplest historical proof. That it has been allowed to become unfit for habitation through the carelessness and indifference of the Romans is not less strange, than that such a condition should be allowed to remain so long without any efforts being made towards its correction.

Recently it has been shown that the galleries or tunnels, "the cunicular drains," as they are called, which are found beneath the surface of this region, and which were hitherto supposed to have been intended by their builders for the conveyance of drinking water, are the remains of an extensive drainage system, probably of very great antiquity, designed to diminish the moisture of the porous subsoil and thus to remove the chief source of its unhealthfulness. The knowledge thus gained has led to the advocacy of a restoration of the drainage system of the ancients, and a bill has been brought into the Italian Parliament looking to this result. The question is one of national importance since not only is a wide sweep of central Italy rendered barren by the morbific influences which generate unmolested in it, but the capital itself participates in the unhealthfulness of its surroundings; indeed, several of the eminences upon which Rome itself is built belong to the infected district.

An interesting account has lately been published of a successful attempt to improve the sanitary condition of a monastery near the city of Rome, which is worthy of imitation elsewhere. So deadly was the air of this place that no one could remain there over night, and after remaining a few hours the monks had to retire every afternoon to the city. Even with this precaution the deadly influence of the atmosphere was shown in an extraordinary rate of mortality among them. Nothing daunted, they continued their work under these discouraging circumstances but also planted a number of eucalyptus trees around the building. In a few years these trees grew rapidly and at once the whole sanitary aspect of the place changed, so that now the monks reside in their monastery continuously and cultivate the ground without dread.

Here is a suggestion that may well be pondered by the residents of our own tide-water region, where large tracts of country are rendered uninhabitable by the prevalence of malaria.

In view of the clearer light thrown upon the problem and the means thus suggested for its solution, the future of Rome seems full of hope, and the day may not be far off when the suburbs of the classic city may be again dotted with villas and covered with waving crops as in the days of Virgil and Horace.

The Color of Military Uniforms.—It has long seemed strange that the most warlike nations should select such conspicuous colors, as they do, for the uniforms of their troops. In this utilitarian age especially, when everything is made subservient to its fitness for the purpose intended, it would be supposed that mere appearance would always be held secondary to such qualities as durability of material and color, cheapness, safety, etc. Yet the English still clothe their soldiers in the same scarlet cloth which gave them the title of "red-coats," and made them such conspicuous marks for our forefathers, during the wars of the revolution and 1812. We can hardly credit the statement of the *British Med. Journal* that this color was originally selected, and that it is still retained, merely on account of its supplying an agreeable variety to the natural landscape, for such a reason appears too flimsy to be real. If this be so the English are to be congratulated on at last having a more intelligent set of judges who will not be deterred in their action by the fear of loss of popular favor, which, according to our cotemporary, will be the lot of those who are rash enough to institute any change. The committee to whom the subject of color was referred by the commander-in-chief and of which General Wolseley is chairman, have recommended grey as being "indistinct at short distances and practically all but invisible at long ranges," and also as "standing exposure to sun and rain without fading." The committee, therefore, recommended that grey be adopted as the "service dress" of the army.

The Virginia Medical College Litigation.—Under the reconstruction régime, of late in power in Virginia, there has been evinced a marked disposition to lay violent hands on the most cherished educational and eleemosynary institutions in the State. The latest instance of it is seen in the attempt of the Governor to displace the present Board of Visitors of the Virginia Medical College at Richmond. He claims the right to do this by virtue of a clause in the charter granted in 1854, giving to the Governor the power *to fill vacancies in the Board*. He construes this to imply that he has also the power *to remove*, at his pleasure, all or any of the visitors from their offices. To give support to this, a further claim, based upon the granting of the charter, and certain appropriations made by the Legislature, has been set up that the College is a *public* corporation. The importance

of the question is seen when we learn that the charter conferred upon the Board of Visitors the authority to appoint professors and to *remove* them for any cause which may seem to them sufficient. The case suggests the somewhat similar one in the history of the University of Maryland. In 1825, upon the solicitation of two members of the Faculty, and against the wishes and protest of all the others, the Legislature of Maryland with as little right usurped the rights and privileges, and appropriated to the State the property of the University; displacing the Board of Regents and appointing in their stead a Board of Trustees, by whom the affairs of the institution were managed for fourteen years to the almost annihilation of the school, until the Supreme Court of the State restored the institution to its rightful owners. It is strange that in the able brief of the attorneys for the Richmond College no allusion is made to this case. They rightfully assert, however, that if the powers claimed by the Governor be allowed, there can be no future peace for the College, no permanency of policy, no confidence in the stability of any existing state of things, no assurance into whose hands it may at any time fall. We learn, therefore, with great pleasure, that the Supreme Court of Appeals of Virginia has decided adversely to the Governor's claim, and that the institution will remain under the management of its present Board of Visitors and Faculty.

Reviews, Books and Pamphlets.

A Treatise on Fractures. By Lewis A. Stimson, B. A., M. D., etc. Pp. 598. Henry C. Lea's Son & Co. Phila.: 1883.

This work has been longer on our table than its merit deserved. We are glad to welcome so valuable a work, and to be able to rank it among the American contributions to the profession. Although of nearly 600 pages, it is still not of that cumbrousness that sometimes frightens the student, nor so weighty as to tire the arms. Again, the experience and reputation of Dr. Stimson attract the attention, while his style pleases. Indeed there is so much good in the book, and so very little that can give a reviewer anything to do except praise, that we approach the task feeling, timidly, that we may be almost accused of hyper-criticism.

There are some things, however, that we think might be improved upon, and in which our newer authors would do well if they followed no longer the older dicta and aphorisms. For instance, on page 49 we find separation of epiphyses spoken of. It may be thought hard to leave their consideration out of a "treatise upon fractures," but we cannot see how this lesion corresponds with the old, and proper definition of a fracture—"solution of continuity of a bone." Now there can be no solution of continuity until such is established by the union of the epiphysis with the diaphysis.

On page 100 the author recommends an anæsthetic to enable the surgeon to make a diagnosis; as do all authors since the time of the introduction of this agent. Now, we have given an anæsthetic but three times in fracture, in our own practice, and regretted it each time. The movements of the fragments during the stage of excitement leading us to dread perforation of the soft parts. A little practice and gentleness will enable us to find out sufficient to instruct us as to treatment, and not subject our patient to such danger.

We are glad that the author has called attention to the difference between the lengths of the limb on the two sides of the body—a point we can verify by some 300 examinations of young men—that he calls attention to the presence of "fixed pain" as a rational sign of fracture. From our own experience we can recall three cases in which it was the only sign present.

The advice on page 159, not to put a bandage directly upon the broken part of the limb, while not original, is, very properly, emphasized strongly. It is astonishing in practice, how often we meet limbs put up in this most improper and irrational manner.

Dr. Stimson dismisses constitutional treatment for delayed union with a very few words. He says they * * * "have not fairly established a claim to confidence" (p. 209). Now we think we can add very strong testimony to the value of mercury pushed to the verge of ptyalism. Of eight cases treated with this agent but one failed, and that, in my opinion, because of want of patience on the part of the patient. The remedy must be continued for months, assisted by immobilisation of the limb.

There is only one real fault that we find with the work—at least a fault in our estimation. Younger members of the profession so often ask the question, "How long shall I keep the limb up?" We are sorry to find from Dr. Stimson's book that he has only followed the earlier text-books

in saying so little about this important point. We think that a time should be given for each individual bone.

The general get-up of the book is good, type clear, but the drawings scarcely come up to the standard. On the whole the book is of great value to both the student and practitioner. O. J. C.

Brain Rest. By J. Leonard Corning, M. D. Putnam's Sons. New York: 1883.

Under the above title the author seeks to put forth certain ideas, by no means original with him, upon the artificial production of sleep in insomnia. The work is not without considerable interest, but is clothed in such ultra-language as to be in places not entirely comprehensible. The following is but an ordinary specimen, and as a sentence it stands alone, with but slight connection with any other: "As regards the primary impulse which forms the first link in the chain of physiological events which culminates in the production of anæmia, I am induced to perceive such a rudimentary behest in the periodic exhaustion of the available intra-ganglionic energy." What is meant by a "rudimentary behest of available intra-ganglionic energy," in the ordinary acceptation of the terms, is by no means strikingly clear.

Another noticeable feature is the immense number of sentences, parts of sentences and solitary words, throughout the book, that are in italics; to indulge in a multiplicity of italicised words is a practice in exceedingly bad taste, and one that always conveys the impression of weakness of thought in a writer.

The chapter on the hygienics of sleep contains some excellent theories, which as usual, unfortunately, are found to be wanting in practice. A sentence or two will suffice. "*All worry and vexatious circumstances should be habitually excluded from the mind for a considerable time before the regular hour for retiring*" (italics, the authors). "But to be able to banish these thoughts whose baneful effect is to first cause over-mental tension, and, finally, as a result, persistent irritation of the thought mechanism itself, the individual must accustom himself to the invariable habit of divesting the mind of thought at those times when a continuance of the psychological function is derogatory to the best interests of the cerebral function." This happy state is supposed by the author to be obtained "by an *unvarying habit* of excluding each and every species of mental exertion at the time when inviolable law has decreed repose of the brain centres": but the important point how the individual is to invest himself with the invariable habit of divesting the mind of thought, at the proper season, in an already excited and unphysiological mind, the writer does not state, since necessarily it is a most hopeless enigma.

The particular hobby for whose especial benefit the work seems to be almost entirely written, is the author's "carotid truss," which consists of two semi-circular springs, sliding one over the other, so as to meet the requirements of different sized necks. Through a slot in the anterior portion of each, a screw is passed to which is attached a pad to fit over the carotids. This instrument the Doctor proposes that the patient shall wear "for considerable periods of time," a proceeding which, if the *sufferer* had the slightest inclination to sleep, one would imagine the said inclination would be instantly removed and so continue while the irksome instrument remained in position; nor from the given explanation can we perceive how the compression of the jugulars and nerves is to be prevented, unless the Doctor's patients are provided with especial anomalies in the distribution of their arteries, nerves and veins. Indeed the author himself admits that the "topographical position of the carotid is an unfortunate one."

One of the methods recommended of increasing the cerebral circulation in brain anæmia is "by enveloping a portion of the periphery (as for instance an extremity) with an Esmarch bandage, or with an elastic stocking, any desired amount of pressure may be applied; and in consequence the amount of blood in the brain and remaining portions of the body is proportionately augmented. The tension should not be so great as actually to cause occlusion of the veins and arteries, etc." The theory is no doubt very excellent, to force additional blood in this way to the brain; but how will an irritated, excited patient be likely to suffer his extremities to be cased in a compressing apparatus capable of exerting such enormous pressure as an Esmarch's bandage not quite causing "occlusion of the veins and arteries," and his mental quiet be increased thereby? Again a hopeless problem.

The chapters on therapeutics are by no means all that could be desired in a monograph, particularly that on internal remedies, in which sufficient distinction is not made between drugs influencing beneficially cerebral anæmia and hyperæmia.

The chapter on baths is, however, well worthy the attention of any practitioner, as hydro-therapeutics are only too greatly neglected in this country. "The warm bath is one of the most valuable agents we possess for the treatment of sleeplessness. Without it we should often be at a loss how to proceed * * The hot bath is one of the most effectual means of counteracting those periodic cerebral hyperæmias accompanied by symptoms of profound mental depression. * * The baths should be followed by frictions and massage, when the manipulations do not tend to excite the patient; otherwise the bather, having been previously thoroughly dried, should step at once into a well warmed bed, when sleep will usually follow.

* * The Turkish bath is one of the most important adjuncts in the treatment of sleeplessness. * * Sometimes cases of insomnia are met with where every kind of sedative has been employed without avail. These cases are often very much benefitted by Turkish baths in connection with general faradization. * * The good effects of the Turkish baths are by no means evanescent; on the contrary they persist for a very considerable time after cessation of treatment."

The monograph though containing some points worthy of examination has them so hidden within a mass of dross as to be in great part unavailable for use. H. J. B.

Miscellany.

LIGATION OF THE INNOMINATE.—*Mr. Mitchell Banks* tied the innominate artery on February 28th, at the Liverpool Royal Infirmary, for aneurism of the second portion of the subclavian. The common carotid was also ligated. Mr. Girdlestone's kangaroo tendons were used with strict antiseptic precautions. The patient improved rapidly, and has left the infirmary with his aneurism much better. This is the twenty-third case in which the innominate has been ligated; twenty-one proved fatal.—*London Lancet; Louisville Med. News.*

A SUCCESSFUL OVARIOTOMIST.—*Dr. O. O. Burgess*, of San Francisco, Cal., (*Western Lancet, April, 1883,*) has operated fifteen times for ovariotomy, and all of his cases have recovered. In seven cases the tumors were multilocular, and in eight cases unilocular; there were adhesions in every one of the multilocular cases and in one of the unilocular—making eight cases in all; in three instances both ovaries were removed; the weight of the tumors, where it was taken, ranged from 25 to 45 lbs.; the time occupied in their removal from 30 to 70 minutes; the ages of the patients from 17 to 56 years. In case one, aspiration was practiced 16 times; the quantity of liquid thus withdrawn amounted in all to more than 62 gallons. Intimate parietal adhesions over the whole anterior surface of the tumor were the results of frequent punctures of the needle. This fact convinced the operator that punctures of the cyst with a hypodermic needle should never be practiced, except under exceptional circumstances. After operating seven times under complete antiseptic precautions the spray was abandoned, although all the other antiseptic precautions were carefully observed. This gives seven antiseptic operations with the spray and seven without it showing equally good results with each method. In case one, carbolized water was used for sponges only. The spray is not considered an essential element of the antiseptic method. In his experience colloid material left behind in the cavity of the abdomen does not *surely* establish septicæmia, though it is extremely desirable to prevent the escape of colloid into the peritoneal cavity. Bearing in mind the fact that dense colloid material will not flow through the trocar, and that the sac is apt to be tender, he suggests that the operator endeavor to empty the tumor completely, by the scooping out or some other process, before making any effort to lift it out.

Case 7, aged twenty-eight, furnishes another illustration of the fact that the removal of both ovaries does not necessarily abolish the function of menstruation.

He regards septicæmia and peritonitis, aside from the immediate risks of the operation, as the chief dangers of ovariotomy. As a means of providing against these dangers he places first and foremost the employment of the antiseptic method, in which he includes the toilet of the peritoneum. Next in importance is the management of the pedicle. He believes that the principles of the antiseptic plan are best carried out when the abdominal cavity can be closed. This implies treatment of the pedicle by the intra-peritoneal method and the non-use of drainage. He has used drainage but once. In all cases the pedicle was ligated with carbolized silk in not less than two sections,—sometimes in three and even four,—and dropped after cutting off the ligatures close. He has never seen the slightest trouble caused by silk ligatures cut short and shut up in the abdominal cavity.

The management of adhesions he considers of great importance. He has always been

successful by patient manipulation in separating adhesions by peeling off their attachments to the cyst-wall. Oozing of blood from these torn surfaces usually ceased in a short time, or yielded to pressure with very hot sponges.

He insists upon the importance of the rule that all bleeding should be checked, if possible, before closing the abdominal cavity. The incisions were made as short as they well could be, without cramping the manipulation necessary to removal of the cysts. They were extended around and above the umbilicus in four instances only. The sutures used were of carbolized silk, passed from within outwards, so as to include a somewhat broader margin of peritoneum than skin. None of these sutures were removed before the eighth or ninth day, and the dressings were not disturbed until that time, unless for special reasons.

A success so marked as that related entitles these suggestions to the most favorable consideration. As far as we are informed, Dr. Burgess' results are the best on record for a small series of cases. When he has completed his one hundredth ovariotomy we will be pleased to compare his statistics with those of Keith, Tait, and Wells. T. A. A.

Prevalence and Evils of Snuff-taking. —No form of using tobacco is so repugnant to every feeling of delicacy and refinement as the disgusting habit of dipping snuff, which is practiced by females belonging to the lower class of white people in the South and West. The favorite preparation of tobacco used for this purpose is Scotch snuff. These women use brushes made of small twigs, with which they rub their teeth or chew after being dipped into snuff. The mouth, teeth and lips are deeply stained with the tobacco, and, as they seldom relieve themselves of the excessive flow of saliva by spitting, a considerable quantity of the snuff reaches the stomach. They jealously conceal the practice from strangers and persons who they suppose are not addicted to the habit. It is considered almost a breach of hospitality not to provide snuff and twigs for brushes to their friends and associates when visiting their houses. The althea, on account of the facility with which its bark strips, its agreeable flavor, and the fine, white and tough fibres of the wood, is prized very much as a material for brushes. I have known this ornamental shrub to be cultivated by some families solely with a view to this use.

Persons who take snuff in this manner for any length of time have a striking and characteristic appearance. Usually they are very thin and emaciated and the subject of marked anæmia. The feature which strikes us as the most peculiar and interesting is the discoloration of the skin. The complexion of the fairest blonde will lose its transparency and whiteness and assume a yellow tint, which, in many instances, deepens and becomes positively dark and swarthy. I believe, too, it has a similar effect on the color of the hair, giving it a darker hue, and at the same time rendering it dry and harsh and less glossy. These women are martyrs to dyspepsia and the neuralgias, always complaining of loss of appetite, lumps in their throats and shifting pains in every part of the body. They are great coffee-drinkers, and when they have the means to keep a supply on hand usually drink freely of it through the day. Coffee is a very good antidote for the depressing effects of tobacco, and I have no doubt these people drink it for the relief it affords them for the debility and sense of sinking from which they so often suffer. All of the baneful effects of excessive chewing are found in an exaggerated degree in individuals who take tobacco in this way. Their children, more especially the girls, acquire the habit at an early age, usually before they enter their teens. The frail body, pallid face and pinched features contrast painfully with the plumpness and ruddy hue and glow of healthy children. The pallor of some of these children is distressing to behold; the skin is almost of marble whiteness, and there is an absence of color in the lips, and even in the tongue. The abdomen is somewhat tumid and there is some enlargement of the spleen and liver. They are listless and quiet and sedate beyond their years; they seldom engage in play, but are content to look on from indisposition to take part and from sheer breathlessness. Finally, a sub-febrile state ensues, attended by more or less diarrhœa, which medicine is powerless to control. While the use of tobacco in this form may not be the sole cause of this profound anæmia, yet it is the prime factor in producing it, aided, perhaps, by an inherited weakness of constitution and poor and unsuitable food. The importance of preventing children from acquiring the habit of using tobacco *in any form* cannot be too strongly impressed on parents.—*Dr. Jas. Evans, in Third An. Re-*

port of State Board of Health of S. Ca.; N. C. Med. Journ., March.

Alterative Medicines in the Treatment of Eczema.—*Dr. McCall Anderson* (*Journ. of Cutaneous and Venereal Diseases*, May, 1883) formulates the following rules in the employment of the so-called alterative medicines in the treatment of eczema: 1. Let the dose, at first small, be gradually increased till the medicine disagrees, or till the disease begins to yield, and then let it be gradually diminished. 2. If the medicine disagrees, do not omit it altogether without very good reason, but try it in smaller doses or in another form, or omit it for a few days till the bad effects have passed away. 3. To give it a fair trial, it must be continued for a considerable period of time, because in some cases the eruption does not disappear till after it has been administered for many weeks. 4. Do not, as a rule, permit the patient to give up taking the medicine till some weeks have elapsed since the complete disappearance of the eruption.

Character, Habits and Mental Condition of Hysterical Women.—*Huchard* (*Archiv de Neurol.*, Vol. 3, p. 189, and *Lond. Med. Rec., March*) finds one of the first features of the character of hysterical women to be mobility, a kind of moral ataxy for their dearest interests, an absence of stability in their ideas and purposes. They are inclined to denunciation, opposition, contradiction and controversy, vanity and pride, duplicity, untruthfulness and deception. In spite of their mobile character, however, they are subject to certain fixed ideas, a kind of catalepsy of the intellect, which returns again and again. Excess of lasciviousness and sensuality is, however, much rarer than is generally believed, for in many of them the sexual sensibility is almost absent; masturbation, erotic tendencies and nymphomania being accidents which may complicate hysteria, but in reality quite distinct from this neurosis. Another peculiar feature about them is the indifference they feel about the various affections to which they are subject, and which is no doubt owing to cerebral laziness rather than to resignation. They have also a craze for new and odd medicines, even the most arrant quack finding ready belief with them.

Medical Bulletin.—*Balto. Academy of Medicine* will meet Tuesday, June 5th, 1883, 8.30 P. M. Dr. John N. Mackenzie will read candidate's thesis for membership, on "Nose-Cough and the Existence of a Reflex Sensitive Area in the Nasal Cavities." —*Balto. Medical Association* will meet on Monday, May 28th, 8 30 P. M. Dr. Pearson will open the discussion.—*Clinical Society of Maryland* will meet on Friday, June 1st, 8 P. M. Dr. Chew will read a paper.

Medical Items.

President Gilman, of the Johns Hopkins University, will sail for Europe shortly in order to study the methods of medical education in vogue there, with a view to utilizing the experience thus gained in the organization and conduct of the medical school to be established in connection with his own university. =The Woman's Medical College of Baltimore has instituted a preliminary examination upon the elementary branches taught in the public schools.=Dr. John H. Aldridge requests us to announce that he has resigned the Demonstratorship of Anatomy in the Baltimore Medical College. Dr. A. Atkinson has resigned the Chair of Practice in the same institution. The changes in this school have become surprisingly frequent of late.=A movement is on the tapis looking to legislation to regulate the practice of medicine in Maryland. =Prof. Aikin's resignation is now an accomplished fact.=Drs. H. J. Berkley, H. M. Simmons and W. H. Noble have been appointed clinical assistants in the departments of diseases of children, obstetrics, and clinical medicine, respectively, in the Woman's Medical College of Baltimore, and Dr. Geo. Thomas Dispensary Physician.=Dr. Calvin Black died in Baltimore, May 16, æt. 82.=Mr. T. Spencer Wells has been made a baronet.=The members of the Academy of Medicine of Paris have been discussing for six months the question whether typhoid fever should be treated by cold baths, by quinine, by salicylic acid, by carbolic acid, or should not be treated at all. As a result of this long battle of words it has been shown that there is no specific treatment for typhoid fever but that this disease is to be treated in accordance with the indications.=The Advisory Council of Physicians who support the new code of medical ethics of the New State Medical Society has appointed a committee to canvass for the new code and also a committee on intelligence to prepare a volume setting forth the main points in its favor.

Original Papers.

VACCINATION.

BY W. C. VAN BIBBER, M. D.

(A paper read before the Baltimore Academy of Medicine, March 20th, 1883).

Some of those present heard me make the assertion recently upon this floor, that I thought I had vaccinated in public and in private practice, during the last thirty-five years, at least 10,000 persons; and that I had never heard of a single case, that I had vaccinated, having taken the varioloid. I must now qualify this assertion, as to the numbers, and say that I have no actual record of the exact number of all my vaccinations, but I know they are many thousands. It must not be inferred from this remark that I consider there has been any peculiar excellence in my manner of vaccination over that of others, or that there is a charm about my touch—not in the least. But I do mean that I have always, in public, as well as in private practice, taken much care in the selection of the vaccine virus I have used, also in the manner of doing the operation, and have tried, when it was possible, to watch the course of the vaccine disease, both in the primary and in re-vaccinations; and when the disease was not entirely satisfactory, in either case, I have repeated the operation whenever it would be permitted. I have referred to this matter again, because there are practical points concerning vaccination, and public questions connected with its protective power against the infection of variola, to be mentioned in this paper, upon which it will be seen that this fact may have some bearing.

As time wears on, it is found that variola gets more and more common. It is plain now, from this fact, that, if Dr. Jenner's estimate of the protective power of the vaccine disease was not set too high, there must be, at present, something wrong about the manner in which vaccination is performed. From what I have seen, and even from the fact I have given, about my own vaccinations, I believe there is something wrong about the manner in which vaccination is generally performed. This I say, with the full knowledge of the fact, that the contagious exanthemata, small-pox at the head of them, have their periods of dormancy and activity. "Every now and then," says Dr. Watson, "at irregular intervals, and, as it would seem to our ignorance of the cause, capriciously, small-pox overspreads a district or country, as an epidemic." "At this "moment," continues Dr. Watson (1838), it is more prevalent in London and in many parts of England than it has been known to be for many years past." What would he say now, if he were alive, and could see the last statistics? "When epidemic," he says again, "it is also, in general, more than ordinarily severe; although different epidemics vary much in this respect." If these observed laws be applied to the present situation in Baltimore it will be found that, as the late Dr. Samuel T. Knight, once City Physician, says in one of his reports: "Since 1798, when vaccination was first introduced in Baltimore,* at intervals of 15 or 20 years, there has been such an increased number of cases of small-pox that it has been denominated an epidemic." For proof of this, Dr. Knight cites the record of statistics up to the time of his report in 1863. I witnessed the epidemic of that year as well as the one in 1845, and now, in 1883 the people of Baltimore are having a like experience. Why is this so? The public ask this question of the physicians; and the younger members of our profession ask the same question of the elder members. I have no hesitation in saying, and I have a right to say it, without fear of being misinterpreted in this presence, if all were vaccinated, as I have hitherto been able to vaccinate thousands, and, as you all could say you have performed your vaccinations, then there would be no small-pox or varioloid.

Notwithstanding the history of former visitations of small-pox, the present one has been more serious in its injury to the business of Baltimore than any one of those which preceded it. It may be asked again why is this so? It surely will be a part of wisdom to find this out, if it can be done, and to prevent the occurrence of another epidemic, or spreading of small-pox, if it is possible. And I believe now, that with proper care, it is possible. We have much knowledge upon this point; it should be

* Vaccination was first practised in Baltimore (as will appear from a very valuable historical paper on the subject by Dr. Quinan, shortly to be published in this journal) in 1800, being introduced here *simultaneously* with its introduction into Massachusetts. It then ceased here (*as there*), to be resumed the following year by Dr. James Smith, since which there has been *no break* in its practice in Baltimore.—EDS.

faithfully recorded and never forgotten. There are means and advantages now for tracing contagious diseases to their first cause, which were never possessed before. An account of the commencement of one of the recent outbreaks of small-pox in Baltimore has been published in the Supplement of the National Board of Health Bulletin. The facts are reliable. They were given by Mr. A. R. Carter, the present Secretary of the Board of Health of Baltimore. According to this statement, small-pox was brought to Baltimore on the 27th day of December, 1879, by one Cordes, who came from Washington City. It was traced straight along from him to every other case which happened in Baltimore until it was subdued, or, as it is aptly termed, "stamped out," by vaccination in the following September. Again, the present visitation was brought to Baltimore in the person of a child, who came from Alleghany City, Penna., on the 11th of November, 1881. All the other cases which have occurred in Baltimore since that time, have been traced straight along from that child. What advantages do we possess now in being able to obtain such accurate information, and what practical use may be made of this information hereafter for any city or district? The interesting question now is this: Why did small-pox spread from either of these cases notwithstanding the boasted efficacy of vaccination? Was it the fault of the vaccine virus? or of the manner of performing the operation? or from the neglect of vaccination altogether? I believe that all these three factors had something to do with it, and I must give you other reasons besides the one I have already given, why I hold this opinion. The proposition is plain. If every individual had been properly protected at the beginning, as at the end, the spread of the small-pox would not have occurred.

I will first speak of the vaccine virus itself. What I can say personally upon this subject, will at least serve to show that the medical profession in Baltimore, were not entirely idle, when those of our profession, in other places, were actively employed, in experiments, concerning what was then called the renewing or renovating the vaccine virus. This great question of that day (about 1840) was then being studied and acted upon by the profession of Baltimore. It must be confessed that these experiments, with their results, were not carefully published when performed, so as to have added, as they should, to the general store of knowledge then being obtained upon this most important question. It is to remedy this dereliction, and to compare the position of the study then, with its present situation, so far as it can be done now, that this paper has been prepared.

What I can say, of my own personal knowledge and observation, concerning the vaccine virus used in Baltimore is this: between the years 1845 and 1873 I used in my practice six varieties of vaccine virus. I say varieties because they come from different sources.

The first was the vaccine virus I found here in common use amongst the physicians of Baltimore in 1845, It is now called by vaccinators the Jenner matter.

The second variety was given to me in 1840 by Dr. Wm. T. Leonard, who was at that time City Physician of Baltimore.

The third variety was given to me in 1863 by Dr. Samuel T. Knight. who was then the City Physician of Baltimore.

The fourth variety was brought from Germany in 1863 to the late Dr. George Gibson and was given to me for trial.

The fifth was imported from England, in 1864, by Dr. F. E. Chatard, of Baltimore, through the firm of Mileau & Co., of New York.

The sixth variety is that which is in common use in Baltimore at present. It is called the Bovine Virus; claims to be from the Beaugency origin, and is largely used throughout the United States. Of this Beaugency Bovine Virus I have used specimens brought over originally from France by Dr. Lanoix; specimens procured from the Messrs. Mileau, of New York; specimens procured from Dr. Henry A. Martin, of Boston; from the late Dr. Wilson Register, formerly Vaccine Physician of Maryland, and also from his brother, who is now engaged in furnishing it; specimens from Dr. Frank P. Foster, of New York; from the Chelsea, and Chambersburg vaccine farms; from the National Vaccine Establishment in Washington, and also specimens from some other vaccine establishments of less note.

The history of these six kinds of vaccine virus, how they came into my hands, in what manner they were used and their effects as observed by me, is briefly this:

The first variety, viz., that which was in common use in Baltimore in 1845, claimed its origin from England, and was brought to Baltimore City in 1801 by the late Dr. Smith. It had been in use in Baltimore these forty-four years. At the time I commenced to use it (in 1845) it was to be found only in the hands of physicians It was preserved by them in the form of crusts taken from infants. During the time that I used vaccine virus in this form, I tried to preserve the crusts in different ways, viz: in glycerine; by burying them, in the cellar, and in some other ways which need not be mentioned. The difficulty was to keep a crust active from June until October. During the months of July, August and September, there was little vaccination done. The hot nights, and the presence of mosquitoes, in this climate, during these months, caused the children to be restless, so that either the vesicles or pustules were likely to be broken, and there was but little chance of preserving a perfect crust. Finally I procured two heavy soapstone boxes, and by keeping these in a cool, shady place, upon a marble slab, I found this a most effective way to preserve the activity of the matter.

In parting with the use of the crust, together with its accessory attendants, as a means of preserving the activity of such a valuable medical agent, I am sure, you will pardon me, if I attempt to record some incidents in its history, in a few words, as I observed them.

All physicians were not equally careful in selecting, preserving and using vaccine crusts. Those who were careful in this respect, considered a crust valuable, on account of its source, its age, its appearance and its effects. The source included the physician who had selected it, as well as the infant from whom it was taken. One physician would guarantee a crust to another physician. This guarantee meant that the owner had observed the vaccine disease, as it occurred in the child from whom it had been taken, and that the child was healthy; the guarantee further meant that the crust was not more than two weeks old, and that some special care had been taken in its preservation. When selected only from their appearance, those crusts were esteemed best which were round, about half an inch in diameter, depressed in the centre, of a brown mahogony color, uniform in thickness, clean, dry and marked upon their smooth under surface with a shining white pellicle, which, upon close inspection, bore marks of cell partitions in the original vaccine vesicle. The effects which such a crust were expected to produce were those of the genuine vaccine disease, which it is needless to describe here, just now.

For use, the crusts were mounted on wax, or corks and wafers, in boxes made generally of gold or silver; and when the physician of that day would loan his vaccine box to a brother physician, as often happened, some estimate of the value of the virus could be formed from the appearance of the inside of the box. If the interior was clean as to the wax, and the mounting carefully done, it was an omen that the physician was careful in the selection and preservation of the crust, and if its owner said to his confrère, upon handing it to him, "I have tried that crust, sir; it is eight days old; it is good and active," then these were statements which might be relied upon with much certainty.

I have been careful in describing these minute details for two reasons. They will show that at that time physicians guaranteed their own vaccine virus, and were responsible to each other and the public for it. And again, in parting with this old custom, which, for sixty-five years or more was one means amongst us of extending professional assistance and courtesy, but which is now superseded and has passed into history, I could not resist the opportunity of recalling to your recollections a picture, which, with all its associations, we may affectionately look upon as upon the portrait of an absent friend, and cherish it as one would a valuable pearl picked up from a distant beach.

The second variety of matter which I used was that given to me by Dr. Wm. T. Leonard. Its origin is thus told by him in a report to the Mayor and City Council of Baltimore, dated the 31st of December, 1846. Dr. Leonard says: "It will be remembered that, at the period of the last report, our city was so much infected, and the lives of the citizens so much endangered by the small-pox, as to induce the Council at its last session to pass an ordinance appointing a vaccine physician for each ward, and a resolution appropriating one hundred dollars to be expended by the City

Physician in procuring vaccine virus. * * In obedience to the resolution for procuring vaccine matter above alluded to, the City Physician immediately inoculated several cows with the virus of small-pox. He also introduced the vaccine virus, taken from the human system, into the udder of a cow. Another cow he caused to be clad with the blankets taken from the bed of small-pox patients, and to have her food put in a bag made of the same material and suspended to her head."

Dr. Leonard does not mention the result of this last experiment. The vaccinated cow gave a better success, according to him, but to what amount the virus from it was used in the city I cannot say. I had nothing to do with that experiment.

Dr. Leonard continues in his report: "In one case where the virus of small-pox had been introduced into the udder of a cow, a small crop of pustules resulted, but upon introducing the matter from them into the human arm, a satisfactory result was not obtained." I was then the vaccine physician of the 20th ward, and Dr. Leonard gave to me one of the crusts from the inoculated cow, with instructions to use it upon one or more children, and report. I used it upon a child named Henry Urner, five months old, living upon Pennsylvania Ave. The disease which resulted was severe. The punctured point soon became angry and painful, and continued so throughout the disease. There were, besides the punctured point, between thirty and forty pustules scattered over the body of the child. Some of these pustules kept a regular variolous course, and others soon dried up. It was pronounced a case of inoculated variola, and when the result was reported to the Health Office, and discussed by my elders in the profession, it was advised not to carry the use of this matter any further. For many years, I kept a knowledge of Henry Urner, as boy and man, but have not seen him recently.

As this was the first recorded attempt of variolation made for the purpose of changing the vaccine virus then in general use, in Baltimore, it may be asked why was the attempt made? By referring to the history of the subject of vaccination for this period, or from about the year 1844, it will be seen that these experiments were not original with Dr. Leonard. Already the question had been agitated in Europe and in this country, whether the supposed essened protective power of the vaccine virus, then in general use, was not the main cause for the alarming increase of small-pox? It was to solve this question that the Health Board was induced to make these attempts to renew the vaccine virus.

The third variety of matter which I used was given to me in 1863, by the late Dr. Samuel T. Knight, then City Physician of Baltimore. He then also made the attempt to renew the source of the vaccine virus, actuated by the same reason which had induced Dr. Leonard to do so, eighteen years before, viz., the then prevalance of small-pox. Dr. Knight says in his report to the Mayor and City Council under date December 31st 1863: "Two hundred and fifty-two deaths from small-pox occurred during the year. * * Reliable vaccine matter having been scarce and difficult to procure, we purchased a cow, and passed the variolous matter through her system with entire success, thus procuring a supply of good vaccine virus, which we have distributed amongst our medical friends." As Dr. Knight has not left, in his report, or in writing, full details concerning his experiment, I will tell briefly what I heard him say, and what I saw, concerning this experiment, which was remarkable in some of its features.

Dr. Knight told me, that he went to the Small-pox Hospital, and saturated a portion of a skeine of silk with the lymph from small-pox vesicles, and after shaving a place upon the udder of a cow, he made three incisions in the skin, into which he laid shreds of the saturated silk, and secured them there for a short time, with adhesive plaster. He had never seen the operation done, and was guided by his own ideas concerning it. The cow was kept in his own stable and in the adjoining stall was his horse. I saw the cow on the 8th day after the operation. She was then lying down, evidently drooping and sick. She would not eat. Her horns and tail were hot. We had no clinical thermometers at that time. I saw her again on the 16th day. She was then standing up, but looked poor and feeble. Dr. Knight told me, that between the 18th and 23rd days after the operation, at different times, he took more than twenty crusts from around the udder of this cow. Besides these she had a number of crusts over her body; he counted more than seventy. Dr. Knight offered me the first choice

of the crusts from the udder. The one I selected was, in all its markings, a typical vaccine crust, such as I have before described. With this, I vaccinated, on the 20th of July 1864, the child of a German, then living on the corner of Paca and Ross Streets Baltimore. The child was five months old and healthy. Drs. Dulin, Chatard, Jno. O'Donavin, John McKenzie, Knight, and others, saw the child with me at my request, on the 5th, 8th and 12th days. It was pronounced a genuine vaccine disease, and it was advised by all these physicians that the crust should be used, and further trial made of its effects. This I did, and it apparently produced a genuine vaccine disease. I kept the matter separate from the old virus for a long time, and supplied other physicians with it. In this way it was spread by myself and others, largely throughout this city and the adjoining States. After the cow recovered, the horse became lame and useless from a running in his feet and Dr. Knight sent him to the country, where he recovered.

The fourth variety of matter which I used, was given to me by the late Dr. Geo. Gibson, on the 14th of October 1864. It came from Germany and was put up in glass tubes closed at both ends. Six children were brought to Dr. Gibson's office and vaccinated with this vaccine lymph. All the operations were successful, and during the remainder of the year 1864 and during 1865, I kept this matter separate, and supplied others with it.

The fifth variety was given to me by Dr. F. E. Chatard in 1865. It was called bovine virus, and came from England. Other than this we have no further history of it. Dr. Chatard, at that time considered its results as much better than any other he had used. He supplied me and many other physicians with it. I also kept this matter separate from any other, for a time.

The sixth variety of vaccine virus which I have used is what is now known as the Beaugency virus. This has now supplanted all other matter, and is in general use in Baltimore, and throughout the United States.

(*To be Continued.*)

PHILADELPHIA has 32 free dispensaries, which treat 161,019 cases a year, or about one-fifth of the entire population.

Society Reports.

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

EIGHTY-FIFTH ANNUAL SESSION.

(*Specially Reported for Md. Med. Jour.*)

(*Continued from p. 42, May 19.*)

EXHIBITION OF PATIENT WITH DEXIO-CARDIA.

Dr. Chew exhibited a man, æt. 40, who had first come under observation two-and-a-half to three months ago at the University Hospital. He presents the following symptoms: The heart-beat is felt by the hand on the right side of the chest as far as the right mammary line if not farther; it is not felt on the left side. Exaggerated respiratory murmur is heard over the left lung. The right half of the chest presents a contraction, measuring 17 inches, the left measuring 18 inches. The right lung shows evidences of fibroid disease with vomicæ. At first the displacement was supposed to be due to left pleural effusion, but examination excluded this. Further, the patient had been previously under the care of Prof. McSherry for right pleural effusion, and the heart was then in its normal situation. The respiratory murmur heard on the right side of the chest indicates that the effusion there has been absorbed. Such displacements may be congenital, in which case the liver is also displaced to the left, which is not the case here. The term "dexo-cardia" was introduced by Stokes, who described a case about 1842, which this one typically illustrates. Recovery of normal position in such a case is entirely beyond the range of possibility.

EXCISION OF UPPER MAXILLA.

Dr. Tiffany exhibited a young girl, æt. 13, from whom he had removed a portion of the upper maxilla with seven teeth extending from the left lateral incisor to the right second molar tooth. The history of the case was, that two-and-a-half to three years ago she noticed a commencing swelling of the jaw, without other symptoms. This swelling had rapidly increased just before the patient came under Dr. T.'s observation and especially during the three weeks just preceding it. At the time of

operation the swelling was elastic and in the roof of the mouth was only covered with mucous membrane. Excision was effected as follows: The patient was placed in the prone position, the head and shoulders being drawn beyond the edge of the table and each supported by an assistant. The face was turned to the side of the operator. The incisor and molar being drawn, the soft parts were dissected off and the jaw cut through with forceps. The blood ran out of the mouth, and sponging was only resorted to so that the operator might see. There was some secondary hemorrhage requiring plugging of the left nostril. Four weeks and two days have elapsed since the operation and the wound has nearly healed. Examination showed the growth to be a sarcoma (probably spindle-celled) having its origin probably in the root of the right lateral incisor, which ruptured late and was not fully developed at the time of the operation. Dr. T. said that he had reported to the Faculty three years ago three cases of excision of the upper jaw and had then stated that tracheotomy was an essential preliminary. The case now reported shows that this statement needs modification. Cleanliness, and not tracheotomy, causes the difference in the mortality, as shown in the practice of Prof. Billroth, of Vienna.

HYPNOTISM.

Dr. G. Halsted Boyland presented a paper on this subject. He spoke first of the danger: The peculiarities of our climate favor restlessness of temperament and consequent recourse to agents, as opium, chloral, bromide of potash, etc., the need for which such a temperament seems to beget. The use of such agents is unquestionably on the increase, and many cases of serious diseases—organic and functional—are directly traceable to them; they often alternate with alcoholic drinks.

Dr. B. mentioned the following case of large hypodermatic doses of morphia that had come under his own observation: One hundred and twenty drops of Majendie's solution were administered in the top of the head in a case of osteo-sarcoma of the sphenoid and superior maxillary bones. Very little relief following, ninety drops were given at the end of an hour and a quarter. The pain continuing intense, one hundred and twenty drops were administered at the end of another hour and a quarter, making three hundred and thirty drops or eleven grains of morphia in two-and-a-half hours. After a few hours one hundred and twenty-five drops were administered, the heaviest single injection known to the author. The quantity was then reduced ten drops at a time to ninety drops every four hours. This patient had been accustomed to the use of morphia for nearly two years, commencing with one-fourth grain. Another case observed was that of a lady who was in the habit of pouring morphia into the palm of her hand and thus taking it without measure.

Speaking of the prevalence of the habit of using certain of the narcotics, Dr. Boyland said: "Our ladies resort to their chloral draughts at night or their bromide during the day, a supply of these drugs being kept constantly on hand; while the soda fountain finds many patrons who take from ten to thirty grains of potash with each glass of the water every morning and repeat as often as desired during the day."

The remedy consists in withdrawal of the objectionable articles; this in chronic cases should be gradual, the morphia, etc., being diminished by degrees until the Majendie's solution is entirely replaced by a simple colorless fluid, which contains, instead, quinine, nux vomica and white of egg.

Experience teaches that confirmed hypnotism is never permanently cured. What, then, is to be done? The only solution of the question is legislation. The sale of hypnotics must be prohibited to the laiety (as it is now being carried on); so long as the indiscriminate traffic in them is permitted, uncontrolled by physicians, and in the absence of state or municipal laws, just so long may we expect annually an increase in the promiscuous use of bromide of potass., chloroform, hydrate of chloral, laudanum and morphia and a proportionate amount of vice, unhappiness, crime and disease.

FIFTH DAY.

SOME REMARKS ON NASO-AURAL CATARRH AND ITS RATIONAL TREATMENT.

Dr. John N. Mackenzie read a paper on the above subject. "As the media of communication between the external air and

the organs of respiration, olfaction and audition, and the natural guardians, therefore, of their integrity, the nasal passages are constantly exposed to the ever-changing conditions of the atmosphere and to the injuries incident to occupation." Hence the inner nasal cavities are peculiarly predisposed to the influences that determine catarrhal conditions. So common is inflammation here that "if there be one disease whose name may be aptly derived from that of the city where it most prevails, the term *Morbus Baltimoriensis* may be not inappropriately accepted as the local synonym of nasal catarrh." It is also, perhaps, the least perfectly understood.

In the first stage there is a localized or diffuse injection with moderate swelling of the mucous membrane; there is also increased irritability as shown by abnormal excitability of the erectile tissue which is found on the inferior and middle turbinated bones and on the septum. In some persons the slightest vibration of the air is sufficient to produce erection of this tissue and consequent obstruction of the nasal passages. A catarrhal or granular state of the pharynx, swelling of the naso-pharyngeal membrane, and collection of mucus, are also present in greater or less degree. As the case progresses the patient is subject to ringing in the ears, there is a tendency to sneeze and to hoarseness, a more or less constant itching of the nose, with a gradu ally developing difficulty of breathing through that organ, sleep is rendered unquiet by the accumulation of mucus in the throat, and the patient arises in the morning with a dry throat and a coated tongue, the organic matter of the buccal secretions is deposited on the teeth and gums and at the corners of the mouth, breath is offensive, there is anorexia, impaired general health, and gradnally deepening deafness. These signs indicate an increase in the hypertrophy of the nasal membrane. With the rhinoscope, the hypertrophic mass can be seen occupying only the inferior meatus or the whole naris; it may be mistaken for polypus; it is rounded or oval and nearly always bilateral. Hypertrophy of the tonsil generally exists and may be so great as to fill the entire naso-pharynx, occluding the Eustachian tubes and nares, and pressing the velum downward and forward. The lips of the tubes are generally tumefied, with dilated and patulous orifices resembling the cervix uteri when in a state of chronic hyperplastic inflammation. The parts are covered with thick mucus, which must be removed in order to make a diagnosis. Adenoid growths are found, sessile or pedunculated, over the pharynx and upper part of septum. They are often massed together so as to form a tumor of considerable size. Their diagnosis is made by the mirror or by the finger passed behind the velum. Their removal is imperative; if thoroughly removed the symptoms often disappear immediately.

The ability to respire freely through the nose by no means negatives the existence of obstruction.

The interruption of function will depend upon the extent, character and site of the occlusion. Obliteration of the upper meatuses or malformation of the nasal roof leads to interference with the sense of smell. If the obstruction be in the inferior meatus nasal respiration becomes buccal, and in consequence of the unfitness of the air introduced there arise congestion and inflammation of the pharyngo-bronchial and pulmonary membrane, which are sometimes exceedingly difficult to deal with and have heretofore, doubtless, given rise to the popular impression as to "catarrh" being the cause of consumption. In this country the vast majority of the cases of chronic laryngitis originate primarily in disease of the nose and many a winter cough is allowed to go on from bad to worse from failure to recognize this relationship. The author is furthermore convinced that nasal obstruction may and does awaken diseased states of the lungs, and in an individual so predisposed may become the exciting cause of pulmonary consumption. Alterations of the voice accompany these mucous inflammations. Dyspnœa on exertion is one of the most annoying features of nasal obstruction. Excoriation of the mouth often disappears upon its cure, showing a relation of effect and cause. The author was inclined to regard the conjunctivitis often present as, in the majority of cases, not due to extension of the inflammation along the nasal duct, but as a reflex vaso-motor phenomenon, the vessel dilatation being kept up by the constant irritation of the sensitive nasal area, and so of recurrent herpes and keratitis, these symptoms being due to trophic disturbances. Another result is obstruction of the Eusta-

chian tube, which prevents the access of air to the tympanic cavity, and leads to inward collapse of the membrana tympani with abrogation of function in the osseous and muscular apparatus of the middle ear. Catarrhal otitis media inevitably results, with ultimate perforation and chronic otorrhœa. The intimate and direct connection of the blood supply of the tube and pharynx with that of the middle ear and their anatomical continuity of tissue favor, furthermore, the extension of the inflammatory process from the one to the other. Indeed in very many cases the aural inflammation is merely a symptom of nasal catarrh and gradually disappears without special treatment upon the removal of its primary cause. So important is their relationship that we lay down the rule that *the examination of the ear should be begun not with the inspection of external meatus and tympanic membrane, but with the exploration of the nassal fossæ and retro-nasal space.*

Inflammation of the tube may result in stricture or in fatty degeneration of the tubal muscles.

Morbid conditions of the nose may react upon the circulation and affect the nutrition of the aural chambers through the reflex agency of the vaso-motor and trophic nerves. In proof of which the author cites the pain and congestion of the ear occasionally following instrumental manipulation and use of caustics in the nose, also the existence of ear symptoms, not explicable by any other hypothesis.

In enumerating the symptoms of nasal catarrh, Dr. Mackenzie insisted upon the *great frequency of reflex cough as a symptom of nasal disease;* in his experience it has become so common that he has long since ceased to regard it as a curiosity. "*My clinical experience*," he says, "*furnishes abundant proof that the cough occurs only when, from a local pathological process or ab extra stimulation, irritation of the turbinated corpora cavernosa of the nose exists*, and I have furthermore succeeded experimentally *in localizing the area of reflex excitability in the mucous membrane covering these erectile bodies*. Repeated experiments also show that *all parts of this sensitive area are not equally susceptible to irritation, and that the cough is most constantly produced by artificial stimulation of the membrane clothing the posterior end of the inferior turbinated bone and that of the erectile body on the septum immediately opposite.* In other words there exists in the nose a reflex sensitive area analogous to that discovered in the larynx by Stoerk, Vulpian and others.

The author then refers to the etiological importance of irregularities of conformation, also to the necessity of systematic management of the class of cases under discussion. He enumerates the measures of treatment as first, removal of the obstruction; second, thoroughly cleansing and *keeping clean* the nasal and retro-nasal chambers; third, measures addressed to the relief of the congestion or inflammation remaining, with attention to hygiene.

Where a deflected septum, adhesions, hypertrophied tonsils, growths in the nose, etc., cause obstruction, they must be excised. It is useless to temporize with sprays, caustics and other palliative measures. The author then described the operation with the cold wire snare as practised by Jarvis, and pointed out its advantages. He stated that he had never occupied more than ten minutes in this operation, and had never seen a hemorrhage which gave cause for alarm. In hypertrophies over the posterior half of the septum, he thought the galvanocautery preferable to the snare. *In acute coryza he had resorted to incision of the turbinated bodies*, and invariably with great and immediate relief, the erectile cells being depleted and the nasal stenosis being diminished, which cannot be effected by any other means. Rapid amelioration and disappearance of complications have been the invariable rule in all cases in which the author has used the snare. Secondary hemorrhage sometimes occurs, generally six to twelve hours after the operation; it is never profuse and can be readily checked by the patient himself. The growths (of which a number were shown) resemble small raspberries more than anything else.

The second indication—cleansing—is best effected by a detergent alkaline spray; carbolic acid, borax, boracic acid, the bicarbonate, phosphate and sulpho-carbolate of soda, alone or in combination, being the agents commonly employed. The nasal douche is a dangerous remedy subjecting the patient to risk of inflammation of the middle ear. Gargles never reach the part they are designed for, but may act mechanically by producing muscular contraction and thus dislodging mucus from the naso-pharynx. The author has found making

the patient lie down on his back and allowing the fluid to gravitate into the pharynx, the best method. Of applications, the author employs preferably alcohol, bichloride of mercury and tincture of galanga, and eschews nitrate of silver, etc. Powders in the nose are generally objectionable since they tend to form paste masses difficult to remove.

As a substitute for the respirator, the author recommended a little plug of absorbent cotton, medicated or not. The sulphate of quinine, with or without mercury, is beneficial as a tonic, stimulant, disinfectant and alterative.

Dr. Mackenzie described a forceps he had devised for the removal of adenoid growths. The blades are fenestrated and slightly flattened posteriorly and superiorly to admit of perfect contact with the walls of the pharynx. Their cutting edges are made on the principle of the Luer bone-nippers except that they are prolonged downward to the shank. When closed, the edges should be in perfect apposition. Thus constructed, they will cut with ease through the densest growth. No pulling or dragging is necessary, as is often the case when the dentated or ordinary bevelled-bladed forceps are used. The operation can be performed without the slightest discomfort to the patient. The blades bury themselves in the mass and bring it readily away. Each blade may also be used as a curette, one blade being fixed, and the other used to scrape off the vegetations. Should the blade slip no harm will be done as it will close with its fellow. The f-shaped curve of the Loewenberg forceps has been adopted.

FACTS RELATING TO THE CASE OF SPONTANEOUS COW-POX IN BALTIMORE COUNTY AND THE RESULT OF EXPERIMENTS WITH CRUSTS OBTAINED THEREFROM.

In this paper, *Dr. St. George W. Teackle*, State vaccine agent, details a supposed outbreak of vaccinia which appeared upon the udder of four alderney cows on a farm 6 miles from Baltimore, about the middle of Jan. 1883. At the time of Dr. T.'s first visit, the cow first affected "had dried, semi-hard crusts, considerably smaller than these produced by inoculation, but beautifully cupped. Nos. 2 and 3 presented vesicles becoming pustular and pustules. No. 4 presented a few papules. The eruption was not numerous and was confined to the bags and udders. They were said to be restless and thirsty but appetite was good.

The author, convinced that these were cases of genuine vaccinia, proceeds to give the reasons for supposing it spontaneous in the first case, viz: there had been no recent additions to the herd; there had been no disease of the kind in that locality; no one on the place had been vaccinated for 6 months, or had visited a smallpox patient or a vaccine farm; no case of small-pox had occurred within three miles of the place. With a crust from No. 1, Dr. T. vaccinated five primary and three secondary cases, with the result of one primary and one secondary failure. All were characterized by great fever and glandular swelling. Dr. Teackle only secured four crusts from No. 1. With one of these he vaccinated a heifer, eight weeks old, in several places April 20th.

(This animal was exhibited to the members of the society in the yard of the University). The author read letters on the subject from Prof. Law and Dr. Elisha Harris and reported the negative result of the use of the crusts by Dr. Walsh of Washington.

Dr. Lynch said: He had listened to Dr. Teackle's recital of the history of his case of assumed spontaneous vaccinia, and had examined the calf which he had brought for our inspection. He confessed that he was not sufficiently familiar with the disease as it appeared in the cow to enable him to say whether this was a genuine case or not. He would say, however, that from the history of Dr. Teackle's experiments with the matter derived from the original case, he (Dr. L.) had no doubt but that it was a genuine case of vaccinia. But he objected to the assumption that it was a *spontaneous case*. He thought that a medical man who now believed in spontaneous cow-pox was behind the times and had not read up the literature of this interesting subject.

There can be no doubt now, that the vaccine disease in the cow and other lower animals is simply variola modified by the peculiar physiology of those animals, and nothing else. The proofs of this are incontestable. He would not undertake to give them all as that would take too much time, but he would give a few of these proofs:

As long ago as 1802 Gassner, of Germany, variolated a cow and with the resulting pock

vaccinated numerous persons successfully.

In 1830 Sonderland *infected* cows by covering them with the blankets which had been used by variolous patients, and used the virus thus obtained successfully also, for vaccinating children.

In 1836, Thiele, of Kasson, after numerous failures succeeded in variolating cows and used this matter for vaccination himself and gave it to others, and it was propagated by him through 75 generations.

In 1839, Mr. Ceely, of Aylesbury, England, inoculated two heifers and succeeded in getting in one of them two characteristic vesicles, from which he charged 37 points which he used in successfully vaccinating children, and furnished several medical men with the virus, who also used it successfully.

In 1840, Mr. Jno. Badcock, of Brighton, England, succeeded in variolating about 50 heifers. An idea of the great amount of work done by him may be estimated, when we remember that he only succeeded in about 7 per cent. of his attempts. He himself vaccinated 20,000 children with the products of these inoculations and furnished the matter to 500 physicians, and there is not much doubt that this virus is still used successfully in England at the present time.

In the same year, 1840, Dr. Horatio Adams, of Waltham, Massachusetts, repeated Ceely's experiments with perfect success, and obtained a virus which produced genuine vaccinia in children.

In 1846 or 7, Dr. Leonard, then health physician of this city, also variolated a cow and the lymph obtained was used by himself, Dr. W. C. Van Bibber and others, for successful vaccinations.

In 1852, Dr. Samuel Knight, then also City Physician of Baltimore, variolated cows, and Dr. W. C. Van Bibber used this virus in his private practice for 20 years, and during all that time never saw either any ill effects, or any diminution of the amount of protection conferred.

Now, Sir, what conclusion are we to draw from these experiments? The following it seems to me, may be considered as absolutely established: 1.—That variola can be engrafted upon the cow. 2.—That the resulting disease is not infectious, and can only be propagated by inoculation. 3.—That it can be retro-inoculated upon man, producing a disease which, while not infectious, conveys perfect protection against smallpox.

Now if this be so; if vaccinia in the cow *is*, and is produced *by* variola in man, is it probable that it ever occurs autochthonously? If you can ever show me a case of smallpox which has so occurred, I might then be prepared to believe that cowpox could so occur. From what we know of the natural history of all specific diseases, we are compelled to believe that they can only be produced from a pre-existing case, and there is not a scintilla of evidence to show that either vaccinia or small-pox has ever occured spontaneously in man, and if not in man, why should they in the cow?

In conclusion then, Mr. Chairman, I would say that all this talk about the superiority of this, that or the other stock, is simple nonsense. You or I, Sir, or any of us can start our own stock of vaccine whenever we choose to do so, by simply inoculating a cow for ourselves.

And that stock is probably the best which is of most recent origin, for it probably does become attenuated by long propagation in the human subject alone. I hope therefore that Dr. Teackle will cultivate his stock, for being fresher from its only legitimate source, it is probably superior to the Beaugency or any other stocks of vaccine in use in this country.

Dr. Teackle replied to Dr. Lynch, that the care with which these animals are kept, being never without an attendant, disproves the possibility of conveyance of vaccinia to them in the manner alluded to by Dr. Lynch.

On motion a committee of 5, with Dr. Morris as Chairman, was appointed to watch the future course of the alleged vesicle in the heifer shown by Dr. Teackle, and report the result at a future meeting.

MALARIAL FEVER IN PUERPERAL WOMEN.

Dr. P. C. Williams read a paper upon this subject. He reported three cases seen by him, viz:

Case 1.—A healthy primipara, æt. 20, with good pains but tedious first stage. The head remained after 2 hours above the brim, in the occipito-posterior position. Chloroform and the application of the forceps failed to expedite matters. The position was then changed by manipu-

lating the vertex so that the occiput was brought behind the pubis. The forceps were then removed. After a while, strength being regained, the forceps were reapplied, the head delivered and the forceps again removed. The next pain expelled the head, but as the chin passed, it cut the perineum about two-thirds back towards the anus. The child, which was still-born, weighed 12 lbs., and the cranial sutures were *fully closed* and the cranium as firm as that of a child of of 6 to 8 months, which, the author said, explained the difficulty of the delivery. Equal parts of tinct. belladonnæ and tinct. camphoræ were applied to the breasts to check the secretion of milk, and continued until the 4th day. Forty hours after, the patient began to complain of tingling all over the body, which was soon followed by a bright scarlet efflorescence over the surface, with great heat and slight delirium. These symptoms indicating belladonna poisoning, morphia and bromide of potassium were ordered, and by the next day they had disappeared. On the night of the 12th day, the patient had a slight rigor, followed by fever and subsequent sweat. The next morning the patient was quite comfortable, with temperature 101°. The following night the chill reappeared rather more pronouncedly, with temperature 103°. Three ten-gr. doses of quinine were now given. Notwithstanding, the temperature rose the next morning to 104°. The quinine was repeated as before but the next morning the temperature was again 104°. Fifty grains of quinine were now given. In the evening the temperature was 101° but the next morning stood at 104°. The quinine was now increased, six grains being given every 2 hours until 72 grains were administered. This broke the temperature which never rose above 100°. The quinine was gradually diminished to 10 grains daily. On examination three months after the confinement, a bilateral laceration of the cervix was discovered; the perineal laceration had entirely healed without operation.

Case 2, a lady about to be confined with her 4th child, 13 years after the birth of the previous one. She was awakened by the rupture of the bag of waters, but labor did not take place until a week after, a small but healthy living child being born On the 3rd day, at night, she had a chill followed by a temperature of 102°. This fever disappeared to return next night (with a temperature of 103°), and to be followed by a sweat lasting some days. Coincidently there was great prostration and a sharp pain in the left groin shooting down the leg, being particularly severe in the calf, with tenderness in the grain and calf *but none in the thigh.* There was fever at night (temperature 103° to 104°), with nearly normal temperature during the day. On the 3rd day the pain had left the left leg and gone into the right groin and leg. Viewing the case as one of malarial neuralgia, quinine was ordered in 10 grain doses, thrice daily. In consultation it was now determined to employ "specific" treatment, and, accordingly, iodide of potash was substituted. But after 3 or 4 days use of this, the fever increased and the quinine was again resorted to, 30 grains being given per rectum at night and 20 grains the next afternoon. Onder this the temperature fell from 104° to 101° and finally to 99°, at which it continued for several days with subsequent, slow convalescence.

Case 3. Primipara, æt. 19. Notwithstanding strong pains, at the end of 12 hours the os was only dilated 2 inches in diameter. This produced dilatation but the head would not descend; labor was therefore terminated with the forceps. All went well till the 6th day, when a slight chill occurred followed by a temperature of 103°. This recurring the following day, 40 grains of quinine were given, after which there was no return of the fever.

All of the above cases occurred in January during unusually cold weather. All were well until after their confinement.

(*To be continued*).

PROCEEDINGS OF THE MEDICAL SOCIETY, DISTRICT OF COLUMBIA.

(*Specially reported for Maryland Med. Journ.*).

REGULAR MEETING APRIL 11, 1883.

The Society met, with the President, Dr. A. F. A. King, in the Chair, Dr. T. E. McArdle, Secretary.

Dr. W. H. Taylor read a paper on GLANDERS IN MAN:

Mr. President:—I wish to make a few remarks on the subject of glanders, and to report some cases of the disease that came under my observation several years ago.

Glanders does not seem to run a very regular course either in the horse or man; indeed, the different forms of the disease presented symptoms so unlike as to have been treated for a long time as entirely separate and distinct diseases. It is now, I believe, pretty well established by experiment that one poison

or virus will produce all the different forms of the disease known as glanders or farcy. In Reynolds' System, article Glanders, by Arthur and John Gamgee, the disease is described under four heads—Chronic Glanders, Acute Glanders, Chronic Farcy, Acute Farcy. Tellor makes the same division and considers the disease both contagious and infectious in horse and man; he describes chronic glanders as running the same course as the acute, only milder in form and slower. Ziemssen gives, as a cause of glanders in man, the eating of meat of glandered horses; the use of a handkerchief, used to cleanse the nostrils of a diseased horse, will, according to the same authority, communicate the disease through the broken skin or mucous membrane. It is also mentioned in the same article that man is subject to a sub-acute form not observed in the lower animals, in which form there is no discharge from the nose.

The poison of glanders is contained in the pus of the abscesses and boils of farcy and in the purulent discharges from the nostrils in glanders. In regard to the propagating principle of this disease, Dr. Lamb informs me that there has been discovered a bacillus peculiar to glanders, that has the property of producing the disease in a healthy individual. If this is so, I should think it would in a measure disprove the theory of the spontaneous occurrence of the disease, and also of its being infectious. I would not, from my own experience, consider the disease infectious but highly contagious. I have known a glandered horse to be in the same stable and work by the side of other horses for months without communicating the disease to them or to the men working or attending to him. I do not think this would be the case with an infectious disease.

The cases which I am about to mention are interesting as showing how the disease may be communicated, and its different manifestations in different individuals.

The first case I was called to see in the month of October, 1864, the account of which, as far as I am able to give it, is as follows: E. P. A., white man, aged thirty, married and having a family of healthy children; of medium height and weight, and fair muscular development; complexion, hair and eyes dark; had not the reputation of being a drinking man; no history of syphilis; occupation horse-trader. I found this man half-dressed, lounging on a sofa in the common living-room of the family; he had a listless, stupid expression of countenance, and did not seem to be much interested in his own condition or in what was going on around him. His pulse was soft and compressible; tongue broad, white-furred and moist; breathing somewhat accelerated; general condition that of depression. An abscess had formed on the left arm above the elbow, which discharged a quantity of white, thick pus upon being opened. At my visit next day, I found an abscess on the right thigh, deep seated and not well defined; the skin over the swelling was white and shiny; quite a large amount of pus was discharged from this abscess. Several other abscesses formed on the limbs and discharged freely on being opened.

In spite of the large amount of suppuration, this man improved under tonics and stimulants; he was not at any time confined to his bed, and in a week's time after my first visit he removed out of the neighborhood and I saw him no more. I tried to get the subsequent history of the case but all I could learn was that the disease in the course of six or eight months became acute and the man died. I learned from this patient's friends that it was a common practice with him to take the handkerchief he used to wipe his own nose with, to wipe out the nostrils of a horse he was about to trade, if there was any discharge from them, and in this way I presume he inoculated himself through the mucous membrane of the nose or mouth, as I saw no sore or abrasion of the skin, the disease taking the form of chronic farcy.

CASE 2.—A. M., white male, age 28 years; unmarried; occupation overseer on farm; employed in a bone mill at the time he was taken sick. He was a strong, muscular, well-built man of very temperate habits; never had a day's sickness in his life until this attack. Came to see me November 1st, 1865, in the evening; had been at work all day, but feeling badly had left off work earlier than usual. His breathing was rapid and labored; pulse exceedingly weak and thready; complexion dusky; distressed and alarmed expression of countenance; complained of feeling dreadfully bad all over and of pain in the right hand and arm. On the outside of the little finger of the right hand was a slight abrasion, with red streaks running from this over the hand and up the arm. He said he got the skin knocked off his finger and put some horse liniment on it about a week before; that the liniment had been used on the neck of a horse that had the distemper. I told him I thought he was going to be ill, and gave him a dose of calomel and Dover's powder and half a tumbler of whiskey, and sent him home, telling him to send for me the next day if he was not better. He sent for me the third day, when I found him confined to his bed hardly able to raise his head from the pillow so extreme was his nervous prostration. His respiration was blowing; pulse scarcely perceptible at the wrist; heart sounds weak; skin dry and hot; tongue dry and red; mucous membrane of

nostrils dry and red; bowels constipated; complained very much of pains in the joints, especially ankle-joints. There was some pustular eruption on arms and legs.

All the symptoms grew gradually worse during the next week, about which time extensive sloughs formed on the outer side of the left arm and fore-arm and on the outer side of right leg, implicating not only the skin but the subcutaneous and muscular tissue also. About the end of the second week the slough separated, leaving deep suppurating surfaces that showed little disposition to heal; diarrhœa set in at this date and continued troublesome for a week or more. The articular pains that set in at the beginning continued with great intensity for three weeks; the suffering was very great; opium gave only slight relief. There was slight improvement in the symptoms at the end of third week, and in another week the improvement was considerable. In six weeks he was able to hobble around the house, still suffering from stiffness and pain in the ankle-joints. There was no swelling or redness around the painful joints. The ulcerated surfaces left by the sloughs closed up and convalescence was established, but recovery was slow and he never regained his former state of health.

I treated this case in the beginning with iron and quinine and alcoholic stimulants, then with iodide of potash in moderate doses, with tonic infusions, and finally cod liver oil, which greatly benefitted a troublesome cough that had remained after other troubles had been relieved.

Case 3.—Wm. R., white man; aged 60; married; previous health and habits reported good; occupation farmer. I saw this case August 22nd, 1867, and was surprised to see a man, looking so ill, walking about. His pulse was hardly perceptible; his breath panting; his countenance pale; eyes sunken; lips and mouth dry; tongue red, and edges of nostrils red; he coughed and expectorated a little purulent matter. He said he was taken sick about ten days before sending for me; was taken with a weak feeling and very severe pains in the joints; had no idea as to the cause of his sickness. There was a sore on the index finger of the right hand, caused, as he said, by the cut of a scythe. He said he had no diseased horses on the place, but I found two in his team that I thought were glandered. I saw this patient four days later; he was worse, and seemed so little inclined to follow my directions that I gave up the case. Mr. W. B., who owned the farm this man managed, subsequently informed me that a few weeks after I saw him he broke out with abscesses and boils and died. Mr. B. also said there could be doubt about the case being glanders, and that the disease was taken from the horses I had examined, which had also imparted the disease to a pair of mules that died with acute glanders. For one year after the death of this man, Wm. R , the house that he had lived in remained vacant; then another man moved in, but was there a very short time before he was taken with glanders and died, the disease presenting the same symptoms that it did in the case of Wm. R. This last man dying of the disease it was supposed got inoculated through a cut on his hand, by resting his hand on the side of the door where the first one was in the habit of resting his hand, which often had pus on it from his sores, he being very careless and smearing pus on every thing around him.

Dr. Schaeffer had no doubt that glanders was often communicated by the careless use of the handkerchief in cleaning the nostrils of the horse and afterwards applying the same article to personal uses, and by other unsanitary measures. A running from the nose of the horse, however, is not always indicative of glanders, but may be caused by other diseases, and care should be taken in making a differential diagnosis. The continuance of the potentiality of the virus for so long a time as reported by Dr. Taylor makes this disease in that respect akin to Asiatic cholera. He would be inclined to doubt that the force of the poison would exist longer than a year.

Dr. May did not know that he had ever seen a case of glanders in the human subject. Persons practising in the country, however, would be more apt to see cases of such a disease.

Dr. Morgan said he had seen one case of glanders in a man who caught it, of course, from a horse. The man broke out all over with pustules, and finally died a lingering death. Dr. Lieberman, who had seen glanders in Germany, declared this to be a true case of that disease.

Dr. Franzeni said that an English hostler, with a previous history of glanders, presented himself at Providence Hospital some years ago with involvement of the right leg below the knee, and it was a question whether he was a proper subject for the surgical ward.

Dr. Taylor, in closing the debate, said the reason he had seen so many cases was on account of the number of horses of all kinds in his county during the war.

UTERINE FIBROID DELIVERED BY FORCEPS. RESOLUTIONS ON DEATH OF DR. JOS. K. BARNES, LATE SURG-GEN'L U. S. A.

Dr. May wished to call attention to a remarkable case of obstetrics he had seen some years ago. The case was under the care of

Drs. Causin and Dawes, the latter a man of great professional skill, who had studied under Abernethy and Sir Astley Cooper. They sent word to Dr. May to come quickly and bring his instruments as the woman was dying from rupture of the uterus. He did not make a critical examination, but relied upon their assertion that the head was presenting. He applied the forceps and delivered the woman of a fibroid tumor about the size of a child's head. No hemorrhage followed, and at daylight the woman died. At the autopsy the uterus was found to be studded throughout its entire surface with from fifty to seventy-five fibroids varying in size from a pea to a small orange. What was most extraordinary was the fact that such a womb should carry a child to full term.

Dr. May believed he was the first surgeon to perform ovariotomy in the District. The patient was a girl about eighteen years old. He had tapped her several times, and finally it was resolved to remove the tumor. This operation is a simple one. He made an incision four or five inches long, drew off the fluid, brought the tumor out of the opening, laid a piece of wood across the part of the wound left open, and by its means kept the pedicle well up. There was very little constitutional disturbance. The patient got well and eventually married.

Five days after having opened the peritoneal cavity in another case for the removal of a fibroid dipping into the abdomen, hemorrhage set in and the attending physician feared she would bleed to death. Dr. May was summoned, and upon examination found it to be a case of vicarious menstruation, which ceased after the usual five days.

In the early part of his practice, he tapped a patient who was declared to have ovarian dropsy by his father and Dr. Dawes. The woman insisted she was pregnant and in fact, afterwards gave birth to a finely-formed healthy child.

Dr. King said he once saw a case diagnosed as tumor by an experienced physician. That very night, however, the patient, a single girl was delivered of a full-term child, the tumor remaining behind.

After some further discussion the Society adjourned.

SPECIAL MEETING APRIL 11th 1883.

At a special meeting held April 11th, 1883, with the President, Dr. King, in the Chair, and Dr. McArdle, Secretary.

Dr. Yarrow called attention to the recent death of Dr. Barnes, late Surgeon General, U. S. Army, and an honorary member of this society.

On motion of Dr. Murphy, a committee was appointed by the President, consisting of Drs. Yarrow, D. R. Hagner, Murphy, Kleinschmidt, and Bulkley, who drafted the following resolutions, which were unanimously adopted:

WHEREAS the Medical Society of the District of Columbia has learned, with profound regret, the demise of its late honorary member Joseph K. Barnes, M. D., recently Surgeon General, United States Army;

RESOLVED, in view of his long connection with the Medical Society of the District of Columbia and his eminent services in the cause of medical science and literature to the profession of the whole civilized world, in the permanent establishment of the Army Medical Museum and the Library of the Surgeon General's Office, that the society feels it a duty to express its unfeigned sorrow at the loss which has befallen it.

RESOLVED that a copy of these resolutions be furnished to his bereaved family.

RESOLVED also that a copy be furnished the daily press for publication.

Editorial.

NO BALTIMORE POLYCLINIC.—Some months ago, as a mere local news-item, we made the brief announcement, that the propriety of establishing a polyclinic in this city, as had then recently been done in New York, was under consideration. Upon this, an ill-natured contemporary remarked,—"Baltimore is to have a polyclinic; now for Columbus and Fort Wayne!" Without stopping to enquire whether this writer ever gets any nearer to the truth than he did in this instance, we desire only now to explain that the establishment of a polyclinic in Baltimore was not given up for want of the requisite clinical facilities, or of men qualified by special knowledge and acquirements to teach, nor from any idea that such an enterprise could not be made a success here. But there were considerations connected with future medical teaching in Baltimore that did not apply to any other American city.

It was well known that within two years the model hospital of the world would be opened here, and that with it would be combined a medical school having an endowment with which no other similar institution on this side of the Atlantic could for a moment compare. Was it not reasonable then to suppose that these institutions would make the most complete and thorough arrangements for instruction in all the branches that could be taught in a polyclinic? And was it reasonable to think of competing with such preponderating advantages? So we think the gentlemen who had the matter under consideration were wise in

believing that whilst our less fortunate neighbors, New York and Philadelphia, might need such things, we were here sufficiently provided for. And accordingly they left the field open to "Columbus and Fort Wayne", should they see fit to take the hint thrown out by our sarcastic friend.

THE ILLINOIS STATE BOARD OF HEALTH.—In West Virginia and Illinois, the duty of carrying out the laws recently adopted for the regulation of medical practice rests with the State Boards of Health. We have before us the report of proceedings of the last Quarterly Meeting of the Illinois Board, from which it would appear that medical laws in that state, at least, are not going to be ignored, however much they may be in some states further East. Certificates entitling the holder to practice medicine and surgery are granted upon diplomas of colleges in good standing, or upon a certain length of practice in the State; all others are required to stand an examination by the Board. The nature of this examination may be inferred from the statement of the Secretary, that, of eighteen candidates presenting themselves for examination, five withdrew before completing the answers to any of the sets of questions, and that of the remaining thirteen, *none* were found to have attained the required minimum of *80 per cent.* of correct answers. It may be said that these were persons who had only had the advantage of the instruction of a preceptor, or of a partial course of collegiate study; true, but what college would have rejected all of eighteen such candidates tested by its ordinary examinations? If the work of the Board be firmly maintained at this high standard, it will contribute much to the solution of the problem of a more advanced medical education. The moral weight of the Board also would seem already to be considerable, since, according to the Secretary, as the result of its having urged all those who had not already done so, to obtain diplomas from colleges, there are but 650 non-graduates left in the State against 3,800 when the law went into effect.

The scrutiny which the Board exercises over the workings of medical colleges, and the publicity which is given to discreditable practices, must be of inestimable benefit to the cause of medical education, as well as to the medical colleges themselves. Abundant evidence is at hand, we are told, that even the colleges in most repute do not comply with their own published requirements; for instance—as to age, preliminary education, length of time of study or number of courses of lectures, preceptorship, final competency, etc. The strongest contrast is found often between the conduct of individuals composing a Faculty and that of the Faculty itself, as shown in its corporate actions. However blameless and upright the individual may be in his private relations, he seems, in a state of combination, often to lose his sense of moral obligation and propriety. The announcements of many colleges differ but little from those employed by the ordinary advertising quack. Instead of ignoring these things, the Board considers it as its duty to look into them, and even now charges are being investigated involving five different colleges whose diplomas have heretofore been recognized by the Board, and in the case of three others certificates upon their diplomas have been withheld because of a conviction that they have not the facilities for carrying out their published requirements.

The Board justly insists that hygiene is too important a subject to be left out of the college curriculum, and requires that it be considered an essential element of the respectability of a medical college.

It will be well if the colleges will pay a little heed to the doings of the Illinois Board; otherwise they may incur the mortification of having their diplomas disregarded and their graduates subjected to an examination very different from the one with which they are familiar and which they may fail to pass.

THE HOPKINS TRUST.—The open letter of Judge Brown, in reply to Mr. John W. Garrett, published in the *American* of the 22nd ulto., is a very complete and able presentation of the questions at issue, and vindicates very thoroughly the conduct of the Johns Hopkins University Board in its management of the trust reposed in it. To the objection against locating the University in Baltimore, he says that the will nowhere provides that the University must be located at Mr. Hopkins' country seat—Clifton—and that in a codicil to the will, he gives authority to the trustees to have the charter altered at their discretion. In accordance with this authorization, such change has been made by the Legislature, as to allow of the opening and continuation of the University in Baltimore, and this right remains inalienable. As for the work of the University, he points to the acknowledged rank which it has acquired in the short space of seven years, which makes it one of the foremost institutions of learning in this country, to its laboratories and the important discoveries made in them, to its lectures, special and general, its serial publications, its society work, its large number of advanced students, the position attained by its graduates, its valuable collections of books and scientific instruments, the evidence of its influence upon the country at large, etc. He alludes to the advantages, to professors and students, of being in a large

city, and shows the unsuitableness of Clifton for such a use. "To remove now to Clifton," he says, "would degrade the Johns Hopkins from a first-class university to a second-class college, and would inflict irreparable loss and injury on the people of Baltimore and the State at large." He points out the unhealthfulness of Clifton, and that it is by no means "the vast and splendid estate" it has been described to be, a large part of it having been appropriated by the city for a reservoir. He admits, however, the possibility of the necessity of removal in the future.

He acknowledges that it was probably Mr. Hopkins' wish and intention that the University should be established at Clifton, but argues that the matter was left discretionary with the trustees. The calm and yet incisive style of Judge Brown will go far to reconcile the public—who feel that the question is one of general importance, and who have been much wrought up on the subject by the publications of Mr. Garrett and others—to the action of the Board, whilst the success of the institution should justify their wisdom. We may rest assured of one thing—that the interests of the Hopkins trust are in faithful hands and will be judiciously, economically and conscientiously administered.

Miscellany.

PUERPERAL SEPTICÆMIA.—*Dr. W. N. Bryant*, of Chester, Vt., in a paper on "Puerperal Septicæmia" (*Boston Med. and Surg. Journ.*, May 3rd, 1883), sums up the following conclusions: 1. Puerperal septicæmia is a strictly infectious disease, depending upon the absorption of a specific *materies morbi*. 2. The infecting material may come from without or be developed from within the patient. 3. It is amenable to treatment, which should always have for its first object thorough local disinfection. It is a preventable disease, and to this end the utmost care should be used by all attendants upon puerperal women to guard them from infection from without, whilst a systematic course of antiseptic uterine washes should be given night and morning in all lying-in cases for the first ten days following delivery. T. A. A.

PORTRAIT OF ERNEST HART.—A portrait of this *facile princeps* of medical editors was presented to his wife April 10th, in the name of 500 subscribers, in "recognition of his many and valued services rendered to the profession at large and especially to the army and navy medical services, and the influence which during 25 years he has exercised on sanitary and social progress, the advancement of the welfare of the sick poor and the cause of public health."

DEATH OF PROF. ASHFORD, OF WASHINGTON.—Dr. Francis Asbury Ashford died at his residence, on New York Avenue, in Washington City, May 19th, after a short illness, of disease of the heart. He was born in Fairfax Co., Va., Sept. 19th, 1841, and graduated at Columbia Medical College, Washington, in 1867. He began practice in that city, and by his talents and personal qualities achieved a high rank and lucrative practice. He showed especial aptitude for surgery, and ultimately became Professor of Surgery and Dean of the Faculty of the University of Georgetown. He was also one of the founders and attending surgeons of the Children's Hospital. He leaves a widow and several children, for whose support he is understood to have made ample provision

Medical Items.

THE Baltimore Microscopical Society held its third annual reception at Lehman's Hall on the 23rd ulto. This society has upwards of 100 active members and has the nucleus for a library and cabinet. Dr. Lewis M. Eastman is President, and Dr. E. M. Schaeffer, Reporting Secretary.=The Maryland State Board of Health has decided to hold a sanitary convention in Baltimore the fourth Tuesday of next October. A committee consisting of the President and two members of the Board, the President and Secretary of the city Board, the President and Secretary of the Med. and Chir. Faculty of Maryland, and five citizens, will have charge of the arrangements. Prominent sanitarians throughout the country will be invited to take part, and manufacturers and dealers in sanitary appliances will be invited to forward their goods for exhibition at the meeting.=The Illinois Board of Health is making an effort to secure one common Examining Board on Preliminary Education for the six Chicago medical colleges.=It is said the new biological laboratory of the Johns Hopkins University will be ready for occupation by the Fall.=A novel method of medical advertising: A few days ago a one-dollar note came to the notice of one of the editors of this journal, on which was *stamped* "Doctor A. B. Lyman, Baltimore." This gentleman is a member of the Medical and Chirurgical Faculty of Maryland.=The Maryland Pharmaceutical Association was organized at the College of Pharmacy, in Baltimore, on the 8th of May, with J. J. Thomsen, President; John W. Geiger, Secretary; E. Walton Russell, Treasurer, and an Executive Committee composed of S. Mansfield, H. A. Elliott and J. B. Boyle.

ERRATUM.—In the issue of this Journal for May 19, the name W. H. McDaniel, page 40, should read W. A. McDonald, Lynn, Mass.

Original Papers.

VACCINATION.

BY W. C. VAN BIBBER, M. D.

(*A paper read before the Baltimore Academy of Medicine, March 20th*, 1883).

(*Continued from p.* 69, *June* 2.)

Dr. Charles R. Drysdale, of England, in a pamphlet published in 1882, "*On Animal Vaccination, and the Origin of Vaccine*," p. 19, gives this history of the Beaugency matter: "When, on April 26th, 1866" (17 years ago), "a case of spontaneous cow-pox was said to exist at Beaugency, Loiret, fifteen miles from Orleans, Dr. Depaul, director of the vaccine department, hurried off to Beaugency to see it. He there saw the young milch-cow in which cow-pox had appeared. She was thirty months old, and four months after calving. Her milker observed she was restive one day (March 28th). A *sage femme* in the neighborhood, Me. Lambert by name, remarked vesicles on the udder much resembling vaccine vesicles. She told the fact to a veterinary surgeon, M. Dariden, who, with some physicians of Lyons, visited the cow and found that she had seven or eight vesicles on the skin of the udder. A horse separated from the cow merely by a board partition, was carefully examined, but had no disease. No one knew the age of the vesicles. On March 29th, a cow, three years old, and two infants, were inoculated with the virus, and, on all, the operation gave vesicles at every point of insertion.

Dr. Brechemeier, of Lyons, went to Beaugency, on April 15th, and saw the second cow, which had six crusts on the points of insertion, which he used to inoculate a calf on his return to Lyons. This succeeded, and the series was carried on, so that, when Depaul arrived at Lyons, on April 30th, he was able to vaccinate a calf at Orleans and carry it off to Paris. This was the source of the undoubted animal vaccine of Beaugency, which has been used ever since in the United States of America." Dr. Henry A. Martin, of Boston, claims to have introduced the 258th, 259th and the 260th series from this cow into this country.

It may now be asked, which of the six varieties of vaccine virus, which I have used, is the best? This is the important practical question of the entire subject. My opinion might be given in two words, and then there would be no necessity for further writing, provided there was positive proof, or knowledge, to sustain those words. But, unfortunately, from what I have already said, it is plain that the different kinds of vaccine virus have become mixed, and it behooves us to try and advance the subject from its present situation.

I will endeavor to give some facts concerning the different kinds of vaccine virus, which have been mentioned.

I believe that the first variety used by me, that is, the original matter found here in 1845, was good, and furnished a reasonable protection from the contagion of variola, and I will give you my reasons for saying so.

Early in this century the late Dr. Peter Chatard was a prominent practitioner of medicine in Baltimore. He experienced, at that date, much public opposition against vaccination. The same arguments were used here which are mentioned by Mr. Watson, as having been used in England, viz., that it was impious to give a disease from cattle to Christians, etc. Dr. Chatard had then four children, three sons and a daughter. After observing a proper vaccine disease in his children, he proposed to send them all to the house of a prominent public man, a Mr. Pechin, the editor of the *Chronicle*, where there was a case of variola. There was an objection, in his family, about sending the daughter, to which he yielded; but the three sons, the present Dr. F. E. Chatard, and his brothers Henry and Frederick, were sent to Mr. Pechin's, where they played, for several hours, in the room where the small-pox patient was confined. None of the children took the disease. The example had the desired effect; there was no longer an opposition to the operation of vaccination. All honor to the memory of Dr. Peter Chatard. By this act, he showed, at least, that he had that quality now so much admired among men—the courage of his opinions. Who amongst us would do this same thing now? And what vaccine matter would you select wherewith first to vaccinate your children?

In the month of January, 1846, I vaccinated an infant four months old, living in Marion St., Baltimore. The mother refused to be vaccinated. The operation upon the infant was successful. About seventeen days after the vaccination of the child, and while the crust was yet upon its

arm, the mother had a chill, which in three days was followed by the eruption of variola. Prof. Levin S. Joynes, then of Baltimore, and afterwards of Richmond, visited this case with me. It proved to be a semi-confluent case of smallpox—confluent over the face and breast, and discrete upon the extremities.

We visited the patient every day for twenty days, and afterwards occasionally for the period of five weeks. The mother nursed the infant at the breast during the entire attack. Often we found the child, which was a plump little thing, closely covered under the bed-clothes, for the weather was cold, tugging away at the nipple with a pustule almost under its nose. We remonstrated about this, but the mother said "her milk was scanty since she had the fever, and it took the child a long time to get enough." The vaccine crust was removed from the child's arm on the twenty-first day. I did not use it, although the infant had no symptom of varioloid or any sign of sickness. No attempt was made in this case at disinfection. The circumstances were so extreme that they were supposed to be beyond such a power. The only precaution taken was to rely simply and solely upon vaccination. This was an exceptional case, to show the protective power of vaccination, a greater than which, probably, few physicians have had an opportunity of observing.

Still, however, let me relate to you one more case concerning this same matter. Samuel Bayne, aged 23, was attacked with variola on the *6th* of January, 1864. His father, John Bayne, aged about 46, arrived from the country to nurse him upon the *8th*. John Bayne, the father, had been vaccinated in infancy. On the 9th of January I revaccinated him with the same original matter. The vaccination was successful, but I could not tell how regular its course might have been, as he ruptured the vesicle. The room in which he nursed his son was small and close. He never left this room but once for twenty days. On the 26th of January he was attacked with fever and headache. His features were flushed and swollen. On the 27th the fever subsided, and on the 28th it was entirely gone.

Vaccine virus that can thus protect, as these cases show this original matter did in the hands of Dr. Chatard, and in my hands, has a good record. "There is no contagion so strong and sure," says Mr. Watson, "as that of smallpox; none that operates at so great a distance." Mr. Haygarth states "that during his long attention to this subject, not a single instance had occurred to prove that persons liable to the smallpox, could associate in the same chamber with a patient in the distemper, without receiving the infection." Will any one seriously contend that if the four children and one man, whom I have mentioned, had not been duly vaccinated, they would not have taken the disease?

If I could stop here, the proof of the all-powerful protective efficiency of this original matter would be clear and complete. But having said this much, every consideration demands that I should tell you at least two cases, out of many that I have seen, in which a complete protective power of the same virus was not so manifest.

In March, 1846, seven young physicians, of whom I was one, visited together the smallpox hospital on Laudenslager's Hill, Baltimore. If there was not a living witness, in the person of Prof. F. Donaldson, of what I am about to relate, I might hesitate to describe, in detail, the imprudent kind of proof, to which the protective power of this same virus was then submitted. The hospital was a single story, half-double house. When we opened the door we entered the principal room or ward; there were two rooms, with a door between. The room we entered was crowded with the living and dying, and there was one dead man.

I think there were over thirty patients in the two rooms. As the rooms were darkened, we were obliged to bend near the bodies of the patients, in order to examine minutely the stages of the eruption. We soon became interested in this investigation. We traced the eruption of variola from its earliest stage to its last day upon the body of the corpse. We visited every bed. I am not certain of the exact time we remained in the house, for no one kept the record; but it must have been long, to have done what we did. Within a fortnight of that visit the late Prof. Frick, who was one of us, had varioloid. The next attacked was the late Dr. Alfred Baker. His disease was severe. Then followed, in succession, the late Drs. Alex. Robinson,

John Berryman, and Dr. Steadman Tilghman. Prof. Donaldson and myself escaped the contagion. Two out of seven escaped. I had vaccinated myself before going into the room, and did so again after I came out of it. The other physicians, I believe, did the same.

On the 17th of January, 1864, Mr. H. W. nursed Mr. W., in his room in a hotel. Mr. W. had varioloid. Dr. Gillingham revaccinated Mr. H. W. on the 28th of January. Six or seven days after this, an attack of varioloid set in with a chill. The disease was severe. These two examples show that the protection of the original vaccine virus was not complete; but by an examination of the subject it will be found that it was as complete in 1864 as the same matter was in Dr. Jenner's time. It has never been so complete as not to furnish exceptions.

Concerning the second variety of matter which I used, it simply amounted to an experiment, which was new here at that time, but had been done before, and has been done since I vaccinated the child on Penna. Ave. When the lymph of variola is passed through the system of a cow, and again from her reintroduced into the human being, it is, I believe, a case equivalent to one of inoculated smallpox. But the protective value of this inoculation is the thing to be considered. If the operation is carefully done, I can see no good reason why it should not be protective to the human subject; but it will take such experimenters as M. Pasteur, and such exhaustless experiments as those conducted by him, to decide such a question in all its ramifications.

The third variety of virus, which I used, viz., that obtained from Dr. Knight, was similar to the second, as to its source. The only difference was that the child at the corner of Paca and Ross Streets had a milder disease than the one on Penna. Ave., and I was advised to continue the use of this matter, which was done as already mentioned, to a large extent.

The fourth and fifth varieties were called bovine virus from Germany and England respectively. Both seemed to give a genuine vaccine disease.

The sixth variety demands more attention, because it is the virus which has superseded all others, and is the only virus that can now be obtained. It is from the Beaugency stock, and demands, at present, from all physicians a most careful study. I mentioned many sources from which it is obtained. If it does afford the same protection from the contagion of variola, as the original Jenner matter, then, as the profession and the public have accepted its source and its manner of propagation, viz., through the cow, its use is certainly a step in advance. The revulsion in popular prejudice is overcome and seems truly complete. Once the public would not be vaccinated because the matter came from a cow—now they will permit the use of none that comes from an infant.

It has been alleged during the trial of the animal virus in Baltimore, that the bovine virus, as now brought into the market, is variable and uncertain. The results which I have obtained from its use cause me to agree with this opinion. But when it is known how many vaccine farms have sprung into existence, almost within a few weeks, most of them having inexperienced operators, such results might naturally be expected.

It is claimed by some for the Beaugency virus that it is not variola reduced to the minimum, but that it is a genuine vaccine disease originating in the cow, which is antagonistic to variola, and not identical with it.

The important question has been asked, why has variola continued so prevalent in Baltimore since the first case was brought to the city on the 11th of Nov., 1881? We may be assisted in the solution of this question by asking another, viz., Why has it almost completely disappeared since the middle of February, 1883? The best answer, as I believe, to this question is found at the Health Office. In 1882 and thus far in 1883, there have been in round numbers 260,000 vaccinations performed by the vaccine physicians alone. Is it not a low estimate to say that half that number have been vaccinated by all the physicians in private medical practice? This will give, in round numbers, about 400,000 vaccinations in fourteen months. If these figures can be received as an approach to certainty, and I think they can, it might be used as an argument against the efficiency of the bovine virus now in use. The statement would stand thus: An estimated 400,000 vaccinations, in a population estimated at 400,000 persons; and yet there were fifteen deaths from variola reported

at the Health Office last week. It is admitted, however, that the force of the epidemic is broken, and it is further admitted that it has been broken by vaccination. The corollary from this statement is, that there was a large unprotected population in Baltimore prior to 1881. Who were they? And where did they come from? They did not come from under your hands, nor mine. My own observations would classify those unprotected as follows: First, a large number of colored persons, who came into Baltimore from the rural districts of Maryland, and other Southern States, where vaccination, and especially revaccination, had been long neglected.

Second, an Irish population, who refused to be revaccinated because, as they said, they had been "inoculated" at home. In the rural districts of Ireland, the words inoculation and vaccination are used as synonyms. And hence these persons were unprotected by revaccination. Third, a class who, from early and deep prejudice against vaccination, refused to have the operation performed. To these must be added a fourth class of imperfectly vaccinated persons, that is, those in whom the vaccine disease, from a variety of causes, was imperfected, and hence unprotective. All these four classes of persons had accumulated in Baltimore since the last epidemic, which occurred in 1863. As pertinent to the class of imperfect vaccinations, let me mention two facts. Some of those who had varioloid, during this epidemic, had been recently vaccinated, and even a few of those who died from variola or varioloid, had been recently vaccinated. There were enough of such cases during this epidemic in Baltimore to leave in the minds of many persons, a thorough want of confidence in the vaccine system generally; also pertinent to the imperfect vaccinations, let me say, I know of a wholesale house on Baltimore Street, where over one hundred young men are employed. These clubbed together and bought virus at ten cents a point, with which they vaccinated each other. What did they know of the vaccine disease? Whether it was perfect, genuine and protective, or not?

Is there any of us, if these facts are admitted, who will wonder at the large number of imperfect vaccinations?

There are many distinct practical questions concerning vaccination, upon which those who have thought of the subject have formed opinions. I will mention two, one of which was spoken of at the last meeting of this society. It is this: Does the breaking of the vesicle or pustule diminish the protective power of the disease? I believe in the affirmative, but have no other proof or reasons to offer but this: the genuine vaccine disease is an entire process, in which the local point and the areola play their parts, and to go through the regular and uniform course of the vaccine disease, it is necessary for the preservation of the areola, that the vesicle and pustule should remain intact. If the local point be broken in either of its stages, it produces irregularities in the course of the disease.

The next question has a bearing upon the first—it is concerning the manner of performing the operation of vaccination. With the bovine virus sent from most of the establishments, printed slips accompany the matter, giving directions for the performance of the operation. Most of these direct to scrape the skin, short of drawing blood, and then to rub in the virus. If the skin be scraped, over too large a surface, and too much, it weakens it; and the vesicle is more apt to break. I prefer the operation by incisions, which are afterwards left open by stretching the skin. I can imagine nothing better than the sharpened quills used by the National Vaccine Company of Washington. The sharpened quills tear the skin without drawing too much blood; and as there is no lancet used, each operation is a separate thing in itself, without fear of infection even from the lancet; and at the same time the operation by the quill is less painful than a lancet. The only thing against the general use of the quill, in this way, is its great simplicity. It is often said, "vaccination may be done in any way, as it is so small an operation." It is a small operation, but its results are immense; and since there may be a choice in the way of performing even the slightest operation, it is worthy of study how to perform vaccination to the best advantage. Above all, in public practice, do not be so slovenly as to vaccinate an entire school with one lancet, as it has been reported that some operators have done.

In conclusion, let me say I have shown to you, as far as I could, the vaccination of

the past, as well as the present, and now, who will venture to scatter the sibyl leaves of its future?

I have shown you what I believe to be true, that physicians and the public had a good thing in that virus, which protected the Chatard children, the infant on Marion Street and John Bayne. Whether this virus was well managed, or whether, if differently managed, it might have swept the earth clean of variola, and obliterated it, we shall never know.

It was the continued presence of variola, during its use, which caused a desire on the part of the profession and the public to change or improve it. In the light of history, the question may now be asked, was the work done in the right direction when the attempt was made only to "renew" it, either by variolation, retro-vaccination, or finding the original vaccinia? Might the work not have been better done by seeking to improve, in detail, the ways of using it?

Experiments for renewing the vaccine virus, that is, retro-vaccination and variolation, were largely carried on everywhere, during the decades of 1830 and '40, but yet the presence of variola continued, and rather increased. The epidemic of 1863 in Baltimore, and the considerable prevalence of variola during several other years to a less extent, caused increased restlessness in the minds of medical men and the public concerning the virus then in use, until the question fully culminated about the years 1872 and '73, in the introduction and reception of the Beaugency bovine virus. It was an easy conquest.

I have laid before you the situation of vaccination at present. We may all have our individual opinions about it. For one, I sometimes feel as if we had lost a good thing in striving after a better; but yet, it seems to me, a great step has been made in advance if the present standing-point can be made good. Physicians, it is true, have no longer control of the virus. Tom, Dick and Harry are in full scramble for the gain. We are now flooded with bovine virus from all points. The difficult questions for physicians to decide for themselves and the public are, which is really the best virus, and how shall it be preserved, and properly used? In the present state of the case the reports which have been made upon the vaccine farms, and printed in the *Med. News*, must have a good effect.

From what has been said, it is plain that there is a protective vaccine disease, which can be recognized by one who will study it. Again, there are irregular forms of the vaccine disease, which are not protective, and these can also be recognized by authorities on the subject. I believe that the non-protection from the irregular forms of the disease can be overcome; that is, by continuing to vaccinate any individual from time to time. Either some one of the vaccinations will produce the genuine vaccine disease, or the aggregate of the vaccinations will be equivalent to it in protective power. Consequently the immense benefits of vaccination will be continued from the point where we are now, only by care and labor. Who are the proper persons to carry on this work and see that it is faithfully performed? It is the physicians.

On account of the continued and increasing prevalence of smallpox, anti-vaccination is advocated by able men, who pursue this subject with line and figures. There are, for the most part, amongst the anti-vaccinists prominent statisticians, earnest students and thinkers, and astute theorists. There are few practical men with them who have come face to face with both diseases. It is possible anti-vaccination may prevail; and, indeed, it is not altogether improbable, provided the subject is not pursued in the right way.

Those who take the affirmative, upon the subject of vaccination, must therefore be upon the alert. They must not only believe in the absolute truth of the protective power of vaccination, but they must work for its perfection. They must believe that when variola is raging in its contagiousness, vaccination is almost as valuable as life itself. For, what with the dread of dying by smallpox, and the hurried burials after death from the disease, together with the fear of being disfigured by it, what is life worth? Those who take the affirmative must not only set forth the great importance of vaccination, but they must, at the same time, strive to keep it at a high standard of excellence; for by inferior management it is easily deteriorated.

Within the last ten years vaccination has changed its well-earned vantage ground, and marched from its old entrenchments.

It is now beset with all the difficulties of skepticism. It is besieged, and it may be in danger. The agnostics are around it.

It is upon trial as it stands now, and its vindication and triumph is in the hands of the medical profession to whom it rightfully belongs. The chief difficulties are to find the real genuine protective virus, to use it properly after it is found, and in the most public way to demonstrate its power.

Society Reports.

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

EIGHTY-FIFTH ANNUAL SESSION.

(*Specially Reported for Md. Med. Jour.*)

(*Continued from p.* 75, *June* 2.)

The name of Dr. Geo. H. Hocking, Mt. Savage, Md., was proposed for membership, being recommended by the Examining Board of the Western Shore.

DIRECTORY FOR NURSES.

The report of the Committee on Directory for Nurses was presented by Dr. T. Barton Brune, Chairman (The chief points in the report were given in our number of May 12th.—Eds.). The Committee was continued for the ensuing year.

LIBRARY BUILDING FUND.

The Committee to collect funds for the erection of a permanent library building reported that nothing had been done towards the accomplishment of this object. The Committee was continued.

The Committee to wait upon the Trustees of the Peabody Institute Library with a view to having medicine represented in the books of that library reported that owing to the limited funds at their disposal, and under the terms of their trust, the said Trustees had declared their inability to purchase books adapted only to a special profession. The Committee reported that a similar application to Mr. Enoch Pratt, in connection with the Enoch Pratt Free Circulating Library, was likely to prove more successful, as Mr. Pratt had declared himself as favorable to the suggestion.

STATE PROTECTION OF THE INSANE.

The report of the Committee on this subject, Dr. J. S. Conrad, Chairman, was, on motion, postponed to a special meeting, as also that of the Committee to draft a law restricting the sale of potent drugs.

The Committee on Legalizing the Study of Anatomy had no report to make, and was continued.

OFFER OF OLD MERCANTILE LIBRARY ROOMS.

A statement was made in behalf of a committee of the Historical Society, that that Society was desirous of renting to the Faculty, upon most satisfactory terms, the rooms on the ground floor of the Atheneum building, corner St. Paul and Saratoga Sts., formerly occupied by the Mercantile Library. The matter was referred to the incoming Executive Committee.

HISTORY OF MEDICINE IN MARYLAND.

The Publication Committee, in a supplementary report, announced that the work of Dr. John R. Quinan, prepared in accordance with the direction of the Faculty, in commemoration of the Sesqui-Centennial Celebration of the Founding of the City of Baltimore, held in 1880, had been completed and was at the disposal of the Faculty. This work contains a chronological sketch of the history of medicine in Baltimore since 1730, with memoirs of prominent physicians, and a list of their contributions to medical literature, and will constitute an octavo volume of about 250 pages. A resolution was adopted to print 1,000 copies of this volume, 200 of which should be presented to the author and the rest distributed among the Faculty or sold.

RESOLUTIONS ON THE CODE.

The following resolutions, offered by Dr. William Lee, were adopted:

Resolved, That the Med. and Chir. Faculty of Maryland, in convention assembled, reaffirms its determination to adhere to the time-honored code of ethics of the American Medical Association, which has always been its accepted chart and trusted guide.

Resolved, That this body discountenances any and every attempt on the part of medical organizations to break down this barrier between the regular medical profession and the varied domain of irregular practice, and do earnestly protest against any

departure from the true spirit of the supreme law of the organized profession.

Resolved, That a duly attested copy of these resolutions be presented to the American Medical Association in open session at its approaching meeting

(These resolutions simply reaffirm the action taken by the Faculty one year ago. —EDS.).

A resolution offered by Dr Gundry was adopted providing for the appointment of a committee of five to represent to the Legislature the urgent need of an institution for the care and education of feeble and imbecile children.

ELECTION OF OFFICERS.

The following are the officers, committees, etc., elected or appointed for the ensuing year:

President.—Dr. Richard McSherry.

Vice-Presidents.—First, Dr. W. Stump Forwood, of Harford County; Second, Dr. John S. Lynch.

Recording Secretary.—Dr. G. Lane Taneyhill.

Assistant Secretary.—Dr. Robt. T. Wilson.

Corresponding Secretary.—Dr. W. F. A. Kemp.

Treasurer.—Dr. Judson Gilman.

Executive Committee.—Drs. P. C. Williams, F. Donaldson, Jas A. Steuart, W. M. Kemp, and C. Johnston.

Examining Board, Eastern Shore.—Drs. A. H. Bayley, James Bordley, J. E. M. Chamberlaine, A. A. Hanna.

Examining Board, Western Shore.—Drs. S. C. Chew, I. E. Atkinson, C. H. Jones, T. F. Murdoch, Thomas Opie, B. B. Browne, T. A. Ashby.

Library Committee.—Drs. B. B. Browne, I. E Atkinson, G. Lane Taneyhill, C. H Jones, George H. Rohé.

Publication Committee.—Drs. G. Lane Taneyhill, J. Gilman, H. M. Wilson, R. H Thomas, J. N. Mackenzie.

Committee on Memoirs.—Drs. E. F. Cordell, J. R. Quinan, John Dickson, W. P. Morgan, F. B. Gardner.

Committee on Ethics.—Drs. H. M. Wilson, P. C. Williams, S. C. Chew, D. W. Cathell, F. E. Chatard, Jr.

Section on Surgery.—Chairman, Dr. J. E. Michael.

Section on Practice of Medicine.—Chairman, Dr. A. B. Arnold.

Section on Obstetrics and Gynecology.—Chairman, Dr. P. C. Williams.

Section on Materia Medica and Chemistry.—Dr. S. C. Chew.

Section on Sanitary Science.—Chairman, Dr. C. W. Chancellor.

Section on Anatomy, Physiology and Pathology.—Chairman, Dr. J. W. Chambers.

Section on Psychology and Med. Jurisprudence.—Chairman, Dr. R. B. Gundry.

Section on Microscopy, Micro-Chemistry and Spectral Analysis.—Chairman, Dr. A. G. Hoen.

Section on Ophthalmology, Otology and Laryngology.—Chairman, Dr. Samuel Theobald.

Curator.—Dr. H. S. Bowie.

After the transaction of some further unimportant routine business the Faculty adjourned *sine die*.

PROCEEDINGS OF THE MEDICAL SOCIETY, DISTRICT OF COLUMBIA.

REGULAR MEETING HELD APRIL 18, 1883.

(*Specially reported for Maryland Med. Journ.*).

The Society met, with Vice-President, Dr. C. E. Hagner, in the Chair, Dr. T. E. McArdle, Secretary.

1. CASE OF SEPTICÆMIA AND ERYSIPELAS; 2. TYPHOID FEVER, WITH ACUTE NECROSIS OF THE UPPER AND LOWER JAW.

Dr. G. P. Fenwick read the following notes on a case of SEPTICÆMIA AND ERYSIPELAS.

I was called, two weeks ago last Saturday, to see Mrs. T——. When I reached the house I found her suffering with a severe chill, one which appeared to be more than an ordinary chill of intermittent fever. I ordered a simple fever mixture, and on the following morning I met Dr. Leach in consultation; her pulse was only 98, temp. 100, respiration 24°. At this visit the symptoms of approaching miscarriage were discovered; on questioning the patient, I found she was pregnant, and not longer than four months in utero-gestation. I made an examination per vaginam, and the neck of the uterus was not sufficiently dilated to admit my finger. As there was no hemorrhage, and very little pain, but some tympanitic distention of the abdomen, we continued the fever mixture ordered the night before, and diligently watched until the pains became more severe. On Monday, I found the uterus dilated sufficiently to enable the easy introduction of my finger; I at once ordered opium in grain doses every two

hours, until two were taken. I remained with her, and, in about three hours, succeeded in delivering her of a fœtus which was very dark and discolored, and appeared to have been dead about ten days. The placenta was extracted at once. On Tuesday, March 27th, she appeared resting easy, the temp. being 100°, pulse 94, the same treatment being continued. On March 28th, she was suffering very severe pains over region of uterus, with distended abdomen. Pulse 120, temp. $103\frac{2}{10}°$, respiration 32 per minute. Scanty urine, and very offensive discharges from uterus; ordered carbolic acid injection to uterus, a purgative of castor oil and turpentine, with olive oil and turpentine stupes to abdomen. We gave, after this, quinine and opium suppositories. Her stomach was so irritable she could take nothing but a little champagne.

On Thursday she appeared somewhat better, pulse 100, temp. 101°, respiration 26. Abdomen not so tympanitic; pain was less, and less tenderness on pressure; the discharge was not so offensive, and of a light red color; the headache, which had been a very prominent symptom, had now ceased. As her stomach was less irritable, we continued the opium suppositories and ordered a turpentine mixture in connection with the fever mixture.

On Friday, she was much better, pulse 88, temp. 98½°, normal respiration 20. No tenderness on pressure; bowels in good condition; discharges not offensive; urine more abundant, and everything denoted a rapid recovery. On Sunday about the same as Friday, except an intolerable itchiag of the nose.

On Monday, I was summoned to meet Dr. Leach at Mrs. T——'s, at an earlier hour than usual. When I arrived, I found her suffering with erysipelas of nose and left side of face; her suffering was intense. I will mention here that there was no uterine tenderness, or anything else to show that there was any uterine or peritoneal inflammation going on. We at once gave large and repeated doses of iron and quinine, with sugar of lead lotions.

Tuesday much better; the inflammation slightly extended, but less painful. Collodion applied externally.

Wednesday, April 4th. She appeared about the same as the day before. The tr. of iron with quinine in suppositories was continued. The temp. was 101°, pulse 100, respiration 28; lead lotions continued to face. I saw her again on Friday. Pulse 88, temp. normal; improving slowly; continued the iron treatment and stopped the suppositories; at present she is doing nicely; sitting up, and appetite returning, and she is convalescing rapidly.

Dr. Keyburn said the explanation of septicæmia following parturition was very simple. Putrid material, it might even be a small portion of the secundines, is absorbed through the uterine sinusses. Dr. Thomas, of New York, had recently spoken very highly of carbolized hot water injections into the uterus as a means of readily reducing temperature. These injections, however, must be frequently repeated, and must also be given by the physician himself in order to make sure that they are uterine and not merely vaginal washes.

In regard to erysipelas, we know that the relationship between it and septicæmia is very great. He has now under treatment a surgical case where erysipelas set in five days after amputation had been made. This was no doubt due to the absorption of putrid material from two or three cases of suppurating wounds, which had been brought into the ward. Of course he isolated his patient, and he is doing well. The womb, after parturition, is in much the same condition as an amputated stump.

Dr. J. Taber Johnson said the article of Dr. Thomas had forcibly attracted his attention, and no doubt a number of lives have been saved by the same means. Playfair gives a chart, showing the reduction of temperature following the use of carbolized water. Dr. Fenwick also seems to have used these injections with beneficial results. Another good thing in the case just reported was the immediate removal of the afterbirth. After the delivery of a fœtus, from two to four months old, it would be a grievous mistake not to immediately remove the secundines and afterbirth. It is true some harm might be done by rough treatment; but that is no reason why they should not be carefully though thoroughly removed. So far as the relationship of erysipelas was concerned it struck him that matters were reversed. Septicæmia may result from erysipelatous contagion; but he did not remember ever having seen a patient attacked by erysipelas if she had already had septicæmia.

Dr. Taylor asked if Dr. Leach or Dr.

Fenwick was attending a case of erysipelas.

Dr. Fenwick replied that Dr. Leach was attending a case of puerperal fever, and that was the reason he, Dr. F., attended this patient. Dr. Leach did not see her until the second day after the delivery of the fœtus.

Dr. Ashford said there was an epidemic of puerperal fever at Columbia Hospital some ten or twelve years ago, which was due to a local cause, a case of gangrene. Several of these patients had facial erysipelas, and they seemed to be the only ones who recovered. Carbolized injections into the uterus were used at this time. The speaker's habit was to use them twice daily; but Dr. Thomas insists on their being used every three hours, and says the results were not so good when used every four hours. High temperature certainly lasted a long time in Dr. Thomas' case, continuing for three weeks, and requiring constantly to be kept down by the injections. Whilst he was in favor of the immediate removal of the placenta, he did not think the uterus should be scraped with a curette. We would not treat an ordinary wound so harshly. By such treatment we would lay open the lymphatics and increase the absorptive power of the uterus.

Dr. Reyburn remarked that when Dr. Eliot was suffering from septicæmia four years ago, at the end of a week or ten days erysipelas set in. In reference to treatment by Dr. Thomas he lays great stress upon the use of a large tube. He says a small one may strike against the wall of the uterus and throw water into a sinus.

Dr. Yarrow said, in support of the correlation of these diseases, he once saw a case in the hospital where, forty-eight hours after he had delivered a woman, a soldier was brought in with a clean incised wound of the scalp Although Dr. Yarrow washed his hands thoroughly in a solution of permanganate of potash, changed his clothes, and used no sutures, but simply tied the hairs, erysipelas set in and the soldier nearly lost his life.

Dr. Fenwick said Tait mentions the case of an infant with a scratched scalp who contracted erysipelas from a septicæmic mother.

On motion the discussion was closed.

Dr. W. W. Johnston read some notes on a case of TYPHOID FEVER, WITH ACUTE NECROSIS OF THE UPPER AND LOWER JAW.

In response to a question from the Chair,

Dr. Johnston said nothing was used locally but the carbolic solution. The question was discussed by the staff whether escharotics or the actual cautery should be used. It was, however, decided in the negative, in consequence of the large surface involved and the exhausted condition of the patient. There was a case of cancrum oris at the Hospital, some years ago, in which these remedies were tried without avail. The peculiarity of these cases is the absence of pain even when the severest treatment is applied.

Dr. Hagner mentioned the report in a recent number of the *London Lancet* of several cases having been successfully treated with sub. nit. bismuth. From the large number of cases spoken of, he thought cancrum oris must be more common in England than in this country.

Dr. Ashford thought a peculiar point in this case was that the necrosis was so general, attacking both jaws almost simultaneously. In the ordinary frequency of necrosis, there would be great disparity between the upper and lower jaw, the latter being attacked much more often.

He had never before seen necrosis follow typhoid, though he had observed two cases as the sequelæ of scarlet fever, in both of which the lower jaw was attacked. He did not think it would have been good treatment in Dr. Johnston's case to remove the sequestrum, as it would have debilitated the child too much. Indeed it would not have stopped the gangrene, but would rather have promoted it. This case did not have all the appearances of cancrum oris.

Dr. Johnston acknowledged that judging from the lesions it was not a case of cancrum oris; but if the child had lived the symptoms of that disease would have supervened. The first step was already pronounced, for the cheek was white, swollen, hard and waxy.

Dr. Hagner inquired if mercury had been used previous to the child's entry into the hospital.

Dr. Johnston did not know, but thought the trouble was due to malnutrition. The fact that the poorer classes in England were worse fed than ours, might account for the greater prevalence of the disease there.

Dr. Reyburn said admirable results had been reported from the use of iodoform in the treatment of this class of diseases.

On motion the discussion closed, and the Society adjourned.

ACTION OF THE MEDICAL SOCIETY OF HARFORD CO., MD.,

IN MEMORY OF DR. SILAS B. SILVER, MAY 8TH, 1883.

Dr. Silas B. Silver died at his residence, "Silverton," in Harford County, Maryland, on April 1st, 1883, of chronic disease of the heart, induced by inflammatory rheumatism.

Dr. Silver was born near his late residence, on February 20th, 1815, and was 68 years of age at the time of his death. He was a pupil of the celebrated Dr. Joseph Parrish, of Philadelphia; and graduated in the medical department of the University of Pennsylvania in 1838.

He was quite successful in his early practice, and acquired considerable reputation as a physician, but his health failing, he was compelled to retire from active practice many years ago.

Dr. Silver was ever active in upholding the honor and dignity of the medical profession, and was particularly active in the organization, in 1866, and in the subsequent support of the *Medical Society of Harford Co., Md.*

Although not engaged in the practice of the profession for several years previous to his death, he was, nevertheless, a regular attendant upon the meetings of the Society whenever his health permitted; and always expressed sound and conservative views upon the subjects discussed.

At the recent annual meeting of the *Medical Society of Harford Co.*, held in Bel-Air, on May 8th, 1883, the following resolutions were unanimously adopted, which were prepared and offered by Drs. Forwood, Lee and Hopkins—the Committee appointed by the President—as in some degree expressive of the loss sustained by the Society in the death of Dr. Silver:

WHEREAS, the sad visitation of death has invaded our body, and again reminded us of our mortality by the extinguishment of the vital flame of our friend and professional collaborator, DR. SILAS B. SILVER,

Therefore be it Resolved, That we, the members of the *Medical Society of Harford County*, in meeting assembled, while submitting to the inevitable—to the laws of nature and to the will of God—do, in sadness and sorrow sincerely grieve over the loss of an active and useful member of our Society, whose efforts were largely instrumental in its organization, as they were also exerted toward the elevation of the standard of medicine, and in the cultivation of the amenities of life between professional brethren.

Resolved, That while experiencing our personal pain in the loss of our fellow and friend, we are still mindful of, and sympathetic with, the sorrow of his immediate family circle; and that we do hereby tender our most profound respect and hearty sympathy to the devoted wife, who so faithfully and so tenderly ministered to every want of the suffering invalid through his long and painful illness, and who now, in her widowhood, must bear the storms of life without his sheltering arm and love.

Resolved, That a copy of these resolutions, designed to express our esteem and respect for our departed member, be presented to the widow of the deceased; and that copies of the same be offered, for publication, to the MARYLAND MEDICAL JOURNAL, and also the *Philadelphia Medical and Surgical Reporter* and to the newspapers of Harford County.

Dr. Forwood, a life-long friend, and one of the attending physicians of Dr. Silver in his last illness, delivered an eulogium upon the life and character of the deceased; and also explained the peculiarities of the patient's disease, and the course of treatment adopted

Dr. W. W. Hopkins next spoke in terms of high respect of the personal and professional acquirements and standing of the deceased—the friend and cotemporary of his father, the late Dr. Thomas C. Hopkins—, of his deep interest in the *Medical Society*, and of his dignified and unblemished personal character.

Dr. Lee also added a few words in commendation of the services of the deceased; of his professional integrity, and of his valuable services to the Medical Society.

Upon motion, the Society then adjourned to the semi-annual meeting at Bel-Air, on the second Tuesday of November.

W. STUMP FORWOOD, *Secretary.*

Correspondence.

LETTER FROM BERLIN.

BERLIN, May 17th, 1883.

The Hygienic Exhibition has turned out to be a great success. Nothing daunted by the burning down of the main building last year, just a few days before the opening of the exhibition, the

government went immediately to work to restore it, and upon larger and more convenient plans. The delay of a year has therefore been rather a gain in the completeness of the whole.

The exhibition occupies a triangular piece of ground, within five minutes of the centre of the town, by the elevated road. The admission being only 15 cents, it is essentially popular, and is answering just the purpose for which it was started. The Crown Prince and his wife wished to educate the general public in hygiene, and the various methods of saving life. They must congratulate themselves upon the entire success of their plan, for the ordinary public is seen there in much the larger numbers. It is astonishing the interest they take in all the various appliances, and they appear to study them as thoroughly as it is the nature of a German to do in every subject bearing upon education.

There are nearly fifty small buildings upon the grounds, besides the main building. These contain the exhibits of various firms or institutions. One is a cremation chapel, and it is quite attractive to the eye. After mounting to the first story, one enters the prettily-painted chapel with altar, stained-glass windows, and all the belongings which one usually finds in such places. There is a table for the body. This lets down through the floor, and is run along a track into a hot-air furnace. The body being cremated, the ashes are collected and placed in an urn. Various patterns of urns are shown, with plans for mausoleums to hold them, which present the subject of cremation in a most favorable light. It was perhaps rather out of place to show the ashes of a human body in a glass jar. They looked, however, very white and pure.

There is a large exhibition of the various dairies throughout Germany. The milk is generally delivered in sealed bottles to the consumer, and this is marked according to what it contains. So we see sweet milk, skimmed milk, cream and butter-milk. Many of the dairymen had specimens to taste on hand; some had the milk standing in graduated jars, so as easily to determine the quantity of cream. One firm, in order to show the superior nourishing power of its milk, had arranged in frames the photograps of about fifty babies which had been raised upon it.

Berlin shows its system for filtration of its water, before storing it in reservoirs, by a sufficiently large model, to enable one to obtain an excellent idea of it.

The most complete portion of the exhibition is, perhaps, that for the various methods of saving and restoring life, whether by fire or water. I notice, however, a great falling off in the plans for iron curtains for theatres, to let down in case of fire. Their use is still a matter of doubt, and the opposers, who question their usefulness, certainly had a proof of what harm they might do here, in Berlin, not long since. The "National Theatre" burnt to the ground, fortunately before any one was within it. The iron curtain was down, separating the stage from the house. Before the house could have possibly been emptied, the iron curtain *fell forwards*, crushing everything under it, thus adding to the danger to which an audience would have been exposed.

Every kind of rocket, for throwing lines at sea, was on exhibition. No one, having once seen them, would be at a loss to know how to use them. Then too the method of restoring life in the drowning, or those suffocating, was complete, and explained by competent attendants.

The cooking-school, with its motto, "*De gustibus non est disputandum*," was not only instructive, but quite attractive to the palate. Many a man's wife could obtain ideas of economy and taste in this appetizing place.

The Germans are more fond of "bath-cures," as they call them, than any other people. It was like visiting the places themselves to see the fine show most of the bathing resorts made. One company called itself "The Consolidated Alkali Salt-Bathing Company," and, besides a practical illustration of their resorts in every possible way, except the actual presence of the bather, they showed large numbers of bottles containing the salts after evaporating the water. Next to visiting their "cure places," they recommend the use of the salts at home.

One small building shows a wax figure asleep near a table. She has knocked over an oil lamp, which has fallen upon her dress, so that it must have burnt had it not been washed in some one's patent anti-fire chemical compound.

An American cannot help but being struck with the exhibition of beautiful cooking ranges. It would make an American housekeeper smile with delight to see how little coal or fuel has to be burned, and what

a large surface there is to cook upon. This has really been reduced to a science, and is most worthy of imitation at home. The smoke and hot-air in the chimney are used to turn the spit so that a fowl or a joint of meat is evenly roasted automatically.

Any one connected with an hospital would immediately take the suggestion offered by a table with a simple chess-board painted upon its top. It needs only a few pieces of black and white bread rolled into shape, and the checker-board is completed. This latter arrangement I have frequently seen in the hospitals here.

The best arrangement for carrying the ill to a hospital, or anywhere, is suggested by the exhibit of covered stretchers. This exhibition is made by Vienna, where an ill person is always carried in this way. No carriage or wagon can possibly be made as comfortable, or managed with so little danger to the patient. There is no exposure, for the covering is complete and they are made so light two men can easily carry any patient upon them. Ambulances may carry the stretchers, but the stretchers should carry the patients. Many an agonizing pain and perhaps many a life would thus be saved.

There is also a veterinary department, which shows in a thorough manner various methods of treating animals when vicious or in pain. There is a complete line of horse-shoes, from the most ancient days known to the present time, and an exhibition of calculi found in the large intestines of horses which would certainly excite much interest in the minds of our skilful surgeons. The largest is the size of a man's head.

Koch's laboratory is beautifully represented by an exhibit of the cultivation of various parasites and bacilli. Microscopes are arranged with specimens under them, and the actual growth of all known parasites and germs of disease is shown in gelatin or upon vegetables, the potato being the most common one used. There are also arranged in the windows photographic slides showing the germs as they appear under the microscope.

In the other half of this building is the laboratory for the chemical and microscopical investigation of food and drink which is continually going on in Berlin. Simple methods of testing ordinary things are explained, while the people are given an idea of how much adulteration is going on and where they may come for aid and protection.

I have not room for any more than the mention of many things. There is a small coal mine put under ground and lighted by electricity, which gives an idea of dangers from coal gas and how to treat them; a large water tank into which a diver with all his paraphernalia dives and remains for a long while; a dark room painted with illuminating paint, showing the uses it may be put to when all other lights are extinguished; the macroscopical appearances of diseased meat shown by specimens taken from the slaughtering houses; models of illy formed feet with the proper shoes to fit them: digitated stockings, health corsets of all kinds, house-drains, traps, closets, ventilators, vaccine farms with calves in position for impregnating points, Leiter's apparatus for cooling or warming any part of the body with cold or hot water, surgical instruments, models of schools and privies, hygienic houses, and in fact everything which could possibly have a bearing upon the health of the strong or the weak. Such an exhibition is an honor to those that planned it, and an everlasting benefit to those that visit it.

ROBERT B. MORISON.

Editorial.

THE SEPARATE SYSTEM OF SEWERAGE.—Whatever the rest of the world may think of the Waring system of Sewerage the Memphians, at least, seem to be entirely satisfied with it. Whilst other cities are watching with eager interest the result of what they regard as an experiment, and are unwilling to invest their money in a project which may prove valueless or worse, the citizens of Memphis seem to feel a perfect security in its possession and rejoice in its acquisition, as in something that has rescued them from the consequences of a great calamity. Some of the grounds of this confidence are given in a circular issued by the engineer in charge of the city sewers, which accompanies the April number of the *Mississippi Valley Medical Monthly*. According to this circular, there has been no trouble from sewer gas, of which the sewers are believed to be comparatively free; but twenty-one cases of obstruction of the six-inch pipes from sticks, bones, etc., have occurred, and these have been removed promptly at a cost of $13.50 each; a portion of the mains

have been cleansed four times in the three years and some deposits have been removed promptly and inexpensively by pass-hollow metal balls through them; the laterals have not required cleansing at all. A diagram accompanies the circular, and the editor adds that whilst the general mortality has not materially diminished it has not increased, and zymotic diseases are now much less frequently observed, are more manageable and their mortality greatly less. Col. Waring, the originator of the separate system, has claimed, as is well known, that its success in the case of Memphis was marred by defects in its construction and by a contaminated water supply.

An interesting paper on the separate system, by Prof. Baumeister, of the Polytechnic School of Carlsruhe, Germany, is published in the *Sanitary Engineer* of May 3rd, 1883. According to this authority, the question of the relative advantages of the separate and combined systems is one rather of a financial than a hygienic character, the sanitary advantages of the former not being sufficient to decide the matter. Both cost of construction and of maintenance are, he says, to be considered. In this opinion Mr. Rudolph Hering, who has recently examined the sewerage system of Europe, coincides. Another opportunity for testing the value of the Waring system will shortly be offered, as it is being introduced also at this time into the city of Norfolk.

The New English Medical Act.—The indications are that the Medical Bill, which has lately been introduced into Parliament will soon become a law. Whilst opposed by some of the corporations whose authority it will curtail, it has the full sanction of the profession at large, by whom it is looked upon as a very desirable measure of reform. One of the chief features of it is the institution of one common examination for all candidates for qualification to practice throughout England, Ireland and Scotland, instead of the nineteen now in vogue. These examiners, who will enter upon their duties first in the spring of 1885, are to be chosen by one of the three Medical Boards corresponding with the three divisions of the United Kingdom. These boards are to be elected by the medical corporations. There will also be a supreme central authority, to be called the Medical Council (corresponding with the present "General Medical Council"), which will have authority in all matters professional. Four of the members of this council will be elected by medical practitioners; the others will be elected by the medical boards or nominated by the crown. It will be the duty of this "Council" to visit examinations, to give directions to the various boards and to guard the interests of the profession generally.

As we have said the bill promises to become a law; it has already passed the House of Lords with some slight modifications, and will shortly come up for action in the House of Commons. It will tend vastly to consolidate and strengthen the influence of the medical profession in England and to elevate its standing.

American Laryngological Association.—The fifth annual convention of the American Laryngological Association, recently held in New York, was the most successful in the history of that Society. For an index of the healthy growth of the Association, one need only refer to the published reports of its Transactions. The great variety of subjects, and the general literary excellence of the papers presented, together with the interesting discussions which they provoked, furnish sufficient demonstration of the high position which American talent and industry have won for themselves in this special department of medicine. The able presiding officer, Dr. Lefferts of New York, should be especially congratulated upon the admirable manner in which the proceedings were conducted. We have rarely seen a convention of medical men where the work was as methodically and systematically done, and where so much was accomplished in such a short time. The unbounded hospitality of the New York members, too, combined to make the occasion one which will not readily be forgotten.

J. N. M.

Politics in Medical Appointments.—Another illustration of the evil influence of politics in medical appointments is presented in the case of Prof. Chandler, of New York city, a competent and trusted member of the Board of Health and a gentleman thoroughly conversant with sanitary administration. This gentleman's term of office having expired, his name was sent in by Mayor Edson for confirmation by the Board of Aldermen. It appears, however, that the Professor was too anxious to promote the public welfare by insisting that cattle should not be driven through any of the city streets. This action did not meet with the approval of the butchers, whereupon they vowed that this gentleman should no longer serve upon the Board of Health. Through their influence, it is said, the Board of Aldermen promptly rejected his nomination. It would seem from this that an anxiety to promote the public health may be a very undesirable qualification in a member of a Health Board when private and political interests are involved.

Reviews, Books and Pamphlets.

Alcoholic Inebriety From a Medical Standpoint. By JOSEPH PARRISH, M.D. Blakiston, Son & Co. Philadelphia: 1883.

In his excellent semi-popular work on drunkenness, Dr. Parrish seeks to bring before the laity, as well as the profession, some of the latest and most interesting facts and theories in regard to the suppression of this baneful habit, a subject which is at present occupying so much attention, and of which the book is in part the result. It is written in a clear, distinct style, without recourse to difficult and enigmatical trains of thought, altogether in a manner that is worthy of imitation by some of our modern authors, who seem to imagine that the more long, more difficult and more unusual the words they can pick from the vocabulary, the more zest it will add to their writings.

In the first chapter, "Who are Inebriates?" the author commences a chain of thought that may be followed throughout the book, and to which, further on, a special chapter is given, that inebriety is a disease in itself, in large proportion, the result of heredity. He says: "It is a question of nerves—a neurosis—the issue between soundness and unsoundness of structure or function; between a complete and an incomplete manhood. * * * It is a disease that is curable in the same sense that other diseases are, its primary cause being a constitutional susceptibility to the alcoholic impression. * * * * * * * The chief factors of the craving for drink" are found "among the ailing and half-sick who suffer from disquietude of nerve, dyspepsia," while "evenly-balanced people who are in good bodily health are not those who usually fall into excess."

Under 'the crime view,' the writer takes a different standpoint from the one held in popular estimation, viz: that inebriety is more the result of crime, the criminal seeking to drown his conscience in libations, or after the act is committed, to throw a mitigating halo round himself by being in a state of acute alcoholism, than that crime is the result of continued drinking; and gives some notable statistics to support his views. An example from near home will alone be necessary: Out of 534 convicts in the Maryland State Penitentiary in November, 1881, there were strictly temperate 117, moderate drinkers 240, occasionally intemperate 171, and habitually intemperate 4. "The majority of criminals who fill our penitentiaries are primarily of a criminal mind, born so, and brought up to prey upon the community; but they are not habitual drunkards, nor do they associate with that class. * * * I am more and more convinced that the causes of crime go away back in the history of the criminal, even outside of his own life, coming down from generation to generation, visiting the iniquities of the fathers upon the children."

The author is somewhat severe upon our gospel temperance meetings, which he alludes to under the "Trance State in Inebriety." The passages which he draws from Crothers are excellent: "The gospel temperance meetings, where the excitement is intense, are excellent places to study the trance state. Men in different stages of alcoholic excess will come forward and sign the pledge, and manifest great earnestness, and yet next morning be utterly oblivious to everything done. I have seen many inebriates just this side of stupor and muscular paralysis be attracted by some means to these gospel meetings, and become the most enthusiastic men, sign the pledge and describe their past degradation with evident satisfaction, and close with the wildest assertions and promises for the future. * * * It may be stated as a fact that in all cases where religious emotion is constantly appealed to as an element of cure, the patient is on the border of the trance state, and, furthermore, any system of treatment that depends exclusively on the religious element, cannot build up healthy tissue or restore defective brain force."

Beneath the sad heading, "Hereditary Inebriates," is clearly shown how alcoholism may descend from generation to generation, with or without outbreaks of allied affections; for instance: "There was a father a drunkard, a grandfather a drunkard, a grandmother an idiot, and in the whole line of that family there were drunkards. * * * Inebriety may descend as inebriety, but it is just as likely to change the form of its appearance into insanity or other allied morbid affection. * * * In some cases insanity and inebriety were present in the same family, showing the close and interchangeable relation of the two diseases to each other."

What an appalling picture it would be for a man who is about to become a drunkard to view, depicted before him in a magic glass, a panorama of a long line of descendants, idiotic, drunken and insane all owing their state to him, who, having kindled the first spark, rendered it so easy for his children to follow in the same strain by transmitting to them an inherent love for alcohol. How seldom is it that men stop to pause when their own pleasure is concerned.

In the last chapter we shall touch upon that on "How to Deal With Inebriates." Dr. Parrish, still following his opening train of thought, says: "The first thing to do is to change the standpoint of observation; to get

a common ground and occupy it. Study the subject from a new outlook, recognizing the dogma of disease, as the basis of all efforts toward prevention or cure." Let us see how the Doctor views the latter problem.

To inebriate asylums is given the first place, since they record a percentage of one in three cured that are received for care, and it is but natural that they should have a greater result than any other means, as here the patient may be brought more directly under the *will* of the physician.

Home treatment finds only the second place, as the faithful observance of hygienic laws and the avoidance of exciting causes which form the great desideratum for cure, are rarely to be found there in full efficacy, and the influence of a more powerful will to demand abstainance is not always to be had.

It is a work that should be in the hands of every thinking man in the land. H. J. B.

Insanity: Its Causes and Prevention. By HENRY PUTNAM STEARNS, M. D., Superintendent of the Retreat for the Insane, Hartford, Conn.; Lecturer on Insanity in the Medical Department of Yale College, etc. G. P. Putnam's Sons. New York: 1883.

In this excellent work, Dr. Stearns lays before the public, in an exceedingly clear and comprehensive manner, the principal causes of insanity, and, so far as possible, their prevention. From the beginning to the end, the reader's attention is held and fixed upon the subject-matter, by the extreme clearness of thought and wording, which sometimes in the latter chapters rises almost to grandeur. Two objections, and these we cite, not to criticise, but in hope that the author may respect them in the next edition, which no doubt will soon follow the first, the primary being the total lack of statistics of the increase of insanity in the United States; and secondly, the small space allotted to the histological pathology of insanity; the results of investigations already made, we do not deem so unimportant as the author seems to think them.

The just strictures on the present mode of school education in childhood—and for that matter home-education also—will meet with the approval of every one who has the welfare of coming generations at heart. The book is divided into 14 chapters, besides the preliminary and concluding ones, as follows: "Increase of Insanity, Insanity and Civilization, The Insane Diathesis, The Influence of Education, Industrial Education, Moral Education, Heredity, Consanguineous Marriages, Alcohol, Tobacco, Sex in Relation to Insanity, Poverty, Religion, Insufficient Sleep"; and in the conclusion we find a resumè that may serve better to give an idea of the purport of the work than any critique on our part can do. It is as follows:

I. In improved methods of education: 1. A larger appreciation of the importance of individuality in giving instruction. 2. There should be less importance given to education of the brain by books only, for all children, and a larger importance to industrial education. 3. A larger importance should be given in methods of instruction at home to inculcating and enforcing obedience to laws and regulations 4. As the well-being of both society and the individual depends so largely on that of the family, a knowledge of the laws of heredity will be considered as essential to all persons who enter into the relation of marriage, so that tendencies toward disease may be at least in some measure avoided.

II. In reference to certain customs and habits of living: 1. One of the most important of these will relate to the use of alcohol. * * Its stimulating and deteriorating influence on the brain will be more fully understood and avoided, thereby removing one of the largest factors in the causation of insanity. 2 The excessive use of tobacco, especially by the young. 3. The importance of less stimulating and exhausting methods of conducting business avocations in large towns and cities. 4. A more full recognition of the importance to the brain of change, and longer periods of rest, both for adult persons, when engaged in the usual avocations of life, and especially for children in relation to the hours of sleep. 5. The importance of improved sanitary conditions for all houses occupied by the poor, especially in cities, and of all shops and manufacturing establishments.

As will be perceived from these extracts, the author's main train of thought lies towards the prevention of the disease. H. J. B.

Miscellany.

LOCAL NATURE OF MALIGNANT GROWTHS.—According to *Hutchinson*, inflammatory processes may pass by almost insensible gradations into those of malignancy. A local senility—a premature old age of the tissues concerned—is almost always necessary to the production of cancer, the exceptions occurring in cases due to inheritance. Tissues and organs just passing out of use are most prone to develop cancer. Inheritance does not necessitate constitutionality Not germs, not a blood-disease, are inherited, but a peculiarity of cell structure, which permits with greater ease the injurious influences of local causes. The treatment of cancer should be preventive—removal of the growth before malignancy has developed and before the lymphatics are affected.—*Brit. Med. Journ.*

Obstinate Sciatica Cured by Bloodless Stretching of the Sciatic Nerve.—*Dr. Fiorani* related this case before the Royal Lombardian Institution (*Annali Univ. di Med.*, Feb., 1883): A female, æt. 49, has suffered six to seven months from severe right sciatica, with slight relief from blisters, sedatives, etc. Prof. Trombetta's plan was determined on, and accordingly the patient being chloroformed, the thigh was forcibly flexed with the leg extended, until the foot reached the side of the head. During this manœuvre a crash was heard as if something was torn or lacerated. The limb was held in that position for some seconds and then brought back. A few minutes afterwards the sciatic pain had disappeared, but the whole posterior part of the limb, especially the popliteal space, was very tender, in spite of which, however, she could stand and take several steps, which before was impossible. The back part of the limb swelled and became black from ecchymosis, from the middle of the thigh to the middle of the leg; this soon disappeared with rest in bed and simple treatment. Ten days afterwards she was discharged cured, and remained well two months later. F. thinks the femoral vessels cannot be unduly strained, having always found them relaxed in the dead subject. Anæsthesia should be pushed to complete relaxation of muscles to avoid risk of injury from rigidity or contraction of these. The sciatic is subjected to an enormous strain, being stretched two to eight centimetres, which experiment shows requires 176 to 220 or 286 pounds. The quadratus may be entirely divided by the nerve.—*Lond. Med. Record*, May 15.

Rupture of Heart.—A corpulent woman, æt. 60, retired in her usual health and was found dead in bed next morning. *Post-mortem:* Pericardium distended with large blood-clots; heart hypertrophied, with large quantity of fat on its surface. On posterior wall of left ventricle, two inches from its apex, was a rent large enough to admit a finger. Valves healthy and no atheroma found. Under the microscope the substance of the heart showed fatty degeneration.—*Dr. Ogilvie Grant, Lancet.*

Death of Dr. Farr.—Dr. William Farr died April 14th, aged 75. He acquired world-wide fame as the Superintendent of the Statistical Department of the Registrar General's Office of England. The *Med. Times and Gazette* says of him: "He had great brain power and untiring industry; medical training; a logical mind, mathematical gifts, a very considerable administrative capacity; and he loved and felt his own power for the work that especially lay before him."

Stricker on Inflammation.—Professor Cohnheim's theory on the origin of pus-cells from migratory white blood-corpuscles, which has been almost universally accepted, is beginning to receive opposition. According to him, the pus-corpuscles in inflammation of the cornea are simply white blood-corpuscles which have wandered from the blood-vessels along the lymph spaces which are supposed to exist around the proper corneal cells.

Professor Stricker, in an article in the *Wien. Mediz. Blætter*, for December the 7th and 14th, maintains, as a result of observations extending over several years, that no such lymph spaces exist, but that the cells and ground substance are continuous with one another, and that under certain circumstances the one may be converted into the other. When the cornea is irritated, these cells increase at the expense of the ground substance until they come to touch each other, and finally form the pus-cells. This view of Stricker reverts to Virchow's original doctrine, namely, that pus is the result of the proliferation of connective tissue cells.—*Lond. Med. News.*

Medical Items.

Dr. H. B. Wilson died at Boonsboro, Md., suddenly of apoplexy, March 26th, æt. about 55.=Prof. Charles Sédillot, the author of several highly esteemed works and a surgeon of distinction, has just died at St. Ménehould, France, æt. 79.=Dr. Jos. M. Toner is having a bust of himself made by the sculptor J. Q. A. Ward, for his library, now incorporated with the Congressional Library.=The physicians of Louisville have organized a Medical Society.=Dr. W. Gray Smith having resigned the charge of the Chemical Laboratory at the Baltimore Medical College, has been appointed Chief of Clinic to the Chair of Operative Surgery in the Woman's Medical College, and Dr. Hiram Woods, Jr., has been appointed Chief of Clinic in Eye and Ear Diseases in the same Institution.=Dr Robert Druitt, the well-known English surgeon is dead.=The Law Department of the University of Maryland has lengthened its course to three years.=Dr. G. Halstead Boyland has gone to Buffalo Lithia Springs, as Resident Physician.=Dr. Francis Butler died in Westminster, Md., May 31st, æt. 74.=*The Independent Practitioner*, formerly published in this city, will hereafter be devoted solely to dental science.=Dr. Jno. N. Mackenzie has been elected a member of the American Laryngological Society.=The Nursery and Child's Hospital of Baltimore has a balance on hand, at the end of the year, of $6,300. It has a capacity of 56, and has been filled to its utmost capacity during the year.

Original Papers.

THE OPHTHALMIA OF SMALLPOX.

BY HERBERT HARLAN, M. D.,

Surgeon and Lecturer on Ophthalmic Surgery at the Presbyterian Eye and Ear Charity Hospital; Assistant Demonstrator of Anatomy, University of Maryland.

(*Read as an admission thesis to the Baltimore Academy of Medicine, May 15th, 1883*).

The catarrhal ophthalmia of measles and scarlet fever is comparatively so trifling an affection as perhaps to justify most text-books in passing over lightly what they term exanthematous conjunctivitis. The eye troubles accompanying or following smallpox are very much more serious, and are certainly deserving of more than the passing mention given them along with the others.

Smallpox may affect the organ of vision injuriously in a variety of ways in its different stages. The question of the appearance of the pustular eruption on the conjunctiva and cornea at the same time as on the skin has been much disputed, the general impression being that the mucous membrane of the eye is invaded along with that of the mouth, fauces, bronchi, etc. Dr. Geo. Gregory says the eye in smallpox suffers from common inflammation only; and Dr. J. F. Marson, surgeon to the London Smallpox Hospital, in the *Medical Gazette*, May 4th, 1839, says: "I have never seen a smallpox pustule formed on the eye. The eye itself appears to me to possess complete immunity from the eruption of smallpox. It remains uninjured all through the eruptive stage of the disease." Later, however, in his article on variolous ophthalmia, in Reynolds' System of Medicine, he modifies this by admitting that during thirty years, among 15,000 cases in the Smallpox Hospital, twenty-six have occurred where a primary pustule appeared on the conjunctiva. He adds, however, that all these cases did well, and in none was the eye in any way injured.

The fact is that very few eyes are examined during the acute eruptive stage of smallpox, owing to the greatly swollen condition of the lids. Two of my patients said that at this period the eyes were their most troublesome symptom, and another, that as soon as he became rational his eyes gave him great pain. In several cases the cicatrices along the border of the lid extended to the mucous membrane, making the margin irregular and producing blepharitis and trichiasis.

A number of isolated cases are reported where a primary pustule appeared on the conjunctiva and these generally have been near the caruncle at the inner canthus where the membrane is the thickest. From all this, I am led to conclude that the primary variolous eruption does occur on the conjunctiva, but very rarely. I have been unable to find a case where a pustule was *seen* in the eruptive stage on the cornea.

But it is not with these cases I have had to deal, but with those troubles that come rather as the sequel of smallpox, and, making their appearance sometimes as late as four or five weeks after the acute attack, have been aptly termed *secondary or post-variolous ophthalmia.*

It would seem that they depend on a vitiated condition of the system due to the variola, and many cases resemble in all important particulars the eye diseases accompanying the strumous or syphilitic diathesis.

Occasionally we find ordinary hyperæmic conjunctivitis of a chronic character, frequently blepharitis marginalis and trichiasis, where the eruption pustules attacked the margin of the lid, and stillicidium where the puncta or lachrymal passages were interfered with. But the most serious of the complications accompanying or following smallpox, as far as the eyes are concerned, are the lesions of the cornea. These are of the character of ulcers and appear in a variety of forms. Sometimes we find the cornea involved as soon as the swelling of the lids permits an examination. Again, sometimes the eyes are healthy until the fifth or sixth week. Most frequently the eye is attacked at the end of the second week, from the twelfth to the fifteenth day. The depth, extent and situation of the ulcer varies in almost every case, though the most common location seems to be between the nasal border and the centre.

Those ulcerations which take the acute form run a more rapid course, and are accompanied with pain and intolerance of light. In fact the symptoms are identical with the phlyctenular keratitis so common in strumous children, where the photophobia is such that it is impossible to examine the cornea without the aid of an anæsthetic,

and any attempt to open the lids is followed by a gush of tears, and their involuntary and spasmodic closure. The lids are greatly swollen, the palpebral and orbital conjunctiva is much congested and the sclerotic zone of vessels around the cornea deeply injected.

The appearance of the ulcer itself varies with the case and the stage of the disease. It usually begins as a whitish patch raised above the surrounding surface. The centre of this sloughs off leaving an excavation generally with well defined but rugged and irregular edges.

In the milder cases one or two vessels make their appearance over the surface of the cornea, carrying material for repair and the phlycten heals kindly and leaves only the slightest nebula behind. In the more serious cases two or more ulcers may form and run together, or a single one may extend in breadth and depth, attacking layer after layer of the cornea until perforation follows with escape of aqueous, staphyloma and sometimes panophthalmitis.

When the inflammation stops short of this point, and the process of repair goes on, opacities of the cornea are left, and these interfere with vision in accordance with their size and location. When the ulceration takes the subacute form, it is not characterized by any of the more urgent symptoms of the acute variety. The pain photophobia and congestion, are all less. The ulceration is a very tedious process, but fortunately does not often involve the deeper layers of the cornea. Perforation rarely takes place, and the opacities left behind though not very dense are apt to be lasting.

Vaccination of course lessens the number and severity of the cases of variola, but seems to exert no influence on the severity of the corneal ulceration following an attack. Two of my worst cases, one of which lost an eye, had been vaccinated and had only mild cases of varioloid, while on the other hand, in several who suffered from confluent smallpox, the eye trouble following it was of a very mild type.

This would seem to indicate that post-variolous ophthalmia is not due to the specific variolous poison, but to a lowered vitality of the general system.

The treatment of secondary variolous ophthalmia resolves itself into the treatment of the various forms of corneal ulceration. First and most important of all, the physical condition of the patient must be improved in every way possible. He should have tonics, and the best are probably iron and quinine. He should have good food, cleanliness and fresh air.

Some preparation of opium is valuable where the pain is great.

Locally, a strong solution of atropia should be dropped into the eye and the lids kept closed with a light pad and bandage. In many cases finely powdered iodoform dusted into the eye gives great relief.

In certain cases where the ulcers are asthenic in character, a good rubbing with the yellow oxide of mercury ointment does much good.

This treatment should supplement the atropine drops, and is especially applicable where blepharitis is a complication.

When the ulcer is rapidly and plainly progressing, and there is danger that the cornea may be perforated, it is sometimes advisable to perform paracentesis, and this may be done directly through the floor of the ulcer. By this means the aqueous is evacuated, intra-ocular tension lessened, the pupil dilated from the atropia, and often after a single tapping the ulcer goes on to heal kindly. The edges of the ulcer may, with advantage, sometimes be touched with the actual cautery by means of a needle heated in the flame of a spirit lamp.

As a last resort, an iridectomy is said to have saved many eyes. I have never resorted to this procedure.

Since September last, I have had thirty-three cases of secondary variolous ophthalmia under my care, and while they are not of sufficient interest to be reported in detail, a brief summary may not be amiss here. The youngest patient was eighteen months; the oldest sixty-three years. The great majority were children under twelve years of age. Among them were one negro and one mulatto. The others were white and of various nationalities, the Germans predominating, probably because the smallpox prevailed especially among this class in Baltimore during the late epidemic, as a result of their prejudice against vaccination. In six, both eyes were affected. The most frequent location of the ulcer was near but not touching the inner margin of of the cornea. In a few, the ulceration was nothing more than a slight phlycten and cleared up under treatment in a few weeks

without leaving an opacity. Three eyes were lost and have been enucleated. All the others have done or are doing well. In most of the children, the opacities left after all acute symptoms have passed away, or are clearing up slowly but steadily under the daily use of calomel powder and a weak atropia solution.

Of the three cases which turned out disastrously, in one, a boy of sixteen, the left cornea had sloughed when the case came under my care, and he had then an ulcer on the right eye, with blepharitis and trichiasis. This eye did well. The other two cases I report in full, though one of them, while resembling post-variolous ophthalmia, is probably not a sequel of smallpox.

Case I.—P. P., æt. 12, a stout, red-haired boy, with a good family history and no evidence of specific taint, came Jan. 27th with a well-marked acute interstitial keratitis of the left eye; having just such a condition of the cornea as accompanies Hutchinson's teeth and a family history of syphilis. The boy had some photophobia, much scleral congestion and was unable to count fingers with this eye. He had been attacked with varioloid Nov. 28th, and said that during the attack both eyes were swollen and sore, and that while the left had not been well since that time, it had been much worse during the last week. His face had only a few pittings and he said the case had been a mild one. He had been previously vaccinated.

He was treated with calomel and atropia locally and tincture of iron internally, with the result of entire relief from pain. On Feb. 3rd, a whitish semi-circular streak was noticed about a line from the lower edge of the cornea. This extended day by day, until on the 8th a circle, about two lines in diameter, had formed over the centre of the cornea, and outside this circle the cornea had become perfectly clear. This limited keratitis slowly got worse, and by the 20th, pus had formed between the layers of the cornea, and a few days later the superficial corneal layers came away as a circular slough. The ulcer now left was treated with atropia and iodoform, gave no special trouble and was seemingly doing well, till on the evening of March 1st, the eye became very painful, and kept him awake till 4 A. M., when the pain suddenly ceased. When he was seen next day, the cornea had given way at the seat of the ulcer, the anterior chamber was obliterated, and the iris not protruding but in contact with the cornea. It was very apparent why the pain had ceased so suddenly. After this I lost sight of the boy for nearly three weeks. In this interval he had no trouble and had been using borax drops in the eye at home. When again seen the eye was at times painful, the opening in the cornea had healed, the iris was in contact with and attached to the posterior surface of the cornea, and he had only light perception, The conjunctiva and sclerotic zone were deeply congested. From this time his condition became steadily worse. The pain extended to the forehead and side of face. He could neither eat nor sleep, and no remedies gave more than very temporary relief. I enucleated the eye under chloroform April 2nd.

Case II.—A. C., a negress of 63 years, appeared at hospital Jan. 30th. At this time there were scattered over the forehead, nose and cheeks a number of spots, such as would give the impression that she had lately recovered from an acute attack of some eruptive disease. The only thing characteristic about them was a single one on the median line of the arm which was a typical pock-mark. She said her face had broken out ten days previously. She did not know what she had had, but it had never been called smallpox. The eruption had been confined to the face. She had had some fever and general malaise at that time. On examination of the eye, which had been sore several days, a limited keratitis was found near the inner margin of the right cornea, the appearance of the lesion being much as if half a dozen very minute ulcers had been clustered together. The eye was inflamed and very painful, with pupil small and not dilatable. A four grain solution of atropia and finely powdered iodoform were used in the eye, and this was continued several days, together with a two grain solution of atropia night and morning at home. This treatment relieved the pain, but till the 23rd of February there was no perceptible alteration in the condition of the eye, at which time it was evidently much worse. On the 24th the eye was very much inflamed, the whole cornea hazy and the conjunctiva projecting over its edges. The pain at this time was intense. A red-hot needle was applied to

the edges of the ulcer and overhanging conjunctiva, cold compresses to the lids and the patient given four c. c. pills. By the following day the cornea had given way, not, however, directly at the point of application of the cautery. From this time the pain became excruciating, and was only temporarily allayed by large doses of opium. This continued until I removed the eye under chloroform March 4th.

Hospital Reports.

REPORT OF THE PRESBYTERIAN EYE, EAR AND THROAT CHARITY HOSPITAL FOR MAY, 1883.

BY HIRAM WOODS, M. D.,

Assistant Surgeon to Hospital.

In examining the records of this Hospital, I find that the number of visits made has been larger during the past month than in any previous month of its existence. There were in all 3,307 visits. Of this number 483 were new cases. The daily average attendance was 122. The largest number on any one day was 179, the smallest 100. There were 57 operations performed on the eye. Of these, 4 were enucleations of lost eyes, and 14 were cataract extractions. There were many cases of very great interest, and a few of these deserve special mention.

On May 28th, Mrs. A. M., age 36, from the county, applied for treatment. She gave the following history: About six weeks previous to her visit, in stooping to pick up an object from the floor, she struck her right eye against the sharp point of part of the wood-work of the back of a chair. The accident was followed by intense pain, and the next day she found her eye still very painful, lids swollen and much inflamed. When she had succeeded in separating the lids she found her sight almost gone in this eye. She sought medical advice, and was treated for the inflammatory troubles, which gradually subsided. She said that no operation had been performed. Her sight in no way improving, and the pain in her eye returning during the past two weeks, she came to the Hospital. After separating the lids, which were matted together, an examination showed a conjunctivitis of considerable severity, and an eye which was painful on pressure. The tension of the globe did not seem to be affected. The most striking appearance, however, was that of the iris. It looked as though an iridectomy had been performed upwards and inwards. The edges of the iris were smooth, and the artificial pupil thus formed was perfect. About one-half line behind the corneo-scleral junction, and just above this apparent iridectomy, the sclerotic presented a slight bulging, somewhat discolored. This was evidently a small ciliary staphyloma. When transmitted light was thrown into the eye, the lens was seen to be clear, the vitreous chamber full of blood, and no part of the fundus could be observed. It would thus seem that at the time of the accident, the sclerotic coat was lacerated at the seat of the blow, the iris, choroid and ciliary region at the same time receiving sufficient injury to take on inflammation. During the process of healing in the sclerotic, these structures were undoubtedly drawn into the wound, and thus the artificial pupil and the ciliary staphyloma were produced. The hemorrhage into the vitreous was undoubtedly caused by the rupture of some of the choroidal or retinal vessels at the time of the injury. This blood in the vitreous chamber prevented an exact diagnosis of the damage which had been done in the deep structures of the eye. An unfavorable prognosis was given as regards restoration of sight, and the patient warned of the danger of sympathetic trouble appearing in the sound eye.

Another case was a demonstration of the very serious results which can follow what is regarded as a comparatively simple operation. A girl 8 years of age, was brought to the Hospital by her mother, who said that from the child's infancy till she was 6 years old, she had had an internal squint of the left eye, the eye being otherwise of normal appearance. At this time she was operated upon by a gentleman who does not make eye-work a specialty. Shortly after the operation, inflammation set in, resulting in the complete destruction of the eye. The ball was very much reduced in size, was sunk in the orbit, and the tension was decidedly "minus." The pupil was contracted, and the iris adherent to a yellowish mass which filled up the pupillary space. What chiefly attracted attention, however, was a deep scar in the globe of the eye at the point of insertion of the tendon of the internal rectus muscle. What caused all this mischief is only too

evident. The trouble appearing so soon after the operation, its inflammatory nature resulting in loss of the eye, and the present appearance of the eye, all point to a traumatic choroido-iritis or a sclero-choroiditis following the tenotomy.

Several cases of the abuse of nitrate of silver have been seen at the Hospital during the past few months. The utility of this drug in eye diseases is about as definitely settled as is the range of usefulness of any drug in medicine. Its use should be limited to cases of *acute inflammation* of the conjunctiva, and these cases should be of some severity. In the ordinary hyperæmias of the conjunctiva—the popular "cold in the eyes"—in those cases of conjunctival irritation which often result from some uncorrected hyperopia or astigmatism, and in chronic or granular conjunctivitis, nitrate of silver can only do harm. Much better results seem to follow the use of borax, *very weak* solutions of sulphate of zinc, etc. At this Hospital, the use of nitrate of silver is confined to cases of the *muco-purulent* or *purulent* forms of conjunctival inflammation, and it is then used in the strength of from 1 to 10 grs. to the ounce. The three following cases show that its proper use is not universally understood: J. K., 10 years old, came to the Hospital in March, complaining of painful vision, and "sore eyes," whenever she read. Nitrate of silver had been repeatedly prescribed and used. There was at the time a good deal of conjunctivitis. The ophthalmoscope showed a high degree of hyperopic astigmatism. After a few days' rest, I put the eyes under atropine, and found their distant vision to be $\frac{20}{100}$ in r. eye, $\frac{20}{200}$ l. eye. With the following glasses, I was enabled to bring the r. e. to $\frac{20}{30}$, l. e. to $\frac{20}{40}$:

R. e. $\frac{1}{16} + S \bigcirc \frac{1}{12} +$ cyl. at 100°.

L. e. $\frac{1}{16} + S \bigcirc \frac{1}{12} +$ cyl. at 90°.

She wore these glasses with great comfort, going to school all the time, till the middle of April, when she came back with some conjunctivitis. I found the cylinder had become somewhat displaced from its proper meridian in the left eye. This was easily remedied and her vision again made $\frac{20}{40}$. I have not seen her since.

R. W., 12 years old, had suffered from repeated attacks of conjunctivitis, whenever he used his eyes, for two years. Hyperopia was readily diagnosticated, and was corrected with $\frac{1}{36} +$ spherical. This patient had always used nitrate of silver for his eyes. I had this case during the second week in May, and charged him to come back if the eyes gave him any more trouble, but he has not yet made his appearance.

The third case was one of granular trouble, for which a nitrate of silver solution had been used for several years. The entire conjunctiva — palpebral and orbital — was blackened, but the disease had not been benefitted.

Society Reports.

PROCEEDINGS OF THE MEDICAL SOCIETY, DISTRICT OF COLUMBIA.

(*Specially reported for Maryland Med. Journ.*).

REGULAR MEETING, APRIL 25, 1883.

1. SYPHILITIC PLACENTA; 2. ACUTE ALBUMINURIA FOLLOWING DELIVERY.

The Society met, with the President, Dr. A. F. A. King, in the Chair, Dr. T. E. McArdle, Secretary.

Dr. Murphy presented a SYPHILITIC PLACENTA, obtained from a woman whose vagina was filled with condylomatous warts. The cord measured forty-one and a half inches. He presented for comparison a placenta obtained from a healthy woman. In the supposed syphilitic placenta, the vessels were largely dilated, the chorion and amnion presented abnormal features, this placenta was thicker, harder, and larger, though weighing less than the healthy one, and fatty degeneration was going on more rapidly. Could these differences account for still-births occuring in syphilitic subjects?

Dr. P. J. Murphy reported the following case of ACUTE ALBUMINURIA FOLLOWING DELIVERY: Ella C——, mulatto, æt. 19; nativity Va., residence D. C. Had scarlatina when 7½ years of age, followed by dropsy, from which she fully recovered. Menstruated at 16, flow always regular and normal. Since 8 years of age has always been strong and healthy.

Was exposed and became pregnant June 23rd, and missed her menses in July. Morning sickness occurred during the first week in July and continued till the following September. Has suffered a good deal from headache.

Ante-partum examination: Is healthy and strong. Temperature 98.4°, pulse 68.

Abdomen enlarged and regular in out-

line. Fundus uteri almost to ensiform cartilage, fœtal movements marked, fœtal heart 150 per minute. Vulva healthy, vaginal orifice small, vagina small and normal. Cervix uteri high up, about 1½ inches in length, soft, external os patulous, admitting tip of index finger. Vertex presentation in left occipito-anterior position.

Examination of urine, ante partum 5 days:

General appearance: Light amber colored, not cloudy. Slight deposit, cream colored and viscid. Amount in 24 hours, 56 oz. Reaction faintly acid. Specific gravity, 1012. Excess of phosphates, marked. Excess of carbonates, marked. Albumen, not any. Mucus, considerable. Sugar, not any.

Microscopic appearance: Blood corpuscles, normal and crenated. Leucocytes. Epithelium from bladder and vagina, crystals of earthy triple phosphates. No kidney structure of any kind.

On March 21st, at 1.30 A. M., after a normal labor, was delivered of a healthy female child. Placenta removed by Credé's method. No post-partum hæmorrhage, uterus contracting normally. March 21st, 9 A. M. Patient is feeling very comfortable this morning, some after-pains, lochial discharge normal, temperature 98.4°, pulse 62. At 11 A. M. nurse noticed that patient's face and arms were becoming puffy. They continued to swell and at 12.30 P. M the face was so œdematous that she was not recognizable. The head appeared to be about four times its normal size. The eyes were closed completely from enlargement of the lids, lips enormously distended and pouting, while the tissues around were so swollen that they covered up the nose which appeared like a dimple. She was perfectly conscious, had no convulsions and no pain. Temperature 98.4°, pulse 68.

Treatment: Urine drawn with catheter; hot poultices applied to small of back and changed every 10 minutes. ℞. Tr. Digitalis, f℥i, Potass. Acetatis, gr. xv, at once. Stimulating enema, followed by ℞ Pulv. Jalapæ Co., gr. xx. every 3 hours. Oedema commenced to disappear almost at once. Passed a good deal of urine, and bowels move almost every hour, discharge very watery.

Examination of urine: General appearance, dark cider-colored, very cloudy, with some solid particles floating about. No deposit. Reaction, neutral or slightly acid. Specific gravity, 1035.

Albumen, about 99 per cent. Heat applied to the urine coagulated it throughout, but if allowed to remain at one point would burn the albumen black before the fluid was heated through. Sugar, not any.

Microscopic examination: Blood corpuscles, red and white, in great amount. Blood and hyaline casts in great number. Epithelium, pavement, columnar and spheroidal. Crystals of uric acid. This speciman was drawn with catheter, the amount being Oij

5.30 P. M. Oedema disappearing rapidly, eyes opened a little, feels very comfortable. Frequent action of bladder and bowels; passes a great deal of fluid. Temperature 98.4°, pulse 68.

March 22nd, 9 A. M. Greatly improved, œdema almost left arms and hands. Passes a great deal of urine. Bowels moved eight times during the night. Temperature 98.4°, pulse 70.

5.30 P. M. Improved considerably. Temperature 98.4°, pulse 70. Urine contains about 20 per cent. of albumen. Pulv. Jalap. Co. continued.

March 23rd, A. M. Slept well during the night, no headache nor pain any where, œdema continues to decrease, appetite good. Temperature 98.4°, pulse 70.

5.30 P. M. Continues to improve. Had six or eight movements of the bowels duduring the day. Passes a large amount of urine which is free from albumen. Temperature 98.4°, pulse 65.

March 24th, A. M. Oedema decreasing gradually and steadily. No albumen in urine. Temperature 98.4°, pulse 70.

P. M. Feels very comfortable, no bad symptoms only slight traces of œdema. Temperature 98.4°, pulse 65.

25th, A. M. Slept well during the night; passes a large amount of urine. Had four or six movements of the bowels during the night. Temperature 98.4°, pulse 65.

P. M. Wants to get out of bed and have regular diet, no bad symptoms, kidneys and bowels continue to act well. No albumen in urine. Temperature 98.4°, pulse 65.

26th. Treatment continued and patient doing well. Temperature and pulse normal.

27th. Patient is sitting up in bed, all functions performed normally.

28th. Out of bed and states that she never felt better in her life. Patient con-

tinued to do well and was discharged April 6th, 1883, mother and child well.

Dr. Murphy said this case was interesting owing to the fact that albuminuria is generally ante-partum. In this case there was no trace of albumen before birth. It has long been a mooted question whether the eclampsia causes the kidney disease, or the kidney disease causes the eclampsia, and this of course he did not pretend to decide

Dr. King asked if the patient had been exposed to cold, and Dr. Murphy having replied in the negative, the President continued, saying the more we discussed this question the more mixed we became, some declaring the trouble to be due to the kidney, some to the brain and so on. If we endeavor to follow the German writers we become lost in a labyrinth of hypotheses.

Dr. Smith said the extraordinary amount of albumen indicated great obstruction to the kidney functions. It was a wonder that the patient recovered, and he had no doubt great benefit was derived from the free action of the bowels, which were made to do vicarious duty. The pathological condition was intense congestion of the kidneys and this was relieved by cathartics, digitalis, etc. He noticed that the doctor did not use jaborandi; in his own experience this was a very disagreeable remedy.

Dr. Murphy said he had found the action of jaborandi uncertain. He now relied on free catharsis, hot packs and hot poultices across the loins. In reply to Dr. Fenwick, he said there was no heart trouble.

Dr. King remarked that in addition to the compound jalap powder, it was his custom to use extensive dry cupping, followed by mustard plasters and poultices.

Dr. H. L. E. Johnson said the digitalis was given to produce diuresis, and not because heart disease was supposed to exist.

Dr. Taber Johnson said albuminuria in pregnancy is a large subject, but the most important point in regard to it is prophylaxis. Many times albumen is present in the urine and is not detected because the attending physician does not look for it. He had seen cases where there was headache, dimness of vision, vertigo, some slight œdema and perhaps a little difficulty in articulation. All these symptoms may be promptly relieved by the timely use of hydragogue cathartics, but if permitted to run on, convulsions will most probably result. He would lay great stress on frequent examinations of the urine, though he was perfectly well aware that convulsions might occur when no albumen could be found, and on the contrary, when albumen was found, no convulsions might ensue.

Dr. Yarrow asked Dr. Murphy if he had ever found extreme œdema of the face and neck when no albumen was present in the urine.

Dr. Murphy did not recall such a case, but had frequently found œdema of the lower limbs with absence of albumen. Thought a rigid os has a great deal to do with producing eclampsia, and related a case which he had seen recently in consultation, where the moment the os dilated and the head engaged in the superior strait, the convulsions ceased.

Dr. Yarrow had attended a case with another physician where convulsions occurred forty-eight hours prior to delivery. Her face and neck were so swollen that her features were not distinguishable. She was delivered without any difficulty, though some hemorrhage supervened. The convulsions continued, but no albumen was found at any time. The treatment consisted mainly of bromide of potash and chloral.

Dr. King thought much of the swelling of the face and neck in these cases was due to the recumbent posture. If the patients were walking about, the œdema would occur in the lower extremities. Was also of opinion that there was less tendency to convulsions after the os was fully dilated.

Dr. Taylor merely wished to observe that all the convulsions he had ever seen occurred after the dilatation of the os.

Dr. Murphy said his theory coincided with the injunction of all authors, to dilate and deliver as quickly as possible. Of course post-partum convulsions are not due to a rigid os.

Dr. Reyburn thought the case one of acute congestion of the kidney, having no connection with the pregnancy or delivery. Increased blood-pressure is the cause of these kidney troubles, and whatever decreases blood-pressure is the proper treatment. Blood-letting has proven beneficial in his hands, and he thought it was a remedy we had abandoned too much. We should avoid permitting pregnant women to use large quantities of stimulants.

Dr. Murphy believed in blood-letting, more especially by cupping, provided the woman were full blooded, strong, and

healthy. He thought, however, that eclampsia occurred more frequently in care-worn, impoverished creatures whom it would not do to bleed. We are very prone to go unprepared when called to attend labor cases.

Dr. King made it a habit to carry forceps, hypodermic syringe, catheter, morphia, etc. when called to see a woman in labor. In his book he had stated that the law ought to compel the accoucheur to go prepared for emergencies.

Dr. Taylor wanted to know who would decide what was necessary.

Dr. A. C. Adams related a case of a woman three months pregnant who caught cold, œdema set in, she was sent to Freedmen's Hospital, and miscarried at four months. She had swelling of the face and both feet, and turned from a brown to a waxy-yellow color. Upon examination, the urine was found to contain albumen and renal casts. There had, however, been no twitching, no head trouble, nothing, in fact, approaching a convulsion. For the last few days she has suffered from excessive general tenderness, and says that pain is caused by the lightest bed clothes.

On motion the discussion closed and the Society adjourned.

AMERICAN MEDICAL ASSOCIATION.

THIRTY-FOURTH ANNUAL MEETING.

(*Specially Reported for Md. Med. Jour.*)

The proceedings of the Association were opened in Case Hall, Cleveland, Ohio, at 10.45 A. M., on Tuesday, June 5th, Dr. John L. Atlee, of Lancaster, Penna., President, in the Chair. Prayer was offered by Right Rev. Richard Gilmour, Bishop of Cleveland. The formal address of welcome was delivered by General Edward S. Meyer. Dr. X. C. Scott, Chairman of the Committee of Arrangements, then announced the programme. He also stated that some of the delegates had refused to sign the form declaring their willingness to abide by the Constitution, By-Laws and Code of Ethics, required of all delegates on registration; they had consequently not been registered.

PRESIDENT'S ADDRESS.

The President then delivered his annual address, which consisted mainly of interesting personal reminiscences of the period from 1817 to 1820, during which he attended lectures at the University of Pennsylvania. He also referred to the great benefits that had resulted from the establishment of medical societies and the adoption of the Code of Ethics, through the development of the *esprit de corps* and improvement in the standing of the profession.

The members of the Ohio Medical Association session at Cleveland were invited to become members of the Association "by invitation."

SECTION ON PRACTICAL MEDICINE, MATERIA MEDICA AND PHYSIOLOGY.

The meeting of this Section was held in the chapel of the Young Men's Christian Association, Dr. J. H. Hollister, of Chicago, Chairman, and Dr. J. G. Lee, of Phila., Secretary. The first paper read was by Dr. R. D. Murray, U. S. Marine Hospital Service, on "Yellow Fever." From an experience in several epidemics of the disease, he was led to place most reliance upon absolute rest in bed, free catharsis, hot foot baths, the production of free diaphoresis, and avoidance and allaying of nausea.

Dr. H. F. Campbell, of Georgia, favored bleeding in some cases, evacuation of the bowels by castor oil, quinine enemata, champagne, etc. His mortality had been 50 per cent.

Dr. W. M. Beach, of Ohio, read a paper on "Milk-Sickness", an infectious disease of the West, which occurs in animals and may be communicated by the use of their milk to man.

SECTION ON OBSTETRICS AND DISEASES OF WOMEN.

The meeting of the Section was held at Frohsinn Hall, Dr. J. K. Bartlett, of Wisconsin, Chairman, and Dr. J. A. Jelks, of Arkansas, Secretary. Dr. W. H. Byford, of Chicago, presented a paper on "*Chronic Intra-Pelvic Inflammation.*" Perimetritis and parametritis usually exist together and in combination with metritis and often ovaritis and salpingitis. Chronic pelvic abscess generally results from acute cellulitis, and is due to imperfect evacuation of pus. The remedy consists in providing a sufficient outlet for discharge and disinfection through the vagina. He laid particular stress upon the danger of converting a chronic pelvic inflammation, even of the very mildest type, into an acute one by manipulation or the use of instruments. In any case where there is chronic parametritis it should be the chief if not exclusive object of treatment until removed.

The second paper was by Dr. H. G. Landis, of Ohio, on "*Post-Partum Polypoid Tumors.*" The writer described four forms of this tumor: 1. Clots of blood forming after delivery. 2.

The same associated with retained fragments of placenta and membrane. 3. Prematurely detached strips of decidua with blood clots. 4. Hypertrophied patches of decidua leading to sessile tumors of some magnitude and causing secondary hemorrhage, septicæmia, etc. The author detailed two cases observed by himself.

The third paper was by Dr. H. O. Marcy, of Mass., on "*The Restoration of the Perinæum by a New Method.*" The perinæal body is an anatomical entity and the keystone of the arch of perinæal support. The new method resorted to lateral support, which is accomplished by the use of wire of German silver which possesses elasticity sufficient to make lateral tension, and the ends are so bent as to form each with the other support; thus a kind of "safety-pin" holds the refreshened parts in position.

The last paper was by Dr. R. S. Sutton, of Penna., on "*Enterotomy as a Complication in Ovariotomy or Oophorectomy.*" He related two cases of removal of several inches of small intestines, one by Prof. Billroth, the other by himself—both being successful. In the latter case four inches were removed, and it was stated to be the first successful operation of the kind done in this country.

SECTION ON SURGERY AND ANATOMY.

This Section met in Case Hall, with Dr. W. F. Peck, of Iowa, Chairman, and Dr. P. F. Eve, of Tennessee, Secretary.

The attendance upon this Section was very large. The first paper read was by Dr. R. A. Vance, of Ohio, on a "*Radical Cure of Hernia by a New Method.*" Reference was made to oblique inguinal hernia, on which the author had operated nineteen times with satisfactory results up to the present time. The lips of the abdominal opening are revivified and brought together by a deep suture passed subcutaneously with a semi-ircular needle. A valve thus takes the place of the opening which resists all tendency to reprotrusion.

The next paper was by Dr. Dudley P. Allen, of Ohio, and entitled "*A Comparison of Antiseptic and Non-Antiseptic Methods of Treatment.*" The author concludes that the fact of abdominal operations succeeding without the spray does not influence the employment of antiseptics with regard to the operations when there is a continued opportunity for infection; that the spray is apparently the least important of the details of antiseptics; that different methods have different applicability, and that the dangers of antiseptics are more than equalled by the dangers incident to their omission especially in large hospitals. He summed up by expressing the belief that the various antiseptic methods secure far better results than any other method.

A lively discussion followed this paper, in which the antiseptic methods were defended by Drs. Nancrede and Murdock, of Penna., and Watson, of New Jersey, and opposed by Drs. Martin, of Mass.; Quimby, of New Jersey; McClurg, of Penna., and Garcelon, of Maine.

The third paper was by Dr. S. D. Gross, of Penna., on the "*Value of Early Operations in Morbid Growths.*" All morbid growths, whether benign or malignant, are of local origin. All morbid growths are the product of perverted nutrition in which the normal cells are replaced by colonies of new young cells. All morbid growths are developed under the influence of inflammatory action, the result of external injury or, more frequently, mechanical obstruction, causing congestion and after inflammation, both leading to abnormal cell development. This was illustrated by reference to sebaceous and lacteal tumors and carcinomata. The difficulties and importance of early diagnosis were fully dwelt upon. Pathological anatomy is an essential part of medical education. In all growths, benign as well as malignant, early and thorough removal should be the rule.

Dr. Henry A. Martin, of Massachusetts, presented the next paper on "*The Treatment of Synovial Diseases by a New Method,*" in which he advocated the drawing off of synovial fluid by the aspirator and the application of the rubber bandage. Immobility is not an essential part of the method.

SECTION ON OPHTHALMOLOGY, OTOLOGY AND LARYNGOLOGY.

This Section held its meetings at the rooms of the Board of Education, Dr. J. J. Chisolm, of Maryland, Chairman, and Dr. Carl Seiler, of Penna., Secretary. Papers were presented by Dr. Lawrence Turnbull, of Phila., on "*Paralysis of the Facial Nerve in Connection with Diseases of the Ear;*" by Dr. W. C. Jarvis, of New York, on "*Tonsillotomy by Ecrasement;*" by Dr. Carl Seiler, of Phila., on the "*Action of Nitrate of Silver on the Mucous Membrane of the Throat,*" and by Dr. C. Williams, of St. Paul, on "*Myringitis.*"

SECTION ON DISEASES OF CHILDREN.

This Section met in the Council Chamber, Dr. Charles W. Earle, of Illinois, Chairman.

The Chairman read a paper on "*Cephalhæmatoma in the New Born.*" He had seen four cases in twelve years, all being situated on the left parietal bone. It did not occur until some days after birth. It is due to rupture of a blood vessel between the periosteum

and bone, and becomes shortly surrounded by a bony ring. The diagnosis is the most important question connected with it. Treatment consists in letting it alone.

SECTION ON STATE MEDICINE.

This Section met in the U. S. Court room. The only paper read was one by Dr. A. L. Gihon, U. S. N., on "*Medical Education the Fundamental Fact in Medical Ethics.*" The author quoted the results of examinations of candidates for the Naval Medical Service, to show the ignorance of medical graduates and urged the adoption of resolutions by the Association designed to effect the establishment of preliminary examinations and a higher standard of requirements in those receiving degrees. The resolutions were discussed by Drs. Billings, Rauch and others, but no definite action on them was taken.

SECOND DAY.

AMENDMENT TO CONSTITUTION.

An amendment to the constitution, offered by Dr. Foster Pratt, of Michigan, to the effect that the law requiring that nominations for offices be made from those present at the annual meetings, shall apply only to the President, Vice-Presidents, Chairmen and Secretaries of Sections, the Assistant Secretary, the Chairman of the Committee of Arrangements, and the Judicial Council, was adopted.

MUSEUM AND LIBRARY OF THE SURGEON-GENERAL'S OFFICE.

A communication was received from Drs. Gross, Flint and O. W. Holmes, in regard to the importance of suitable appropriations and a fire-proof building for the museum and library of the Surgeon-General's office at Washington, and resolutions offered by Dr. H. A. Johnson, of Illinois, intended to secure the proper presentation of the whole subject before Congress, were adopted.

ASSOCIATION JOURNAL.

Dr. N. S. Davis, of Illinois, reported the action of the Board of Trustees appointed last year to arrange a plan for a medical journal. The plan adopted was for a journal of 32 double-column pages of reading matter, embracing the usual departments found in medical journals. In answer to circulars sent out by the Board over 2,600 pledges of support were received, leaving them to conclude that 2,500 subscriptions could be counted on to begin with or an annual income of $12,500. It was proposed to issue 3,500 copies of the journal, weekly, at an estimated cost of $8,000, leaving $4,500 for editorial work and current expenses. It was calculated that the advertisements in a journal of such extensive circulation would bring in $5,000, leaving a balance after paying $6,000 for editorial work. Bids had been received from reliable printing establishments in New York, Philadelphia, Washington and Chicago; the publication had been awarded to the firm of A. D. Newell & Co., of the last named city. The work would be under the direct charge of the editor, who would employ an assistant editor and a business clerk. Reliable correspondents would be engaged and advertisements solicited, but it was stated that "all advertisements of proprietary, trade mark, copyright or patented medicines, or those with names and official titles of physicians as endorsers, would be excluded," these being regarded as in conflict with the spirit of the code.

The report of the Board was adopted with enthusiasm, when the Secretary, Dr. McMurtry, of Kentucky, announced that the Board had unanimously elected Dr. N. S. Davis as editor of the journal.

Upon this announcement, Dr. Davis arose and made some remarks upon the character of the work. He stated that arrangements had been made for the issuing of the first number of the proposed journal about July 1st. He had obtained the conditional consent of Dr. Wm. Lee, of Washington, to write up for it the progress of medical science throughout the world, his opportunities for the duty being very great. Dr. Davis then resigned his position on the Board of Trustees.

On motion of Dr. Cohen, of Philadelphia, the Board was instructed to print separately the minutes of the Association for distribution among the members.

ADDRESS IN MEDICINE.

This was delivered by Dr. J. H. Hollister, of Chicago. In it he reviewed the work done during the year, the most marked perhaps in the history of the world for original investigation. The increased proof for the germ theory was adduced and some suggestions for the elevation of the standard of requirements of members of the profession offered. Dr. Hollister's proposition is that all candidates for graduation be required to pass an examination before a National Examining Board, nominated by representatives of the profession and appointed by the President of the United States.

ADDRESS IN OBSTETRICS AND DISEASES OF WOMEN.

Dr. J. K. Bartlett, of Wisconsin, delivered this address, which referred to various subjects of interest or recent research in these departments.

REPORT ON NECROLOGY.

Dr. Toner, Chairman of the Committee, presented a report embracing short memoirs of thirty-six deceased members.

SECTION ON DISEASES OF CHILDREN.

Dr. A. Y. P. Garnett, of the Dist. of Columbia, read a paper on "*Epidemic Jaundice in Children*," and related the history of such an epidemic coming under his observation during hot weather, but without other apparent cause.

Dr. Alexander Harris, of Virginia, read a paper on the "*Unity of Diphtheritic and Membranous Croup*," which led to an animated discussion in which the sentiment of the speakers seemed to be about equally balanced.

Dr. W. H. Myer, of Indiana, presented a paper on "*Surgical Treatment of Purulent Pleuritic Effusions in Childhood.*"

Dr. Earle, of Illinois, read a paper entitled a "*Plea for Pleasant Medication for Children and for a More Thorough Study of Infantile Therapeutics.*" He urged with much vigor the necessity of doing away with nauseous doses in the young and suggested that time might be much more profitably spent in this pursuit than in many of the scientific refinements to which physicians are at the present time so much addicted.

SECTION ON ORAL SURGERY.

Dr. John S. Marshall, of Illinois, read a paper on the "*Denudation and Erosion of the Teeth.*" Reports of a case of "*Maxillary Caries*," by Dr. J. S Marshall, of Illinois, and of "*Septicæmia From Alveolar Abscess*," by Dr. Talbot, of ——, were made, which led to pretty general discussions.

SECTION ON SURGERY AND ANATOMY.

At the second day's session of this Section, which was very largely attended, Dr. Robert Newman, of New York, read a paper on the "*Surgical Use of Electrolysis*," illustrating its benefits by reference to the treatment of stricture of the urethra.

Dr. Jas. R. Taylor, of New York, read a paper entitled "*The Treatment of Fractures of Long Bones.*" In cases of fracture of the thigh the author employs a saddle made to fit into the perinæum, held in position by a strap running to the headboard on either side, thus securing the patient in an immovable position. By fastening strips of adhesive plaster, previously secured to the leg, to a screw arrangement in the foot of the bed he can produce any degree of extension desired by simply turning the screw at the foot of the bed. The patient sits, as it were, upon the saddle in comparative comfort. The author opposed the use of suspensory weights for the production of counter-extension. In the treatment of fractured ribs, he brings the fragments into apposition by raising the arms over the head which effects ready adjustment; they are then held in place by bands of adhesive plaster around the chest. Fractures of the elbow and clavicle were also adverted to and the paper was freely illustrated.

Dr. Henry O. Marcy, of Massachusetts, followed with a paper on the "*Comparative Value of Antiseptics.*" Dr. Lewis A. Sayre, of New York, read the third paper entitled "*Amputation Below the Knee-Joint in Preference to 'Brisement Force' or Resection, in Certain Cases of Anchylosis with Deformity.*"

Dr. E. M. Moore, of New York, read the fourth paper on "*Treatment of Unreduced Cases of the Ulna in Connection with Colles' Fracture.*"

The concluding paper of the session was upon "*Treatment of Tender Spines by Subcutaneous Incision*," by Dr. V. H. Coffman, of Nebraska.

SECTION ON STATE MEDICINE.

In this Section, Dr. H. A. Johnson, of Illinois, made an address upon the working of the Illinois State Board of Health since its organization in 1877.

He declared that it was the purpose of the Board to root out all incompetent physicians in that State. At the time of the organization of the Board there were in the State 3600 graduates and 3800 non-graduates; many of the latter were itinerants and nondescripts, who combined various other avocations with that of medicine, and almost all belong to irregular schools. A very small proportion of the non-graduate class now remains and these are protected by the ten year practice clause of the medical act. A discussion followed, which occupied all the afternoon.

On motion of Dr. Foster Pratt, of Michigan, a resolution was adopted in which the eminent services to sanitary science and humanity of the late Dr. William Farr, of England, were recognized.

SECTION ON OBSTETRICS AND GYNÆCOLOGY.

The session opened with a paper by Dr. John Morris, of Maryland, on "*What Means*

can be Judiciously Used to Shorten the Term and Lessen the Pains of Labor?" In dealing with lingering labor, three stages are to be distinguished, viz: 1. Where the head remains high up. 2. Where it has descended into the cavity, but the parts are tense and undilatable. 3. Where the presenting part impinges on the perinæum. The measures of treatment recommended were detaching the membranes around the cervix with the finger, in the first stage, dilating the cervix with the pulpy part of the finger and stretching it continuously during each pain; forcible external compression; pushing the cervix over the occiput; administration of ergot (but this never in first cases) and finally chloroform; then all failing the only alternative is the forceps. The author claimed that if the measures recommendsd were adopted, lacerations of os and perinæum would be obviated and post-partum hæmorrhages prevented.

Dr. E. C. Dudley, of Illinois, read the next paper on "*The Immediate Application of Sutures in Puerperal Laceration of the Cervix and Perinæum*," and Dr. W. H. Taylor, of Ohio, closed with the report of a case of laparo-elytrotomy.

SECTION ON EYE, EAR AND THROAT.

Dr. Laurence Turnbull, of Penna., read a paper on "*Tinnitus Aurium and Deafness Which Accompanies the Different Forms of Bright's Disease*," in which he stated that in all cases of Bright's disease ear symptoms are present being specially marked when fatty degeneration of the kidneys has taken place.

(*To be continued*).

Editorial.

AMERICAN MEDICAL ASSOCIATION.—The recent meeting of the American Medical Association at Cleveland was a memorable one. Eleven hundred delegates were in attendance, a number said to have been exceeded only by the meeting at New York in 1880. There was a most remarkable and significant harmony upon the subject of ethics, and an attempt to introduce it by a representative of a St. Louis society was summarily suppressed.

In the selection of Dr. Austin Flint as President, the Association has done honor to itself, for no one has done more during the last thirty years to bring credit upon the profession of America, and no one has conferred upon it more practical benefits by his writings than he. The only wonder is that one who has held so prominent a place in our midst almost since the foundation of the Association has had to wait so long for this recognition of his services whilst lesser men have received the honor.

The requirement to sign a pledge to abide by the Constitution and Code of Ethics of the Association exacted of members and delegates before registration, strikes us as perfectly just and indeed essential in view of the well-known fact that many who were to avail themselves of the privilege of membership were open and avowed enemies of the Association. It is moreover only what is required in all well-regulated societies.

But the most important event, and that which marks this meeting as an epochal one in the history of the Association, was the institution of a weekly medical journal, and the Association is to be congratulated on securing as its editor one so well qualified for the work as Dr. N. S. Davis, of Chicago. Identified with the Association since its foundation in New York city in May, 1846, he has ever been one of its most ardent friends and supporters. With the experience of age, he unites the energy and enthusiasm of youth. It is of the utmost importance that the right man should be secured at the beginning, for the difficulties and obstacles in instituting the work are far greater than any likely to occur in its subsequent management. No one can utilize the resources of the Association so well as Dr. Davis, and far from regarding his age as a disadvantage, as has been urged by a New York contemporary, we look upon it as a fortunate circumstance that so important an enterprise can in its infancy have the benefit of the ripe wisdom and thorough acquaintance with the character of the work he has undertaken, which he will bring to bear in its favor.

Reviews, Books and Pamphlets.

A Manual of Auscultation and Percussion, etc. By AUSTIN FLINT, M. D., Professor of the Principles and Practice of Medicine and of Clinical Medicine in the Bellevue Medical College, etc., etc. Third Edition, Revised. Philadelphia: 1883. Henry C. Lea's Son & Co.

To the student of American medicine this manual is perfectly familiar, and an extended review of its well-known pages is therefore unnecessary. The work is thoroughly practical, and the rules to be observed in the examination of the chest, and the distinctive characters of its physical signs in health and disease, are clearly and concisely given in a form which renders them easy of digestion by the student. All

unnecessary refinement in the discussion of the signs and their mechanism has been avoided, and the author aims to impress the importance of the analytical study of the different physical signs based on variations in intensity, pitch and quality of sounds, rather than upon analogy and deductions from physics.

We have no hesitation in affirming, and we base our affirmation on observation both at home and abroad, that the student who is brought up under the influence of Prof. Flint's teachings, possesses, other things being equal, incalculable advantages as a physical diagnostician over him who receives his instruction in this special department solely in the schools of England and the continent. We believe that Prof. Flint's method is the simplest and most rational, and is free from the imperfections of those taught in most European schools, where looseness and inaccuracy of expression are too often retained by the adherence of national pride to obsolete, traditional doctrine.

In the preparation of the third edition, the author has introduced some observations on the artificial production of physical signs in the lungs removed from the chest, and has availed himself of the assistance of Prof. Janeway, whose wealth of experience and accuracy as a diagnostician entitle his opinions to the utmost respect.

J. N. M.

Handbook of the Diagnosis and Treatment of Diseases of the Throat, Nose and Naso-Pharynx. By CARL SEILER, M. D. Second Edition. Henry C. Lea's Son & Co. Philadelphia: 1883. Pp. 28.=*The Bibliographer Illustrated.* Vol. I, No. 1. May, 1883. 23 Park Row, New York City. Pp. 64. Price, single copies, 25 cts.=*A Treatise on Insanity in its Medical Relations.* By W. A. HAMMOND, M. D. New York: D. Appleton & Co. 1883. Pp. 767.=*Materia Medica for Physicians and Students.* By John B. BIDDLE, M. D. Ninth Edition. Philadelphia: P. Blakiston, Son & Co. 1883. Pp. 537.=*Observations on Lithotomy, Lithotrity, and the Early Detection of Stone in the Bladder, with a Description of a New Method of Tapping the Bladder.* By REGINALD HARRISON, F. R. C. S., Surgeon to the Liverpool Royal Infirmary, etc. London: J. & A. Churchill. 1883. Pp. 71.

"Well, madam, how's your husband today?" "Doctor, he's no better." "Did you get the leeches?" "Yes, doctor, but he could take only three of them raw; I had to fry the rest."—*Med. and Surg. Rep.*

Miscellany.

HEREDITARY SYPHILIS IN THE PRODUCTION OF IDIOCY OR DEMENTIA.—Dr. J. S. Berry is led to the conclusion, from experience, that hereditary syphilis is a more frequent factor in the production of mental disturbance than has hitherto been recognized. As a partial explanation of the supposed rarity of the relationship, the following statements may be noticed: (1) That congenital deficiency of mind from inherited syphilis is probably rarer than mental failure coming on in childhood. (2) That the time when this mental failure usually shows itself (namely, near the second dentition period) is a time when the manifestations of hereditary syphilis are more or less latent; and if the child have not typical teeth or some equally manifest sign, we are not likely, unless the subject is in mind, to think of syphilis. It is, therefore, very important, in all obscure cases of juvenile dementia, to look carefully for all possible indications of specific taint. (3) It is possible, too, that such cases as those related do not often reach idiot asylums, for the dementia is of the inoffensive type and yet not likely to be benefitted by treatment. H. J. B.

ON THE "PRESSURE OF THE FEMORA," AND ITS INFLUENCE ON THE SHAPE OF THE PELVIS.—Dr. Champneys read a paper with the above title before the Obstetrical Society of London, April 4th (*Med. Times and Gaz.*, May 5th). After a brief review of the history of pelvic literature, special mention was made of the study of the fœtal pelvis by Fehling, which showed that many characters previously supposed to be the result of the operation of mechanical influences after birth were really congenital and antecedent in date to the operation of such influences. The same applied to the rickety fœtal pelvis. It followed from this that the scope of mechanical influences, as hitherto accepted, had to be reconsidered. In considering the influence of the "pressure of the femora," fallacies were pointed out, and all possible sources for this pressure were reviewed. These included: 1. Passive resistances; (a) bones, (b) ligaments, (c) couples. 2. Active operations; (a) action of muscles. These were in turn scrutinized, and the conclusion reached that "the action of the muscles joining the femur and the pelvis is a true cause of the 'inward pressure of the femora,' and is aided by the muscles favoring inversion of the foot." A corollary followed "that use of the lower limbs will increase the 'inward pressure of the femora.'" In unsymmetrical pelvis, and pelvis in which the acetabula are within the line of the body weight, other consequences followed. These were illustrated by three fig-

ures. The phrase "increased pressure on the overweighted side" was shown to include many different factors. T. A. A.

FEMALE DOCTORS FOR INDIA.—In this country there is never likely to be any great demand for the services of lady doctors, for, dismal as it may sound to hopeful students of the Henrietta Street School, English invalids exhibit a strange predisposition to a masculine medical attendant. There are, no doubt, a few who prefer the ministrations of the softer sex; and in the cases of children and women it may even be conceded that female physicians can find a proper and remunerative class of patients. But, notwithstanding, the fact remains, that, with the fewest possible exceptions, such practitioners do not achieve any very encouraging success among their own country-folk. There is, however, a promising field of labor open to them in India, where native custom materially assists them by ordaining that men may not with propriety attend women during illness. Hitherto the difficulty in the way of young girl diplomées proceeding to India in quest of professional work, has been the uncertainty of their obtaining at once a degree of support sufficient to enable them to maintain appearances with comfort; but recently this obstacle has been in great measure removed by the creation of a guarantee fund, out of which women doctors who settle in India will receive an income pending their securing a satisfactory and remunerative practice. The scheme has received the Queen's approval, and may now be regarded as an important means of helping female physicians to make their way in the world, a consummation that is as much to be desired as the self-sacrificing efforts of girl students of medicine in pursuit of technical knowledge and skill are deserving of most unqualified praise.—*Lond. Med. News.*

WORD-BLINDNESS.—A man, 64 years of age, was presented by M. Magnan before the Biological Society, who could not read words written on a tablet. If he was told to write on the tablet "I can write," he wrote it without hesitation, but if he was asked to read it he found it impossible to do so. There are, accordingly, two distinct tracts to acquire the knowledge of written signs.

The patient, who was aphasic, grew gradually weaker, his intelligence became more and more enfeebled, till finally he died. At the autopsy the lesions of aphasia were found in their usual seat, the third left frontal convolution.

The majority of authors accord in localizing word-blindness in the neighborhood of the pli courbe. Now there existed in this case a very extended lesion which stretched to and beyond the pli courbe.—*Gazette des Hopitaux*, May 1st, 1883. H. J. B.

JOHNS HOPKINS UNIVERSITY.—The Johns Hopkins University is perhaps the noblest institution of learning ever created by an individual. The greatness of the act consists not only in the largeness of the endowment—all given at one time—but quite as much in the simplicity, liberality and efficiency of the provisions contained in his will and charter for its organization and management. There are other colleges and universities in the land which have been more largely endowed, but they are so hampered by tradition, or by the erection of expensive buildings, or by narrow-minded restrictions imposed by donors and founders, and sometimes by all these together, that not one at this time is capable of doing the higher university work which the Johns Hopkins is steadily and regularly performing. —*Judge Geo. Wm. Brown, in Open Letter in reply to President Garrett.*

ON THE BEHAVIOR OF THE UTERUS IN PUERPERAL ECLAMPSIA AS OBSERVED IN TWO CASES.—Dr. Braxton Hicks read before the Obstetrical Society of London, May 2nd, a paper with the above title (*Lancet*, May 26, '83). He remarked that the condition of the pregnant uterus during a series of epileptiform attacks had not been very closely observed, the general idea being that the uterus participated in the general excitement of the muscular system. Passages were quoted from different works on the subject in illustration of this. He then described two cases in which he had carefully noticed the action of the uterus. In each of them, coincidently with a convulsion, a powerful and prolonged contraction of the uterus was observed. Between the convulsions the uterine action was natural. He could not state the exact relationship in point of time between the convulsions and uterine contraction. He did not think that the uterine contraction alone caused the convulsion; for in the most severe cases of tonic or clonic contraction of the uterus, convulsions did not occur. But there might in these cases be increased excitability. It had been suggested that increased force of pains might result from carbonic acid intoxication due to the convulsions. He thought the immediate supervention of uterine contraction in the convulsive paroxysms and the quietness of uterine action between them told against this view. The presence of these contractions together with the disturbance of the heart and vascular system, and the pupil, showed that the muscles of organic life were liberally affected during the paroxysm of eclampsia. These prolonged and powerful uterine contractions, as well as the carbonic

acid poisoning of the mother's blood, were a source of danger to the fœtus, and in its interest speedy delivery was called for, if it could be effected without harm to the mother. In the discussion which followed, Dr. Robert Barnes said that he regarded the paper as of extreme value. He did not doubt that the immediate cause of the uterine contraction was the convulsion. Dr. Graily Hewitt thought Dr. Hicks' observations novel and important. He thought the disturbances of the abdominal and renal circulation, caused by pressure of the gravid uterus on the renal veins, exercised a powerful influence in producing eclampsia. He had found benefit from diminishing this pressure by positional treatment, and by unloading the bowels The reviewer has, within the past two weeks, had an opportunity of observing the behavior of the uterus in a case of puerperal eclampsia coming on between the 7th and 8th months of gestation. The patient, aged 38, retired for sleep at 10½ P. M. feeling well. After a short nap, she was aroused from sleep with a convulsive seizure. The attacks reappeared at short intervals and the patient soon passed into a condition of coma from which she never aroused. As far as could be determined the uterus was perfectly quiescent during and after the convulsive attacks. There was but the slightest, if any, attempt at delivery until the os was artificially dilated and the amnion emptied of its fluid contents. Labor pains were thus stimulated and a living child delivered with the forceps.

T. A. A.

Disease of Inebriety.—Dr. T. O. Crothers, in a communication to the *Virginia Medical Monthly*, under the above title, states: "Inebriety is a disease of the central nervous system, of which alcohol is in different cases either an exciting cause, or the demand for it a symptom of progressive degeneration that is pronounced in all its phases.

It begins from certain physical and psychical causes, which may be defined and understood, followed by a progressive march from stage to stage, and ending in death or extinction. * * * Inebriety does not depend on the excessive use of alcohol for development. The craving for any form of spirits may burst out without premonition. * * * It may and it does often follow disease, injury or shock of any kind, as well as any profound disturbance of the organism."

In three of the four illustrative cases presented there was a defect of inheritance, and in the last there was injury to the brain centres.

"Inebriety should be studied as a physical disease, before any intelligent comprehension of the cases can be had. From such a study we shall learn the means and methods for its cure" H. J. B.

Dr. F. Donaldson on Destruction of Nasal Polypi by Chromic Acid.—The object of treatment in cases of mucous polypi, is to remove the growths with as little discomfort as possible, and to prevent their return. Of the three methods in use — evulsion, abscission and the electric cautery, each has its advocates and its advantages, and each its disadvantages. Evulsion causes pain, and is often inefficient to prevent their return, the removal by the snare or wire loop is open to the same objection, unless the origin of the growth is cauterized, or part of the underlying structure, including the bone, removed, as recommended by Mackenzie. Of the caustics, in his experience chromic acid deserved the preference. His manner of employing it is to protect the surrounding mucuous membrane with a lead solution, and part of the paste is then taken up on a glass rod and buried in the polyp, which shortly afterwards dries up, and is easily removed with the forceps or snare. With chromic acid we can touch the exact point of origin of the growth, and it is useful in both forms of polypi, gelatinoid and adenomatous. In the fibrous polyp it is less efficient, because they extend frequently to the naso-pharyngeal cavity. It is not intended to substitute chromic acid for surgical procedures, but it is effective as an aid to them, facilitating their action by destroying the substance of the neoplasm, by making the operation less painful, less bloody, and by supplementing their action in destroying the insertion of the growth, and thus preventing their reformation.—*Med. News*, May 26th: *Proceedings of Am. Laryngol. Ass'n.*

Dr. Déclat and his Phenic Acid.—During the past two years very much has been published by a "Dr. Déclat, of Paris," on the subject of Carbolic Acid or Phenic Acid, as he calls it, for the cure of zymotic diseases, among which he classes phthisis, and most irrational statements are made by him and his advocates in regard to its character and uses. Most of his statements are at variance with well-established facts, and his deductions from these statements are as

inaccurate as they are irrational. He seems to have had quite a successful professional following, notwithstanding such absurd statements as that it is impossible to transport pure carbolic acid; it immediately deteriorates and develops cresylic acid, an active poison; it must be combined in its nascent state, and so on.—*Squibb's Ephemeris*, May.

Tracheotomy about to be Performed on Account of Labor-Pains.—*Dr. W. E. Stevenson*, in the last number of *St. Bartholomew's Hospital Reports* (*Brit. Med. Jour.*, May 19th), relates a remarkable case where a patient concealed the fact that she was in labor, and the only objective symptoms that were observed appeared to justify the operation of tracheotomy. He was requested, as house-surgeon, to operate, but the dyspnœa did not appear to be like that which he had relieved by tracheotomy in previous cases, and after waiting a few hours, much to the annoyance of the senior medical officers connected with the case, the patient was delivered of a male child.

Tuberculosis and Vaccination.—The bacilli of tubercle may be transmitted either by the inoculation of the tubercle itself, or of blood from a tuberculous subject, and it would be puerile to disregard the importance of these conclusions in relation to vaccination, whether with human or animal virus. Fortunately we have not so much to regard the matter theoretically as experimentally. A fact of immense importance has been acquired by experience, which is the impossibility of inoculating tuberculosis by mere *superficial* insertion of the bacillus, for if an animal is to be rendered tuberculous, the bacillus must be carried deep into the tissues; and this is why infection is never produced at autopsies of tubercular subjects, and no instance has been known of the conveyance of tubercle by vaccination. The disease when inoculated in experiment spreads slowly and gradually from the point of insertion. Among the millions that have been vaccinated during more than 80 years, not a single one has presented at the point of vaccination any resemblance of tubercle. Even supposing the possibility of conveying tuberculosis by the injection of blood be confirmed, all danger may be avoided by taking care not to inject blood with the virus.—*Warlomont, Presse Med. Belge*, April 1st.

Specific Ataxia.—Dr. F. De Rause, in accordance with Fournier, finds that specific treatment in tabes dorsalis is not only without avail but may become even detrimental. He differs with that author in view of tabes being primitively of syphilitic origin. The pathological anatomy demonstrates that tabetic symptoms may follow in cases of cerebro-spinal syphilis. It is admissible if not shown that under the influence of this irritation primitive and extrinsic on the the posterior columns, in virtue of a special predisposition, a secondary locomotor ataxia may develop with all its train, or its succession of lesions and of symptoms.

But pathological anatomy shows between the syphilitic process, and the tabetic process, a line of demarcation, which does not permit us to consider primitive sclerosis of the posterior columns as being of specific nature, and so accept the doctrine of a primitive specific ataxia.—*L'Union Medicale*, April 29, 1883. H. J. B.

Medical Items.

A professor of obstetrics in Philadelphia is reported to have told his class that he "believed the time would come when fashionable women would have their children at any time that suited their convenience during the last four weeks of pregnancy." =There were five graduates at the late (fourteenth) annual commencement of the Woman's Med. College of the New York Infirmary.=Sir Spencer Wells calls the anti-vivisectionists "misanthropic zoophilists."=The American Neurological Association will meet in New York city June 20th, 21st, and 22nd. Papers will be read by Drs. Edes, Mills, Wilder, McBride, Morton, Amidon and Seguin.=Mrs. Pancoast, widow of the late Prof Joseph Pancoast, of Jefferson Medical College, Phila., died in Balto., June 7th.=Mr. Erichsen has been presented with a bust of himself in recognition of the eminent services he has rendered to University College and Hospital, London, and to the advancement of medical and surgical science generally. =Efforts are being made in New York to obtain a law taking the power of licensing away from the colleges and giving it to a State Board of Examiners. The State Society endorses the plan, which is said to have a good chance of being carried out.

Original Papers.

THE INTRODUCTION OF INOCULATION AND VACCINATION INTO MARYLAND, HISTORICALLY CONSIDERED.

BY J. R. QUINAN, M. D., OF BALTIMORE.

(*Read before Balto. Med. Association, May* 14, 1883).

To those familiar with the literature of smallpox, it is unnecessary to say, that inoculation, as adopted in the early part of the eighteenth century, was but the revival of a practise long known and employed in Wales, the Highlands of Scotland, Italy, Germany, Barbary and the Levant, Tripolis, Tunis, Algeria, Arabia, among the Greeks of Turkey, and in many other places, in all which countries it was called in their several languages "buying the smallpox," indicating a common origin to the procedure; yet it seems to have fallen into disfavor, or, confined to the rural districts, it had ceased to attract public attention, till again brought into notice by the communications of two physicians, who had resided and practiced in Turkey—Drs. Timonius and Pylarinus—whose papers on the subject appeared in the Transactions of the Royal Society of London, 1716 and '17.* Soon after which, public attention was still more aroused in favor of the practice by the letters of Lady Mary W. Montague, wife of the English Ambassador at the Porte.

In 1717 this lady writes: "The smallpox, so general and so fatal among us, is here" (Turkey) "entirely harmless by the operation of engrafting, which is the term they give it. There is a set of old women who make it their business to perform the operation every autumn when the heat is abated. People send to one another to know if any of the family have a mind to have the smallpox.

"They make parties for this purpose, and when they meet (commonly only fifteen or sixteen together) the old woman comes with a nutshell full of matter of the best smallpox and asks what vein you please to have opened.

"She immediately rips open that you offer to her, with a large needle, which gives you no more pain than a scratch, and puts into the vein as much matter as can lie on the head of a needle, and after that binds up the vein, the little wound being covered with a hollow bit of shell, and in this way opens four or five veins.

"The Greeks have commonly the superstition of opening one on each arm, one in the middle of the forehead and one on the breast, to make the sign of the Cross.

"The children or young patients play together all the rest of the day, and are in perfect health till the eighth day, when the fever begins, and they keep their beds two or seldom three days. They have rarely over twenty or thirty pimples in their faces, and in eight days more they are as well as ever.

"Every year thousands undergo this operation, and the French Ambassador says pleasantly that they take the smallpox here by way of diversion, as others take the waters in other countries.

"There is no example of any one that has died of it, and you may believe I am well satisfied of the safety of the experiment, since I intend to try it on my little son."

In another letter of March 23, 1717, she says: "The boy was engrafted last Tuesday (March 19) and is at this time singing and playing and very impatient for his supper. I cannot engraft the girl (his sister) as her nurse has never had the smallpox."*

This girl was, however, inoculated April, 1721, on her mother's return to England, and was the first case inoculated there.

In May of the same year (1721), Dr. Keith, of London, had his own son inoculated, and on the 26th of June following (1721), Rev. Cotton Mather, on reading the accounts of the process given by Drs. Timonius and Pylarinus, in the Trans. of Roy. Soc. Lond., of which he was a member, induced Dr. Zabdiel Boylston, of Boston, to inoculate his own family, which is usually considered the first instance of its use in America, a point we shall discuss further on.

Like all innovations, it met with much opposition. The press, the pulpit, the more ignorant of the populace, and even a portion of the medical profession, decried it. The practice was declared "to be foun-

*Op. cit. No. 339 and 347. Timonius' letter is dated 1713, and the paper of Pylarinus was first published in Venice, 1715.

*See Mrs. M. W. Montague's Letters and works. Phila., 1837. Two vols. Vol. I, 268, and Letter xx.

ded on atheism, quackery and avarice—a hellish practice and murther" (sic) "of father, mother and innocent children. Every quack may now be a hireling of the Devil, and that, under the mask of cure."

A Rev. Mr. Massey (1722) preached against it, saying that "The Devil was the first inoculator and the first patient was Job." To which the following reply was made :

> "We're told by one of the black robe,
> The Devil inoculated Job;
> Suppose it true, what does he tell?
> Pray, neighbor, did not Job do well?"

Dr. Boylston's and Cotton Mather's lives were attempted by the mob of Boston, on account of their advocacy of inoculation (see Cotton Mather's 'The Angel of Bethesda,' in Proc. Am. Antiq. Soc. V., p. 22). In our sister colony of Virginia similar outrages were committed.

At Norfolk, an armed mob attacked the house of a Dr. Campbell, situated about three miles from that town, where he was conducting his inoculations, and the inmates, many of them delicate women, were driven out in a thunder and rain storm, in the night and compelled to seek shelter in a vile pest-house, five miles farther off.

The mob then returned and burnt down the Doctor's house (*Md. Gaz.*, Sept. 8th, 1768).

No such opposition to inoculation, however, so far as I have been able to ascertain, occurred in Maryland. On the contrary, it seems to have been adopted so readily and universally, that for this very reason, it is difficult to ascertain the date of its

INTRODUCTION INTO OUR OWN PROVINCE.

Dr. James Smith, of Baltimore, who was perhaps better fitted to speak intelligently on this point than any other man in this State, says, in a letter of Jan., 1818,* "For nearly 100 years we have practiced inoculation in Maryland." This fixes the period of its introduction as early as it was possible for it to have been adopted, i. e., about, or soon after, 1717, when the practice was first made known in England.

It may be thought by some, as more probable, that the knowledge of inoculation in Maryland was derived from Boylston's experiments with it in Mass., 1721, and must, therefore, have necessarily been subsequent to that date.

But this conjecture leaves out of view the fact, that many of our early physicians of Maryland were, as their records show, either themselves members of the Royal Soc. of London, or in frequent correspondence with its members, and were consequently as well informed as to the papers of Drs. Timonius and Pylarinus on inoculation, published in the Transactions of that Society, as was Rev. Cotton Mather himself, and the medical profession in Maryland never lacked the boldness nor intelligence necessary to introduce a practice that promised mitigation of a pest so common as smallpox was in this province.

Besides, to take any other view, would directly contradict the assertion of Dr. James Smith, whose opinion on this point, must be held as conclusive.

But his testimony as to our early use of inoculation is not altogether unsupported.

Dr. Adam Thomson, a practitioner of Prince George's Co., Md., published "A Discourse on the Preparation of the Body for Smallpox" in Phila., in 1750. Prior to publication, he read it before the Academy of that city. In this work, a quarto of 24 pages, and now very rare, the author declares that he has discovered a formula derived from a hint of Dr. Boerhaave (Aphorism, No. 1392) by the use of which, the effects of inoculation may be very much mitigated. With the merit of the plan of treatment, we have now nothing to do, the whole process, having been superseded by vaccination; but in what estimation it was held in that day, may be judged by the fact that the book underwent three editions, 1750, '52 and '57, one of them in England, where it was favorably received,* and met the approbation of some of the most eminent men there (Huxham, Woodward and others) and the plan proposed became universally adopted here, and known in the colonies as "The American Method."

It was this mode of inoculation that was adopted in the Mass Inoc. Hospital through the hands of its first Superintendent, Dr. Wm. Barnet† of New Jersey,† who had learned the practice from Dr. A. Thomson, of Maryland, though as the author of it

* Address to Mem. Leg. of Md., 1818, 8vo., pp. 35.

* See Green's address before Mass. Med. Soc., 1881, p. 65.

† See Med. and Phys. Journ., Lond., 1752, p. 387.

justly complains, Dr. B. and others had not the generosity to give him the credit of its origination (see *Md. Gaz.*, Nov. 18, 1762).

Dr. Thomson's celebrity in this procedure was such as to induce the profession and laity to call for his assistance all over the colonies, whenever an epidemic of smallpox, of more than usual severity, prevailed (loc. cit., 1762).

In a letter in the *Md. Gaz.*, dated Nov., 1762, Dr. Thomson says: "During the smallpox recently at Charleston, S. C., my friend Dr. Garden,* used with great success my preparation of mercury and antimony, as I directed it;† 500 guineas were subscribed there (Charleston, S. C.) to bring me from New York to stay in Charleston, during the epidemic, but the shortness of the duration of the disease there prevented me going."

Dr. Woodville, in his "History of Smallpox," warmly defends the advantages of Dr. Thomson's method, and adds that many reaped the advantages of it in England, and that previous to the using of Thompson's method, inoculation had become so unsuccessful as to induce many physicians to abandon it altogether.

When Dr. Thomson first published his method in 1750, the physicians of Philadelphia, including Drs. John Redman, Kearsley, and others, attacked and decried it. Dr. Alex. Hamilton, of Annapolis, Md., soon after published a defence of it,‡ and by 1760, all opposition to it ceased, and it became the accepted method all over the colonies. Dr. Benjamin Gale, of Conn., in a paper on smallpox, which appears in the Trans. Philos. Soc., London (vol. 55), admits that "to Dr. Thomas, of Virginia" (as he erroneously styles him), was due the merit of originating the best—the American—method of inoculating, and that he was the most celebrated and successful inoculator of his day in the colonies.

We may judge of the estimation in which Thomson's method was held, when, as I before said, the directors of the first inoculating hospital of Massachusetts passed by their own men, and sent to New Jersey for Dr. Wm. Barnet to superintend the hospital (1764), because of the success he had attained in this line by using Dr. Adam Thomson's method. They thus secured the benefit of *Maryland* practice though administered by a *New Jersey* physician.

This noted inoculator, Dr. Adam Thomson, died 1768,‡‡ in Prince George's Co., Md., and I regret that I cannot obtain more particulars of one whose practice and skill reflected so much credit on the early annals of medicine in our State.

It appears from his letters and the review by Dr. Woodville of his "Discourse on the Preparation of the Body for Smallpox," 1750 (which my friend Dr. Jos. M. Toner was kind enough to examine for me), that he had been employing his *new* method for twelve years,§§ with good effect and found it much superior to any treatment he and others had employed *previously*. This statement proves that Dr. A. Thomson, of Maryland, had been engaged in inoculating by his *new* method since 1738, and by some *other* mode *previous* to that date; how long previously he does not state; but this is sufficient to bring the introduction in Maryland within less than a score of years of its first use in England, which, as you are aware, was in 1721.

Had Maryland enjoyed the doubtful honor of having a Dr. Douglass in her midst, to have excited and organized a mob in opposition to the practice, her historian would have no difficulty in fixing the exact date of its introduction, but enough is known to show that it must have been, as I said, at a very early period, and more probably derived directly from an English source than from the example of Massachusetts.

A more diligent search of our annals for these seventeen years, between 1721 and 1738, will, I have no doubt, yet fix the exact date of its first use in Maryland, and prove that she was not behind any other province in adopting the new practice. The thorough medical education and intelligence of our early physicians, many of whom were members of, or in correspondence with, the Royal Society of London; their facilities of intercourse with the mother country, offered by our large and direct commerce; the frequent visitation of

* Dr. Garden was the author of the first treatise on the Spigelia Marylandica.

† See Condamine, Hist. de l'Inoc. in Mem. de l'Acad., 1765, p. 521, where this preparation is referred to.

‡ A Defence of Dr. Thomson's Discourse on the Preparation of the Body for Smallpox. By Dr. Alex. Hamilton, of Annapolis, 1751.

‡‡ Md. Gaz., Aug. 28, 1768.

§§ See Woodville's Hist. of Smallpox, 1796.

smallpox, all concur is strengthening this conviction, independent of the more direct proof afforded by the statements of Drs. Thomson and Smith.

I may here add that Dr. R. Brooke, of Maryland, in a letter to Dr. Jos. Parsons, Secretary Royal Society, dated 1747, says: inoculation is now "universally and firmly established here" (see Phil. Tr., vol. 47, p. 43) thus affording confirmation of the opinion of its early adoption in this province. The next most celebrated inoculator in Maryland, and indeed of the whole South, was your fellow-townsman, Dr. Henry Stevenson.

This distinguished physician was born near Londonderry, Ireland, 1721, educated classically and medically at Oxford University, England; migrated to Baltimore, Md., with his brother, Dr. John Stevenson, 1745, and in 1756 began the erection of an imposing residence on the Little York Road, at 'Parnassus Hill.' A part of this house he converted into an inoculating hospital, and supporting it at his own expense, kept it open annually from February, 1765, till 1776, and from 1786 till 1800. Being a loyalist, he left Baltimore in 1776, and entered the British service as surgeon in New York, remaining with them till the termination of the war, when he was offered a title and permanent position in that army. This he declined, and returning to his adopted city in 1786, he redeemed his property and resumed his practice, which he continued to pursue till his death, in 1814, at the advanced age of 93. Through the kindness of his grand daughter, Mrs. S. A. Cradock, I have been presented with a copy of his portrait taken in New York in 1776, and also of his inoculating hospital, which I here donate to the Medical and Chirurgical Faculty.

Dr. Henry Stevenson was married three times, his first wife being Miss Stokes, of Harford Co., Md., by whom he had issue George and Martha.

Second wife Anna, d. of Rev. John Henry, by whom he had issue Cosmo, Gordon, Anna and Julia.

Third wife was Ada C. Bondell; no issue.

George Stevenson, a son by the first wife, was born 1765, educated at Oxford University, classically and medically, 1786. He married a sister of Gen. Sam. Smith, of Revolutionary fame, and subsequently U. S. Senator for Maryland, and died of yellow fever 1791, æt. 26, leaving a widow and one child, Dr. Geo. Pitt (Stevenson), who graduated at Edinburgh 1789 and died 1819. The widow of Dr. Geo. Stevenson married Peter Carr, of Virginia, a nephew of ex-President Jefferson, the late Hon. Dabney Stevenson Carr being one of the descendants of this union.

Martha, daughter of Dr. H. S., by first wife, and sister of Dr. Geo. S., married the son of the Rev. John Henry, a brother of ex-Governor Henry, of Maryland. Her son by this union was Gen. Robert Jenkins Henry, long a prominent and influential citizen of the State.

Dr. Cosmo Gordon Stevenson, a son by the second wife, was born 1785; graduated at Med. University, Penna., 1803; married Harriet, d. Col. Handy, Somerset Co., Md., and died 1825 without issue. He was an eminent physician and the preceptor of the late Drs. John Buckler and John C. S. Monkur.

Anna, daughter of Dr. H. S, by second wife, married Mr. Geo. Lindenburger, a wealthy German merchant of Baltimore.

Julia (her sister) married the late Governor Thomas King Carroll, of Maryland, and had issue Anna Emma, still living at an advanced age; Julia Stevenson, Mary H., Henry J., Dr. Thomas King (Carroll), a highly respected and skilful physician now practising in Dorchester Co., Md.; Etta Stevenson, wife of Dr. John Chew Gibson, and Sallie Ann,* wife of Thomas Cradock, Esq., of Green Spring Valley, Baltimore Co., Md.

Dr. Henry Stevenson was of commanding presence, being over six feet in height, full of humor and vivacity, very benevolent of disposition, and as vigorous in mind as he was in body. The few medical communications from his pen that have descended to us, indicate a man of sound learning coupled with geniality and wit, strongly imbued with sterling sense and originality of thought and expression.

A Dr. M., on one occasion, called in question the correctness of Dr. Stevenson's views in regard to the treatment of yellow fever, especially as to the use of the lancet, which Dr. A. decried and Dr. M. upheld. No sooner was the controversy opened in

* To the latter lady, and her sister, Miss Anna E. Carroll, I am indebted for these interesting particulars of the family and descendants of Dr. Henry Stevenson.

the press, than a host of Maryland physicians came to the support of Dr S.'s views. But Dr. Henry Stevenson, in his reply of four and a half columns of the *Fed. Gaz.* (April 17, 1801), evinced that he was quite able to maintain the contest unaided and alone. To a remark of his opponent, "that he regretted being obliged to lift his pen against so venerable a member of the profession," Dr. Stevenson replies, "his pen was far less formidable than his lancet, the use of which few survived."

But it is in his labors as an inoculator that we are now chiefly interested.

Long before he had completed his hospital, he was in the habit of visiting the different parts of the State, to give the people an opportunity to avail themselves of his services in this procedure.

One of these visits to Prince George's Co., Md., is publicly announced in the *Md. Gaz.* of July 29, 1765, in which the editor speaks of him "as the most successful inoculator in America"

His hospital was resorted to from all parts of the United States for the purpose of securing inoculation.

In 1770 James Wilkinson, of Calvert Co., Md. (afterwards Gen. U. S. A.), was sent by his parents to Dr. H. Stevenson, to undergo inoculation. He says, "that at that time Dr. H. Stevenson was the most celebrated inoculator of his day."

"Baltimore," he adds, "was then a small place. There were but few buildings north of the creek" (Jones' Falls?). "To reach the Doctor's house I had to cross a meadow" (Steigers'?)"for half a mile. The Doctor's mansion was called 'Stevenson's Folly,' because it was unfinished and a little more conspicuous than the rest. I was inoculated with Mr. John Custis, James Wormly and others from Virginia, and being rather averse to the rigid diet the Doctor enjoined, the latter reproved me and exclaimed, 'By St. Patrick! young man, you will be peppered,' but fortunately I came out all right" (Mem. Gen. J. Wilkinson, vol. I, p. 11).

It appears, from a paper of Dr. Benj. Gales, of Conn., in the Trans. Philos. Soc., London (vol. 55), that in consequence of the loose manner in which it was conducted, the Inoculating Hospital of Massachusetts (the chief, if not the only, rival of Dr. Stevenson's, of Maryland), was closed for some years by the Legislature of Mass., "but that he had hopes after peace was declared that the English Parliament would allow it to be again opened." This paper appeared in 1765. In 1764 the Selectmen of Boston forbid general inoculation. In 1788 Dr. Aspinwall was first allowed to reopen his inoculating hospital*. Whether the Massachusetts hospital had been closed during the whole period between 1765 and 1788, we are not able to determine; but it was certainly closed for a portion of this period, while Dr. Stevenson's was continuously open from 1765 to 1776, and from 1786 to 1801, and afforded for some time the chief, if not the only, resort of the kind in America.

As great a benefit, however, as inoculation undoubtedly was, in mitigating the severity and danger of the natural smallpox, it was open to the objection, that while it favored the safety of the individual, it endangered that of the community, as every one inoculated became a source of new infection and thus the smallpox was perpetuated.

VACCINATION.

We are all familiar with the history of this splendid discovery, the greatest boon that ever human genius and patient investigation bestowed upon mankind.

Dr. Edward Jenner, born in Berkley, Gloucestershire, England, 1749, was, when an obscure apprentice with a surgeon near Bristol, struck with the popular belief prevailing in the dairy districts where he practiced, that the communication of the cowpox to the milkers gave them ever afterwards immunity from the smallpox.

This singular fact had been known in the dairy districts of England from time immemorial, but like the falling of the apple to Sir Isaac Newton, it required the genius of a Jenner to establish its truth and full significance, and convert the discovery to the advantage of the world.

Beginning his investigations in 1776, he pursued them patiently and against discouragement from some of the most eminent men of his day, including even Dr. John Hunter, his preceptor, until he had satisfactorily solved the problem and published the results in June, 1798, in a little treatise entitled "An Enquiry into the Causes and Effects of the Variolæ Vaccinæ a Disease Discovered in Some of the West-

* See Mass. Hist. Col., vol. II, second ser., p. 160.

ern Counties of England, particularly in Gloucestershire, and Known by the Name of the Cowpox."

This discovery of the means of 'striking out one of the catalogue of human evils,' fell on the world like a clap of thunder in a clear sky.

Of course, his fame was assailed, his discovery denied or depreciated. Like Columbus and the egg,

> "The invention all admired, and each how he
> To be the inventor missed, so easy it seemed
> Once found—which yet unfound,
> Most would have thought impossible."
>
> —*Milton.*

Truth, however, ultimately, as it always does, prevailed; vaccination obtained a complete triumph, and Jenner's first assertion, nearly a century ago, that if "duly and efficiently performed, vaccination will protect the constitution from subsequent attacks of smallpox as much as that disease itself will," is as true to-day as when first uttered, and has been firmly established by the point of the lancet on the arms of the millions of human beings it has saved from disfigurement and untimely graves.

This grand discovery, the boast of science and the glory of the healing art, offers a tempting field for panegyric to a medical man, but we must hasten on to our allotted task of narrating the part that Maryland took in extending the blessings of vaccination in America.

"*In the summer of 1800,* I sent," says Dr. Ring, of London, "some virus on cotton thread, rolled up in paper and covered with a varnish which excluded the air, to Dr. Crawford of Baltimore. This gentleman is brother to the late Dr. Crawford, the celebrated author of the 'Essay on the Generation of Animal Heat.'

From the son of Dr. Crawford, who is now pursuing in this metropolis, his studies in a profession which he is one day destined to adorn, I have received the pleasing intelligence, that when his father wrote to him he could just discern by the assistance of a magnifying glass, a vaccine pustule had taken place"* [vid. Treatise of the Cowpox, etc., by John Ring, London, 1803, part II, p. 459].

Thus it appears that Dr. John Crawford, of Baltimore, began the use of vaccination here in the *summer of 1800.*

The physician, however, to whom belongs the credit of the establishment and extension of vaccination, was

DR. JAMES SMITH, OF BALTIMORE.

This eminent physician was born at Elkton, Cecil Co., Md., 1771; A. M. of Dickinson College, at Carlisle, Pa., 1792; a pupil of Dr. B. Rush and M. D., Med. Univer. Pa., 1794. A founder and attending physician of the Baltimore General Dispensary, 1801, '2 '3, '4, '6, '7; Resident Physician of Balto. City and County Alms House, 1800-1; State Vaccine Agent, 1809-32; and United States Vaccine Agent, 1813-22; Editor of "The Vaccine Inquirer," 1822; M. M. & Ch. Fac., Md., and its Treasurer 1811-17; died at Pikesville, Baltimore Co., Md., June 12th, 1841, æt. 69.

Dr. James Smith by his enthusiasm, energy and intrepidity (traits derived perhaps from his Irish ancestry), not less than by his benevolence, seemed born "The Apostle of this New Evangel for the Healing of the Nations."

Mr. William Taylor, of Baltimore, having procured through his brother, then in London, some vaccine virus from Dr. Woodville, of St. Pancras' Hospital, passed it over to the hands of his family physician, Dr. Miles Littlejohn, who gave it to Dr. James Smith for trial, which he at once began at the Baltimore City Almshouse, on some young children. This was May 1st, 1801.

After testing their security by trying variolous infection on them without effect, he became convinced of the claims of vaccination and immediately published the results of his experiments, and offered to distribute gratuitously vaccine matter to all applicants, from his office at No. 5 Calvert Street, and thenceforward he devoted all his means and energies to the extension of vaccination, not only throughout Maryland, but through every part of the United States.

On March 25th, 1802, he organized on a plan, approved by the City authorities, and by twenty-two of our leading physicians, a Vaccine Institute.

In 1809, he induced the Legislature, of Maryland to enact a law for the establishment of a Vaccine Institute for the free distribution of matter.

In his memorial to the Legislature he states that he had bestowed much time and

*I am indebted to my friend Dr. T. F. Wood, the talented editor of the North Carolina *Medical Journal,* for having called my attention to this statement of Dr, Ring.

labor in the improvement of vaccination, had incurred much expense in preserving and distributing the virus, and had conducted a Vaccine Institute at his own expense, since the Spring of 1802.

The State granted no specific appropriation, but authorized him to establish a Lottery Scheme (the favorite mode of that day for starting every enterprise), out of the proceeds of which, he was to meet all his expenses.

Unfortunately, the same Legislature had granted a similar scheme for the erection of the Washington Monument, and his own fell through.

"He ought," he says "to have declined the offer of the State, but his zeal in the cause of vaccination was such, that he accepted it, and risked the hard earnings of fifteen years' practice to carry out his benevolent purpose."

The failure of the lottery obliged him to mortgage his private property, out of which he finally realized enough to build a permanent Vaccine Institute (S. W. Cor. Pleasant and St. Paul Sts.), which he maintained as late, I believe, as 1832.

His energy and efforts in behalf of vaccination were indefatigable. While he organized societies in the city for attacking the smallpox, whenever it appeared, he cheerfully extended his labors to other parts of the State and country.

Hearing in 1812, that smallpox had broken out in a remote district of the State (Calvert Co.), he immediately embarked for the locality, and by his individual efforts there, extinguished the pestilence.

As it was then and there a novel practice, he feared lest he might meet with some opposition, "but to his agreeable surprise he found the people of Calvert appreciated his efforts, with a kindness and hospitality that he can never forget."

The writer of this sketch takes particular pleasure in recording this well-deserved meed of praise from Dr. Smith to the people of old Calvert, as he has himself enjoyed nearly thirty years daily proof of the same hospitable traits of that community, and has more than once heard them relate the particulars of the Doctor's visit, always coupling his name with expressions of gratitude for his kindness.

As an evidence of Dr. Smith's boldness of character and unbounded faith in vaccination, we may state, that one occasion (1815, we think), he subjected his two sons, his ward, his nephew and his only daughter, to variolous infection, by inoculating them at the bedside of a smallpox patient. His daughter (Mrs. Flora Byrne) tells the writer she well recollects her mother's anxiety about the result, till sufficient time had elapsed to prove its harmlessness.

His benevolence was shown in his turning his own residence, in the absence of his family, into a hospital for the reception of patients suffering from the yellow fever, in one of our fearful epidemics.

In 1813 Congress passed a law establishing a United States Vaccine Agency, and Dr. James Smith was appointed to fill the position, which he did with efficiency until the Act was repealed in 1822. This law authorized him to establish sub-agencies in every county of the several States for the free distribution of matter. For nine years he conducted it with great acceptability and success. During this entire period he never suffered smallpox to become epidemic in Baltimore. In June, 1816, the disease was imported into Baltimore from Norfolk, and so effectual were his efforts that only one person died of it. He vaccinated about 500 persons in the infected neighborhood in the course of a few days, and thus stamped it out. In May, 1817, it again appeared, imported this time from Philadelphia, and was again extinguished by his agency. In October, 1818, it again visited us, but was again banished. In August, 1821, it was imported by a vessel from Liverpool, and its existence in the city kept concealed from Dr. Smith till September, when he promptly appealed to the Mayor to call a meeting of the Faculty to organize a Vaccine Board to secure general vaccination. This was done; six vaccine physicians were appointed by the Faculty, Dr. Smith furnished the vaccine virus, and the epidemic was soon extinguished.

Dr. James Smith received no salary for his services as United States Vaccine Agent, and the expenses of the institution were met by subscriptions and donations. While he had charge, he supported 20 special agents, who were furnished with horses, and they rendered 6,750 days' services, vaccinating and distributing the matter gratuitously for the use of the rich and poor, and thus "securing the lives," he says, "of more than 100,000 persons from the smallpox." (See Vac. Inquirer, No. 4, pp. 183-4).

(*To be continued*).

Correspondence.

DR. HARVEY L. BYRD ON THE BALTIMORE MEDICAL COLLEGE.

BALTIMORE, June 4, 1883.

MESSRS. ASHBY & CORDELL,
Editors Maryland Medical Journal,

GENTLEMEN:—I have been surprised to perceive the *animus* that has pervaded, if it did not actuate, the editorial notices which have appeared in your journal concerning the resignations of professors, etc., from the Baltimore Medical College, for some issues past. I have been unable to satisfactorily divine the motive, or reason of their spirit, especially as the institution was not intended to antagonize your interests in any way. The highest authority in this State, the Legislature of Maryland, has acknowledged and endorsed my efforts to establish medical schools in Baltimore for nearly two decades past, and it will be found, I feel assured, that the Baltimore Medical College [D.V.] will prove to be *all* that the most exacting intelligent public opinion would have it be so soon as matters now in satisfactory progress shall be consummated. Observation and experience conspire to show that no medical institution, not liberally endowed, *ab initio*, has sprung fully equipped into operation in a year or two! Some requiring more, and some less time, to bring out and develop all the capabilities and adjuvants necessary to the successful working of the school.

And experience has demonstrated to me, personally, that it is not an easy matter, in fact, I may safely say, it is impossible to get together at once a sufficient number of men—untried and untrained as teachers—into a faculty to ensure harmony and success in a new medical school without some changes being *necessary*, sooner or later; and for reasons I shall mention below. It were a matter of supererogation to say that all the individuals of such an association, or body of men, would be found upon trial all that they could be desired and ought to be, e. g: All are not equally gifted by nature, or improved by culture, or endowed with equal faculties for imparting instruction, or are not equally congenial in taste or habits of life.

It is easy, therefore, to perceive how some of such a body may retire, sometimes for their own good, or that of the faculty with which they were connected, and sometimes for the good of both.

Again, it will occasionally occur that where gentlemen are well qualified in all the particulars adverted to above, to fill with profit to the school and pleasure to themselves and colleagues, their respective professorships, they find their private interests in conflict with the duties they perform in the school to such a degree as to force them to sever their relations with colleagues they regard with kindness and respect, and that whilst retaining the best wishes for the prosperity and success of both them and the institution; and I feel fully warranted in saying that such was the case with four of the gentlemen who have resigned from the school within the past two years. It would be inexpedient, if not a violation of the comity always to be found among gentlemen, to expose the reasons that may have led to the removal or withdrawal of a teacher or professor from a faculty, unless it should be such as those already mentioned in the paragraph above, or others of equally reputable import. Hence, any disparaging remarks, editorial or otherwise, must be equally gratuitous as they might relate to the *interiorities* of a faculty in the severance of a member or member's connection with such a body; and adverse criticism under such circumstances, predicated upon *ex parte* statements, or general rumor, unjust in a greater or less degree to the remaining members and to the institution whether so intended or not.

Such is the animus of the editorials alluded to, that if any thing would justify the promulgation of the comity which characterizes the conduct of a body of gentlemen, it would seem that "self-defense" might sustain such an act. I beg, therefore, that you will calmly and dispassionately reperuse the editorials referred to above, and I feel quite sure that you will recognize the justness of the animadversions already made.

All the persons with whom I have conversed upon the subject agree in the conclusion I have reached, and most of them think that specific replies should be made to the individual editorials. As the Baltimore Medical College has not deemed it important hitherto to publish an organ-journal to defend its reputation or to protect its interests before the profession and

the public, I address this letter to you for publication in your journal so that your readers may know the status of the college upon this important subject.

I beg leave to add, in conclusion, that the names of the gentlemen comprising the faculty of the college will be made known ere long, and I feel confident they will meet the approval of the profession. And when the *capabilities* of the school shall likewise be published, the most exacting will have no cause to complain of its *facilities* or its *methods* for *elevating* the standard of qualification and admission of its graduates into the ranks of an ancient and—ought to be—still honorable profession.

Very respectfully yours,

HARVEY L. BYRD.

AMERICAN MEDICAL ASSOCIATION.

THIRTY-FOURTH ANNUAL MEETING.

(*Specially Reported for Md. Med. Jour.*)

(*Continued from p.* 108, *June* 16*th*).

Dr. J. L. Thompson, of Indiana, then read a paper on "*Questions on the Aetiology of Some Forms of Lenticular Opacity*," in which he described a peculiar opacity in the lower periphery of the lens, coming on suddenly and remaining unaltered for years. He was ignorant of its cause but had found it in cases of diabetes.

Dr. Noyes, of New York, had seen similar cases, not infrequently associated with myopia, of molecular form.

The next paper, entitled "*A Case Illustrating the Segmental Feature of Glaucoma*," was read by Dr. H. Culbertson, of Ohio.

Dr. Roe, of New York, followed with one on "*Nasal Disease as a Cause of Asthma*," in which he stated that nasal obstruction or irritation of the mucous membrane may cause severe attacks of asthma.

Dr. Seiler, of Penna., had caused such attacks by the mere touch of the probe at the site of disease; the cure is cauterization of the spot. Hay asthma is explicable in this way, and its cure consists in the removal of the chronic nasal irritation which is aggravated by the pollen floating in the air.

SECTION ON PRACTICAL MEDICINE.

Dr. T. N. Reynolds, of Michigan, read the first paper on "*The Alimentary Canal in Bronchitis and Phthisis*." Acute inflammation of the air-passages often results from an excess in the amount of food with consequent incomplete assimilation and elimination. In such cases the treatment should be prompt evacuation of the bowels and restriction of the diet to a liquid form. Cough mixtures were of less importance than attention to the bowels, skin and kidneys; and the same was true of morphine, quinine, aconite and veratrum viride. Catarrhal fibroid phthisis was most frequently the result of neglected chronic bronchitis.

Dr. Belfield, of Illinois, followed in a paper on "*The Germ Theory of Disease*," which was elucidated by micro-photographic illustrations.

Dr. John V. Shoemaker, of Penna., followed with a paper on the "*Mechanical Remedies in the Treatment of Skin Diseases*." Under this title the author included massage, compression, blood-letting, incision, excision, enucleation, scooping, scraping, setons and cauterization.

The closing paper was by Dr. L. B. Tuckerman, of Ohio, "*On a New Method of Procuring Pure Pancreatic Juice*." The process was practically illustrated by exhibition of the animal.

THIRD DAY.

DELEGATES TO THE INTERNATIONAL MEDICAL CONGRESS AT COPENHAGEN, ETC.

The President announced the appointment of the following delegates abroad: Drs. Engleman, St. Louis; Finley, Altoona, Pa.; Ziegler, Penna.; Alter, Penna.; Cole, San Francisco; J. H. Warren, Boston; Vonkleim, Hamilton, Ohio; Lawlor, San Francisco; Martin, Boston; Hutchison, Brooklyn; Howes, Detroit; Borck, St. Louis; Prewitt, St. Louis; E. P. Allen, Penna.; McCall, Michigan; Quimby, New Jersey; La Gordon, Maine.

TIME AND PLACE OF ANNUAL MEETINGS.

An amendment to the constitution, offered by Dr. Keller, of Ark., which leaves the appointment of the time and place of meeting of the Association to the Committee on Nominations, was adopted.

TRIBUTE TO DR. FARR.

The resolutions adopted yesterday in

the Section on State Medicine were offered by Dr. Foster Pratt and adopted by the Association.

LEGISLATION IN REGARD TO THE SALE OF POISONS.

Dr. D. H. Bachelor, of Rhode Island, called attention to the laxity of the State laws in regard to the sale of toxical agents, facilitating death by suicide, and offered a resolution, which was adopted, that the President appoint one or more members of the Association from each State to confer with the State Legislatures, by petition or otherwise, for the enactment of more stringent laws in relation to the sale of such agents.

TRAINING SCHOOL FOR NURSES.

Dr. S. D. Gross, after reciting the paramount importance of good nursing to the comfort of the sick and the restoration of their health, offered a resolution that the Association recommend the establishment at every country town in our States and Territories of schools or societies for the efficient training of nurses, male and female, by lectures and practical instruction to be given by competent medical men, members, if possible, of county societies, either gratuitously or at such reasonable rates as shall not bar the poor from availing themselves of their benefit. "In support of the resolution, which was adopted, Dr. Gross said that in all large cities there are training schools for nurses, but in the rural districts no such institutions are to be found Associations for carrying out this plan can be easily organized in every county by the county societies. Two or three members could be entrusted with this duty, and in this way excellent nurses would be sesecured in a comparative short time.

Dr. Walter Hay, of Illinois, offered an amendment to the constitution proposing the establishment of a Section on Pathological Medicine·

REPORT OF COMMITTEE ON METEOROLOGY.

The Chairman, Dr. N. S. Davis, presented the report. Twelve localities representing the different sections of the country had been selected for observation of atmospheric conditions and their relations to the prevalence of diseases. In these localities since January 1st, 1882, first abstracts of the signal service observations had been obtained; second, a daily record of the ozone or active oxidizing agents in the atmosphere, made by scientific men, which had been tabulated by Prof. Long; in Chicago, there had been added to this series a daily record of the organic or albuminoid matters in the atmosphere; thirdly, a record of the date of commencement of all acute diseases by physicians in active practice, the object of this series being to determine if possible their atmospheric causes if there be such.

The Committee regarded the results obtained as of great importance. The report was accepted and directed to be published in the transactions.

The Committee was authorized to continue its investigations, with the privilege of drawing upon the treasury for so much of the unexpended balance of the appropriation first made, as might be needed. The thanks of the Association were, furthermore, tendered to General Hazen, chief of the Signal Service, for his courtesy and favors.

Dr. Didama, of New York, offered a resolution appointing a committee of five to petition Congress to establish additional stations for meteorological observations at the various health resorts of the country. The resolution was referred to the Committee on Atmospheric Conditions.

RESOLUTION IN REGARD TO A DECEASED MEMBER.

Dr. Reed, of Iowa, offered a resolution, which was adopted, extending the sympathy of the Association to the wife and family of Dr. J. C. Hubbard, of Ohio, who had died suddenly on the first day of the meeting whilst attending the sessions of the Association.

PROPOSAL TO REVISE THE CODE OF ETHICS.

Dr. S. Pollack, of St. Louis, at the request of the St. Louis Medical Society, offered a resolution for the appointment of a committee of one member from each State, to take into consideration the propriety and advisability of a revision of the Code of Ethics and to report at the meeting in 1884; also that the committee shall prepare such a code for presentation at

that time as in their view would meet the wishes of the profession. The paper accompanying the resolution acknowledged the necessity of a Code of Ethics, which it declared equal in importance with the written law of communities, and also acknowledged that the code had accomplished all it had been designed to effect, but maintained that during the thirty-four years since its institution, many of its features had become obsolete and that, in consequence, there was a loud and increasing demand throughout the country for an early revision. If this call should now be heeded the prevailing excitement and the evil consequences of a schism could be averted and harmony and fraternal feeling be restored. The Association alone had the right and power to order such revision; subordinate organizations in affiliation with it could only respectfully ask for it. The resolution was laid over in accordance with the constitution until next year.

ADDRESS IN SURGERY.

This was delivered by Dr. W. F. Peck, of Iowa, the Chairman of the Section. He remarked that in estimating the progress made in surgical science, we recognize that many theories are now announced as facts which further experience and demonstration will eliminate, to appear again perhaps when the cycle of professional experience shall complete its revolution. The greatest progress has been made in operative surgery. Not that a large number of new operations have been originated and performed, but it is evident that a better understanding of pathological conditions has stimulated surgeons to establish a standard for operations hitherto ventured upon in rare and extreme instances. Microscopists have been busy trying to define and locate the germ cause of disease, and a strong feeling has been developed in favor of Koch's views. That the bacillus tuberculosis exists, there can no longer be doubt, but we are not yet in position to state with positiveness whether it is the cause or consequence of the tubercle. If germs be the cause of infection, inflammation, pyæmia, abscess, gangrene, etc., the use of antiseptic agents receives a new impulse. The views and experience of the leading surgeons of the day were quoted and the statement made that it could not be successfully argued that a lessened mortality is alone due to the use of antisepticism as practised by Lister. Is not the experience of Keith as wonderful as the Vienna or Kiel surgeons? Of forty-eight abdominal sections performed by the author, forty-six for ovarian growths, one for adherent placenta, and one for intestinal obstruction in the first fifteen done with the spray, there were six deaths; of the remaining thirty-three (done without the spray), twenty-seven ovariotomies, and the cases of adherent ovary and section for intestinal obstruction, recovered. Of the 86,000 medical men in the United States, a very large number are treating wounds and pathological lesions with often wonderful results, without spray or carbolic acid, simply relying upon extraordinary care and attention to their cases.

Of new instruments of value, the author cited the universal or compound ratchet joint of Dr. Stillman, of New York, which can be adjusted at pleasure and admits of universal motion; Swain's lamp, for using electricity as a means of diagnosis and to assist in performing operations in cavities; this lamp is no larger than an ordinary bean, yet with it the interior of the bladder, pharynx, larynx, œsophagus, stomach, and ear, have been illuminated; the induction balance of Prof. Graham Bell for locating metallic substances in the tissues of the body, etc. Reference was made to Sir H. Thompson's method of digital exploration of the bladder by means of an incision made in the membranous portion of the urethra. Intra-abdominal surgery has been greatly enriched and rendered less hazardous. Gastrotomy has been performed thirty-six times, but the author suggested a doubt as to its advisability in cancer. Laparotomy is growing in favor, and many cases of iliocæcal trouble formerly overlooked are now treated successfully by this measure. The author next referred to Loretta's operation of stretching the pyloric orifice in cases of constriction, which operation had been performed four times, twice successfully. Nephrorrhaphy, or stitching a floating kidney in its normal position, has been successfully performed.

Dr. Wm. Thomson, of Dublin, has ligated the innominate artery, the patient surviving the operation forty-two days. Dr. A. E. Baker, of London, has devised and successfully executed a new operation for

varicocele, consisting in ligating the veins of the cord by passing a needle threaded with twisted silk through the scrotum behind the veins (separated from the vas deferens), after which the veins are allowed to drop back, the needle returned in front of them and out through the original opening. The veins are then ligated, the ends of the loop cut close and the ligature dropped with the veins into the scrotum.

The volumes by Dr. D. L. Huntingdon, on the Surgical History of the War, and by Dr. Harrison Allen, on Anatomy, were referred to in flattering terms.

Dr. Peck's lengthy essay was received with much applause.

ADDRESS IN STATE MEDICINE.

Dr. Foster Pratt, of Michigan, Chairman of the Section, delivered this address. He said that not quite fifteen years had passed since systematic work in sanitary science began in the United States; yet in these years much has been done in perfecting organization and machinery, in educating men for the special work, in the multiplication of literature, and in securing popular interest and approval. The system of lighting and ventilating buildings has been reformed, and earth, air and water have been investigated with a view of ridding them of their unwholesome qualities. Towns are securing a better and purer water supply and better systems of sewerage. The people are learning that by proper observation of sanitary law they may escape the results of epidemics and contagious affections. Prevention has come to be recognized as the proper method of obviating the effects of morbid agencies. In 1873 but two States, Massachusetts and California, had health boards; now twenty-nine States have them, showing that public health has come to be regarded as of first importance. Missouri is the latest addition and Ohio and Pennsylvania are striving to follow in the same path.

The most important agency to mould public opinion in this direction is the influence of the individual Doctor, and facts and reasons are his principal weapons. To show what State boards can do to justify their institution and the authority given them, the speaker reviewed the work done in his own State, as given in the annual report. Papers there appear by men specially qualified to write upon sanitary subjects, clergymen, chemists, editors, ladies, as well as doctors.

The statistics of 1400 local boards of health are given, and the entire work has cost less than $6000 annually.

In Massachusetts, which was the first State to organize a State Board of Health, the first step in sanitary reform was taken by a lady. In England, sanitary reforms have led to an increase of the duration of life, in males of two years, and in females three-and-a-half years, averaging six-and-a-half per cent. throughout England; yet we may cripple sanitary progress by claiming too much. We must deal with subjects in a practical way and not arrogate to ourselves too much in the management of public health affairs. Much is needed to be learned of the life-history and propagation of disease germs before sanitary science can avail itself fully of the recent discoveries in this field.

This paper was frequently interrupted with applause.

TREASURER'S REPORT.

The Treasurer, Dr. Richard J. Dunglison, of Phila., reported that there was a balance in the treasury of $903.93.

LIBRARIAN'S REPORT.

The Librarian, Dr. C. H. A. Kleinschmidt, of Washington, reported the number of volumes and pamphlets in the Library of the Association as 5,713. Two hundred dollars were placed at his disposal for expenses of binding, etc., and the subscription of $50 to the Index Medicus was continued.

REPORT OF COMMITTEE ON PUBLICATION.

The Committee reported that an index of all the volumes of Transactions was in preparation, of which 1,500 copies would be issued, at a cost of $500, to be sold to members at $1 per volume.

ELECTION OF OFFICERS.

The report of the Committee on Nominations was read by Dr. E. Grissom, of North Carolina and unanimously adopted. The following are the chief officers: Pres-

ident, Dr. Austin Flint, of New York; Vice-Presidents, Drs. R. A. Kinloch, of South Carolina, T. B. Lester, of Mo., A. L. Gihon, U. S. N., and S. C. Gordon, of Maine; Treasurer, Dr. R. J. Dunglison, of Penna.; Librarian, Dr. C. H. A. Kleinschmidt, of D. C.; Chairman of Committee of Arrangements, Dr. A. Y. P. Garnett, of Washington; Assistant Secretary, Dr. D. W. Prentiss, of Washington; Judicial Council, Drs. Cunningham, of Va., Marcy, of Mass., Baldwin, of Ala., Billings, U. S. A., Miller, M. H. Service, Grissom, of North Carolina, Todd, of Ind, and to fill vacancy for 1884, Clark, of Iowa.

The Chairmen and Secretaries of Sections are as follows: Practice of Med., Dr. Shoemaker, of Penna., Dr. Wile, of Conn.; Obstetrics and Diseases of Women, Dr. Reamy, of Ohio, Dr. Jelks, of Ark; Surgery and Anatomy, Dr. Parks, of Ill., Dr. Walker, of Michigan; Ophthalmology, Otology and Laryngology, Dr. Chisolm, of Md., Dr. Thompson, of Ind.; Diseases of Children, Dr. Lee, of Md., Dr. Tipton, of New Mexico; Dental and Oral Surgery, Dr. Brophy, of Ill., Dr. Marshall, of Ill.; State Medicine, Dr. Roberts, of Tenn., Dr. Franzoni, of D. C.

Committee on Necrology, Dr. J. M. Toner, of D. C., Chairman.

FOURTH DAY.

Various amendments and resolutions were withdrawn, tabled or lost.

MEDICAL SERVICE ON OCEAN VESSELS.

Dr. Pratt, of Mich., offered a resolution that a committee of five be appointed to urge upon Congress the importance of a competent medical and sanitary service on all transoceanic and passenger vessels. Adopted.

EXAMINATION OF RAILROAD EMPLOYÉS AS TO HEARING.

Dr. L. Turnbull, of Penna., after some remarks upon pitch-deafness, offered a resolution that Legislatures be requested to take steps towards having engineers examined in regard to their hearing. Referred to Section on Ophthalmology, Otology, etc.

THE LATE SURGEON-GENERAL BARNES.

Dr. Brodie, of Mich., offered resolutions of regret at the death of the late Surgeon-General Jos. K. Barnes, U. S. A., and appreciation of his services. Adopted.

CREMATION.

Dr. Keller, of Ark., offered a resolution in regard to the prospective, if not present, sanitary necessity of cremation in large cities and populous sections of country, which was referred to the Section on Hygiene.

ADJOURNMENT.

After some further routine and unfinished business, resolutions of thanks, etc., the President dismissed the meeting with some remarks, in which he referred to his successor as the Lænnec of America.

The next annual meeting of the Asociation will be held in Washington, D. C., the first Tuesday in May, 1884.

Editorial.

THE JOHNS HOPKINS MEDICAL SCHOOL INAUGURATED.—Although some two years and over must elapse before the time set by the Board of Trustees for the opening of the Johns Hopkins Hospital, the authorities seem to have determined to push matters in connection with the medical school, although necessarily for a time in an incomplete manner and without the aid of facilities for clinical instruction. According to the report in the *Sun* of the closing exercises of the seventh year of the University, held on the evening of June 7th, President Gilman "referred to the fact that the Johns Hopkins Hospital is approaching completion and the medical school is now close at hand. For this, accordingly, the trustees have determined to bring the working of the University and of the Hospital into closer relations and have designated as professors in the Medical Department of the University, Dr. Remsen, of chemistry; Dr. Martin, of physiology; Dr. Billings, of hygiene and medical literature. It is not known as yet whether the latter will accept, but he will at all events give some lectures in the coming session on municipal hygiene." According to the same authority—a very good one on this subject—the medical course will begin October 1st, in the new University halls; a chair on pathology will be filled, probably with a foreign incumbent, and

other professors will be appointed later; the clinical chairs will not be filled until the opening of the Hospital in the fall of 1885. It is not stated whether the contemplated theoretical courses will be counted as full years of study to students attending them or not, but we presume they will rather be regarded in the light of preparatory courses.

Thus modestly begins a work which is destined to exert the most wide-spread influence upon medical education in this country. Is it too much to expect that Baltimore will in the next five years become the great medical centre of America—not in the sense of numbers but in all that constitutes excellence of opportunity, method, and work?

How They Deal with Quacks in West Virginia.—Some months ago, with much flourish and advertisement, a grandiloquent personage, calling himself "Dr. Hale," and professing to be "a graduate of the University of Edinburgh," appeared in this city, established himself in a central locality and offered his professional services to the citizens. He also delivered courses of lectures upon health subjects—some to men exclusively and some to women exclusively. He doubtless reaped a rich harvest and carried away much ready cash of our people. A reporter who was allowed from behind a door to get a glimpse of his 'interiorities,' says that he saw a prominent citizen pay him $2,000 in cash. There was no help for these things, for Baltimore is the paradise of quacks. This gentleman, however, it seems, has not fared so well in some other places where they have more respect for health, honesty and morals.

According to the Wheeling *News-Letter* of the 17th inst., his advent into that city was equally brilliant. Flaming posters, cunningly-set handbills and whole page advertisements announced his lectures, both public and private, at the Academy of Music, and a gold headed cane, set with diamonds and valued at the very modest sum of $3,500—a gift from distinguished and grateful patients—was exhibited in the window of a jewelry store. At this juncture he was called on by the Secretary of the State Board of Health and asked to register and to pay the tax of $50 required by the law of the State of itinerant physicians. He asked for two days delay in order to obtain his Edinburgh diploma, which he said he had deposited for safe keeping in New York. This was allowed, and he paid the $50 tax. At the end of the two days, instead of the diploma, he offered a certificate from the clerk of the court in New York city to the effect that he was a registered physician in that State but not stating on what basis he had been registered. When asked what medical college had endorsed his diploma, he answered the "United States Medical College," an institution declared illegal by a recent decision of the courts. He then produced a diploma from the "American Eclectic Medical College" of Cincinnati, which was refused recognition, it being known to be a mere diploma-mill. As a dernier resort the gold-headed cane was offered as a proof of character and qualifications. Everything failing to move the heart of the inexorable Secretary, he packed up and quietly slipped out of Wheeling just in time to escape arrest and possibly imprisonment.

This man published a sheet called "Health and Home," and in order to show the true business in which he is engaged, the *News-Letter* publishes some passages from it taken at random, which contain the vilest suggestions and defense of immorality, limitation of offspring, and even abortion.

It is impossible to read the account of this affair without feeling how infinitely better off are our brethren of West Virginia than ourselves—better off in the possession of an efficient law, and in the possession of a man with the courage and energy to see to its execution. Medical legislation in Maryland is becoming daily more and more necessary, and cannot long be deferred. Who will inaugurate the movement?

Reviews, Books and Pamphlets.

A System of Human Anatomy, including its Medical and Surgical Relations. By Harrison Allen, M. D., Professor of Physiology in the University of Pennsylvania. Section III, Muscles and Fasciæ.

The third section of this valuable work is not as full as we had reason to expect; and while it contains much that is excellent and shows careful research on the part of the author, there are certain minor faults to which attention should be called. The descriptions are as a rule clear, concise and sufficient, and the functions and relations of the muscles are set forth in a manner well calculated to leave a lasting impression on the mind of the student. Particular attention is paid to the variations of muscles, and Prof. Allen has probably given us the most complete exposition of this interesting subject in the language. Most excellent too is his description of the fasciæ, especially that of the upper extremity. The author has followed the good example of other anatomists in appending a special account of the inguinal, femoral and perineal regions, and has added a useful study of displacements in frac-

ture, which, while it does not pretend to be full, includes most of the typical varieties. The chief fault we have to find is that a certain looseness if not carelessness, of expression sometimes creeps into the descriptions. A few examples will not be amiss. The masseter, temporal, etc., are said to be supplied by the facial nerve, meaning, of course, the fifth and the *pes anserinus* of the facial, is also spoken of where naturally the seventh is meant. This would confuse a beginner in anatomy. The mylo-hyoid muscle is described as forming the *roof* of the neck, an expression which seems to us rather figurative than accurate. Genio-glossus is preferred to genio-hyo glossus, and the latissimus-dorsi is described as of rectangular shape. In speaking of the gluteus maximus, it is said that: "The lower border is the boundary of the natis. It is tense when the muscle is contracted." This seems like saying that the lower border of a muscle is tense when it is contracted; not a very unusual condition in a contracted muscle. In enumerating the tissues covering complete oblique inguinal hernia, from without inward, the author does not mention the intercolumnar fascia. A typographical error on page 334, under fractures of the tibia, makes the author say "*prevents*" when he means "*presents.*" Thirteen plates and several smaller figures illustrate the section, and it is to be regretted that they are in no wise worthy of the text.

J. E. M.

Miscellany.

THE UNION PROTESTANT INFIRMARY AND ITS CHANGE OF POLICY.—This excellent institution, under management of prominent ladies of all the principal Protestant churches of this city, has recently established a new policy in respect to the reception of patients which will supply a want much felt by a majority of the profession in this city. Until recently all patients admitted into the Infirmary were assigned to the regular medical staff, and all physicians who were not members of this staff were denied the privilege of attending their patients in this institution.

Now the *Private Rooms* of the Infirmary are open for the reception of patients of *all* regular practitioners. *Free beds* are likewise provided for the sick poor. The institution, located on Division near Mosher Street, is admirably arranged and managed, and is one of the most inviting homes for the sick in the city. The terms for board and attendance are moderate.

Patients with contagious diseases and obstetrical cases are not admitted.

The following physicians comprise the present staff of the Infirmary:

General Surgery.—Dr. A. P. Smith.

Gynecology.—Prof. W. T. Howard.

Nervous Diseases.—Prof. F. T. Miles.

Ophthalmic and Aural Surgery.—Prof. J. J. Chisolm and Dr. Russell Murdoch.

Attending Physicians.—Drs. R. B. Morison, W. F. A. Kemp, John Dickson and A. F. Dulin.

Consulting Physicians.—Drs. H. P. C. Wilson, P. C. Williams, C. Johnston, Wm. Riley, H. M. Wilson, C. Winslow, R. Buckler, Thos. A. Ashby, J. Carey Thomas, H. L. Byrd, C. B. Gamble, T. F. Murdoch, John Van Bibber and Sam'l. Johnson.

TRACHEOTOMY IN CROUP AND DIPHTHERIA.—Dr. Lindner, in a recent number of the *Deutsche Zeitschr. fuer Chir.* (*Lond. Med. Rec.*), analyses 106 cases of tracheotomy for croup and diphtheria, done by himself or under his direction. Excluding cases of death during the operation and hopeless cases, 62¾ per cent. died. In 79 cases where obstruction of the air passages was the prominent condition, 55.7 per cent. died, whereas all of 22 died in whom this symptom was subordinate to intense general infection. He is of the opinion that the proper time for operation is when well-marked retraction of the scrobiculus cordisis first observed. In all except five, the superior operation was done; the author has never met with profuse hæmorrhage or any serious complication in the superior operation, and regards it as specially indicated in the very young. Chloroform is recommended always except in intense asphyxia. After the operation the author uses steam, which prevents accumulation of dry and firm secretion within and below the cannula. In some cases he has aspirated the air-passages to clear out accumulated secretion, and of nine cases so treated eight recovered. The author regards apomorphia as a valuable agent, the abundant watery bronchial secretion favoring separation and removal of the membrane. The tube should be removed as soon as the air passages are free, as indicated by the breathing and voice. Pneumonia is the most common after-complication and is nearly always fatal.

MARYLAND COLLEGE OF PHARMACY AND THE NEW PHARMACOPŒIA.—At a meeting of the Maryland College of Pharmacy, to consider the feasibility of at once adopting all the formulæ of the revised U. S. Pharmacopœia, it was resolved that on account of numerous changes in the strength of some of the preparations which might lead to mistakes, it would be advisable not to begin with the new formulæ *before July 1st, 1883*, and to continue to

dispense the preparations made by the old Pharmacopœia until then. A committee was also appointed to prepare a list of the most important changes, and call the attention of the Medical Profession and the Pharmacists and Druggists to the above, requesting Physicians to specify "U. S. P. 1880," on their prescriptions when they desire to prescribe preparations made according to the revised Pharmacopœia prior to July 1st.

LIST OF THE MOST IMPORTANT CHANGES.

	Number of parts of active constituent in 100 parts by weight of the preparation.	
	Phar. 1870.	Phar. 1880.
Acetum Opii	16.3	10
Acidum Hydrochloricum dilut.	7.8	10
Acidum Nitricum dilut.	11.6	10
Acidum Sulphuricum dilut.	12.1	10
Extractum Aconiti	Leaves.	Root } More
Extractum Conii Alcoholicum	Leaves.	Fruit. } Active.
Liquor Potassii Arsenitis	0.87	1
Spiritus Menthæ Piperitæ	6.4	10
Spiritus Menthæ Viridis	6.4	10
Tinct. Aconiti (Rad.)	47.6	40
Tinctura Aloes	3.3	10
Tinctura Asafœtidæ	16.	20
Tinctura Cannabis	36	20
Tinct. Cantharidis	3.5	5
Tinct. Capsici	3.5	5
Tinct. Catechu Comp.	7	12
Tinct. Conii	Leaves.	Fruit. } More Active.
Tinct. Lobeliæ	15	20
Tinct. Myrrhæ	12	29
Tinct. Nucis Vomicæ	3.5	2 (Dry Extract)
Tinct. Opii	9	10
Tinct. Opii Deodorat.	9	10
Tinct. Valerianæ	15	20
Tinct. Valerianæ Ammon.	15	20
Tinct. Zingiberis	31.8	20
Unguent. Hydrarg. Ammon.	8	10
Unguent. Hydrarg. oxid. flav.	8	10
Vinum Opii	13	10
Pulvis Opii	10 (morphia)	12 to 16

A number of less important changes have been made in the new revision a complete list of which will be found on pages 454 and 455 of the New Pharmacopœia.

LOUIS DOHME, WILLIAM SILVER THOMPSON, LOUIS C. ROEHLE.

STRETCHING SUPERIOR MAXILLARY NERVE FOR FACIAL NEURALGIA.—*Lemaistre* (*Revue de Chir., Lond. Med. Rec.*) reports an obstinate facial neuralgia thus successfully treated in a man, æt. 54, who had suffered for eight years from gingivitis of upper jaw, and gradually lost all his teeth. An incision having been made over the inferior margin of the orbit down to the bone, the orbital periosteum was stripped away with a spatula as far as the spheno-maxillary fissure. The contents of the orbit were then raised and the upper wall of the infra-orbital canal broken away from the sphenoidal fissure to a point about one-fifth inch behind the infra-orbital ridge. The nerve having been freely exposed by section of its sheath, was raised on a blunt hook and forcibly extended. Complete paralysis of sensibility followed, which commenced to diminish on the 8th day, and had entirely ceased in 2½ months. From experiments, the author thinks a traction of 8.83 lbs. in the male, somewhat less in the female, may be safely applied. The author concludes that the operation offers a fair prospect of success in all cases of neuralgia of this nerve, a success much more likely than from Carnochan's proceeding of breaking through the anterior and posterior walls of the antrum.

Medical Items.

Prof. George H. Rohé, of Baltimore, Professor of Dermatology and Hygiene in the College of Physicians and Surgeons of that city, and one of the best of Eastern lecturers, has been engaged by the Minnesota College Hospital (Minneapolis) for a course of twelve lectures upon Hygiene. The course will occupy one hour daily, from Oct. 22nd to Nov. 3rd inclusive. All physicians in the State are invited to be present. The College Faculty are to be congratulated upon their enterprise in securing Prof. Rohé.—*Northwestern Lancet*, June 1.=The Southern members of the American Medical Association at Cleveland are said to have strongly urged the claims of Dr. H. F. Campbell, of Georgia, for President.=Prof. Ellerslie Wallace, of Jefferson Medical College, Phila., has resigned his Chair of Obstetrics and Diseases of Women and Children.=Dr. E. M. Moore, of Rochester, N. Y., was elected President of the American Surgical Association, which met recently at Cincinnati.=Dr. Reamy, of Ohio, is reported to have said at Cleveland, that "if there is anything that is an abomination and ought to be banished from obstetric practice on account of its great danger to the mother and child, it is ergot." (Applause).=According to the correspondent of the *Boston Medical and Surgical Journal*, the requirement to subscribe to the Code of Ethics, at Cleveland, was simply a matter of expediency, the book containing the signatures being filled with names duplicated and reduplicated interminably.=The Pennsylvania Anatomy Bill has become a law. It meets with great favor from the profession of that State.=Gen. Alex. Shaler has been nominated by the Mayor to succeed Prof. Chandler, as Health Commissioner of New York, and has been confirmed by the Board of Aldermen.

Original Papers.

THE INTRODUCTION OF INOCULATION AND VACCINATION INTO MARYLAND, HISTORICALLY CONSIDERED.

BY J. R. QUINAN, M. D., OF BALTIMORE.

(*Read before Balto. Med. Association, May* 14, 1883).

(*Concluded*).

This National Vaccine Institute existed under the management of Dr. James Smith from 1813 to May, 1822, when Congress repealed the law establishing it. This was done ostensibly, under the plea that the distribution of vaccine would be best secured by State management; really, because they desired to appease the violent prejudices excited against the institution by its enemies in exaggerating the results of what is known as the

'TARBOROUGH ACCIDENT.'.

It seems that about Nov. 1, 1821, Dr. Smith had appointed, as an auxiliary vaccine agent in North Carolina, Dr. John F. Ward, of Tarboro, of that State, and soon after sent him a packet containing only, as Dr. Smith supposed, his commission, the Rules of the Nat. Vac. Inst., and a vaccine lancet.

Dr. Ward, upon opening the package, found it also enclosed some scabs in a paper, upon the back of which was marked the word 'Variol'—with a date and the name 'Whitford.' Heedless of the warning the label afforded, or ignorant of its meaning, and having, as he confesses, no acquaintance with smallpox or the appearance of its crusts, he rashly assumed that the scabs sent him were the genuine vaccine matter and employed them on the arms of twelve or fifteen persons in his neighborhood.

The result was a mild attack of smallpox in every case he inoculated, but others took the disease from them, and several thus infected, died.

To confuse the affair still more, Dr. Ward, on the 29th of Dec., 1821, wrote to Dr. Smith that, "the *vaccine matter* he had used had a very different effect upon those he vaccinated than could have been expected."

Dr. Smith (not suspecting the true cause), in a reply (Jan. 10), tells him the varioloid is prevailing in Baltimore, and perhaps the vaccine sent may have been affected with the prevailing infection.* He also tells Dr. Ward, that the crust he (Dr. W.) had sent him (Dr. S.) from his North Carolina cases, had "no resemblance to a vaccine crust." Dr. Smith encloses in this letter some genuine matter. The whole narrative and correspondence is too lengthy for recital here, but may be found in full in the 1st, 2nd, 3rd and 4th numbers of The Vac. Inquirer, 1822.

Suffice it to say, that "the variolous matter with which these persons were vaccinated had been procured by Dr. Smith to prove the efficiency of the vaccine matter he was using (a common practice then), and which had not been tested by him for two or three years. But, by some unhappy mistake, the smallpox matter that he had procured for his *own use only*, was sent by Dr. Smith to Dr. Ward, instead of the vaccine matter intended.

Dr. Smith had put up the variolous matter first in a piece of newspaper and afterwards in an envelope that was blank on one side, but printed on the other, being part of a waste copy of obsolete regulations of the Vaccine Institute, Jan., 1817. On this paper Dr. Smith had written distinctly that it contained *variolous* matter and put it away carefully. The vaccine matter was put up for distribution by Dr. Smith between small plates of glass; but in this case, a paper full of perfect smallpox scabs, just as they were taken from the person who had the disease, was sent to Dr. Ward. These scabs differ as much in appearance from the vaccine matter, as any one thing can well differ from another, to which it bears no resemblance; and it is not yet satisfactorily accounted for, how Dr. Ward came to use these smallpox scabs; no directions for their use, or the use of any other matter, were put up with them.

The waste paper which contained them, was sent to Dr. Ward in a letter, which related to his appointment as an auxiliary agent of the Vaccine Institution.

Dr. Ward does not inform us that he used the variolous matter from choice, and it is but charitable to admit, that he used it ignorantly.

But there is no physician, we believe,

* This opinion was also held by Waterhouse in the Marblehead affair.

that understands his business as he should, who would not have known what the paper that was sent to him contained, as soon as he opened it; even although it was not labelled, as it was. The whole blame, therefore, if any person is to be blamed, should attach to Dr. Ward.

He acted with his eyes open. If he did not know what the paper contained, when he opened it, he ought not to have used it on any account" (Vac. Inq., No. 3, 110–111).

As soon as Dr. Smith understood the extent of the mischief done by Dr. Ward, he sent a special agent there who remained a month or more in North Carolina till he had extirpated the smallpox, in that neighborhood, with vaccine matter furnished by Dr. Smith.

The people of Tarboro, who understood best the extent of the injury done, gave a cordial reception to the special agent and continued to show undiminished confidence in Dr. Jas. Smith, but the exaggerated reports of the affair circulated by the enemies of the Vaccine Institution, caused Congress to appoint a Committee of Investigation, who, after a thorough investigation, while deploring the unfortunate accident that had occurred, expressed their undiminished faith in vaccination, and saw no necessity of interfering with the law. But this report did not suit the Rep'ves of North Carolina, who succeeded in getting a special committee appointed, the chairman of which had expressed great indignation at Dr. Smith, and by *ex parte* representations to the President, induced the latter to cancel Dr. Smith's agency without a hearing. These parties finally succeeded in getting the law repealed.

Dr. Smith's culpability in this Tarboro' affair lay in his allowing the packet to leave his institution without previous personal inspection. Yet who of us could have performed his duties of distributing daily, for nine years, letters and virus to a hundred different correspondents, and escaped this *one* error? Dr. Ward's culpability lay in *using* as *vaccine*, scabs of which he knew nothing, except that they were labelled *Smallpox*. This surely ought to have prevented their employment; and yet in his extenuation, it may be said (what all who are familiar with the early literature of vaccination know), that just such mistakes as this of Dr. Ward, were perpetrated by some of the most eminent of his predecessors. I refer to the sad occurrences at Marblehead, Mass., at Geneva, and at Petworth, Eng., where the virus was first sent by Dr. Jenner (see Waterhouse on Variola Vaccina, part II, p. 13, also Ring on Cowpox, p. 86, et passim).

The repeal of the law by Congress did not in the least cool the ardor of Dr. James Smith in extending vaccination. 'It was his determination,' he says, "not to relinquish an institution which I established many years before the enactment of the law of 1813." And adds: "The genuine vaccine matter, therefore, shall be preserved and furnished as heretofore to all those who may apply to me" (Letter in Vac. Inq., iv, p. 185, dated April 25th, 1822).

It is unnecessary to add, that Dr. Smith made good his pledge, and never ceased his efforts in the extension and popularization of vaccination over the whole Union.

"Ad illam pestem" variolam "comprimendam, extinguendam, funditus delendam natum fuisse videtur": Smith seemed born to combat and crush out that foe of our race—the smallpox.

Yet our medical text-books, our school books and other second-hand historical compilations, ignore the share of Dr. Jas. Smith in the glory of introducing vaccination into America, and bestow it solely on Benj. Waterhouse, of Mass.

Perhaps I ought to except from this charge of injustice one who has recently enriched the literature of the subject by a very interesting communication—Dr. Henry A. Martin, of Boston, who concedes to the South some small share in this good work (for which we ought to be thankful), but concedes it to the wrong party—Jefferson. Dr. Martin goes so far as to say "that Waterhouse and Jefferson were the two men to whom the *introduction* of vaccination in America was *wholly* due" (see "Jefferson as a Vaccinator," p. 33). The Doctor is an authority on vaccine virus, but not on Southern vaccine literature, or he never would have made such a statement; and, if possible, still more absurdly, he asserts that while Jenner and others sent supplies over to societies and individuals, "no record of any authenticity has been discoverable that any but Waterhouse and Jefferson succeeded in perpetuating vaccinia of a normal type" (op. cit., p. 34). My reply is, that Dr. Jas. Smith had his virus tested by Dr. Jenner

himself, who found it genuine and 'normal,' and Dr. Martin can find the record of it, well authenticated, in our Baltimore vaccine literature. I contend that whether by introduction, we are to understand the priority in the use of vaccine, or the efforts for its extension and firm establishment, in neither case can Boston justly claim any superiority over Baltimore.

Look at the dates:

In the summer of 1800, Dr. John Crawford, of Baltimore, receives and successfully uses vaccine matter sent him by Dr. John Ring, of London (see Ring's Treat. on Cow Pox, part 2, p. 459).

In the summer of 1800, Dr. Benj. Waterhouse, of Cambridge, Mass., receives and successfully uses vaccine matter sent him by Dr. Haygarth, of Bath (Waterhouse on Kine Pox, p. 18, and id. part 2, p. 1).

The supplies of one if not both of these gentlemen were exhausted with these first trials. Waterhouse's certainly was, by his own admission (op. cit., p. 16).

In the spring of 1801, Waterhouse obtains his *second* supply from Dr. Lettsom, Jenner and others (Waterhouse on Kine Pox, part 2, p. 16).

In the spring of 1801, Dr. James Smith obtains his first supply from Dr. Woodville, of London, and never lost the infection nor ceased his efforts in extending vaccination (Vac. Inq., No. 1, 1822).

As the first successful vaccinations by Jefferson, or rather by his family physician, Dr. Wardlaw, Aug. 7, 1801; by Dr. Gantt in Washington, Sept., 1801; by Dr. J. R. Coxe in Phila., Nov. 9, 1801; by Dr. Seaman, of New York, Nov., 1802; by Dr. Ramsey, of South Carolina, Feb., 1802, are all *subsequent* to its use in Baltimore, we need not dwell on them, as they do not affect the point we are discussing.

In the extension of vaccination, Dr. Jas. Smith enjoyed an advantage which Waterhouse did not possess.

There was no medical opposition in Baltimore; nor any such mistakes by the use of spurious matter as occurred at Marblehead, Mass., in the *infancy* of the practice, and which did so much to cripple Waterhouse's efforts.

On the contrary, the profession of Baltimore, including almost the entire Faculty, gave public and early expression to their approval of it, and organized themselves into a society to aid Dr. James Smith in its extension. This, while it detracts nothing from the fame of Dr. Smith, serves to account for the rapid success of the measure in Baltimore and the extent of Dr. Smith's influence as a vaccinator.

On the other hand, "the Medical Society of Mass., did not formally recognize vaccination till June, 1808" (Martin, op. cit., p. 9). "They opposed Waterhouse and vaccination for *ten long years*—and Massachusetts was the very *last* civilized State whose profession, by its acknowledged executive recognized vaccination" (op. cit., p. 9).

And again he says (op. cit., p. 10), "For ten long years" those who ridiculed Waterhouse and vaccination" practically included the entire profession of Boston."

In Baltimore, on the contrary, I know of but one man in the entire Faculty who opposed it (Dr. P. K. Rogers).

In confirmation of Dr. Martin's assertion about the slow progress of vaccination in Mass., I give the following "Table of the Progress of Vaccination in America" by Dr. (?) Fancher (Mass. Hist. Coll., 2nd ser. vol. iv, p. 97): "1802, 275 vaccinations in New Jersey; 1803, 500 in New Jersey and New York; 1804, 600 in New Jersey, New York and Connecticut; 1805, 700 in Connecticut and Vermont; 1806, 926 in Connecticut and Vermont; 1807, 1600 in Connecticut and Vermont; 1808, 400 in Vermont and New Hampshire; 1809, 1499 in Massnchusetts; 1810, 7500 in Rhode Island, New Jersey and Connecticut; 1811, 3500 in Massachusetts, New Jersey and Connecticut; 1812, 1000 in New York and Massacusetts; 1813, 2560 in New York; 1814, 4500 in Connecticut and New York; 1815, 3460, Connecticut and Massachusetts; 1816, 2800 in Connecticut and Massachusetts. Total, 35,870." The table shows the limited influence of Waterhouse, as the farther you leave Massachusetts, the greater the number of vaccinations, and in fact there are none reported for that State till 1809. I venture to say that Dr. J. Smith and the Faculty of Baltimore had vaccinated in the above period more than all reported for New England.

During this whole period from 1802–9, Dr. J. Smith and the Faculty of Baltimore, had been actively engaged in distributing vaccine virus over Pennsylvania, New York, New Jersey, Delaware, Ohio, Kentucky, Virginia, North and South Carolina and other States, and even to the West Indies

and South America (see address to members Legislature of Maryland by Dr. J. Smith, 1818.)

I have thus sketched the history of the introduction of inoculation and vaccination into Maryland, and claim to have shown:

1. That inoculation was in use in Maryland at a very early date, certainly before 1738, and probably soon after it became known in England.

2. That Dr. Adam Thomson, of Maryland, originated (1750) the so-called 'American Method' of inoculation, which was universally adopted throughout America, and approved in England.

3. That this 'American Method' was the one in use in the first Inoculating Hospital established in Massachusetts, Feb., 1764.

4. That this Maryland physician was considered by Dr. Benj. Gales, of Connecticut, and others, the most successful inoculator of America.

5. That Dr. Henry Stevenson, of Baltimore, established (Feb., 1765) the second, and for many years the only, Inoculating Hospital open to patients in America.

6. That he also attained the reputation of being 'the most successful inoculator of his day.'

7. That Dr. John Crawford began vaccination in Baltimore as early as did Waterhouse in Massachusetts, viz., in the summer of 1800.

8. That Dr. James Smith began vaccination in Baltimore cotemporaneously with Waterhouse's second effort, viz., in the spring of 1801.

9. That Dr. James Smith, of Baltimore, established the first vaccine institute in America, viz., March 25, 1802.

10. That Dr. James Smith, of Baltimore, secured from the Legislature of Maryland the first State vaccination law in the United States, viz., 1809, and

11. That Dr. James Smith, of Baltimore, from his life-long and successful devotion (both as State Agent and as United States' Agent) of his means, his personal efforts and his pen to the introduction and firm establishment of vaccination throughout the United States, is justly entitled to be considered *The Jenner of America.*

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The same, part 2. Cambridge, 1802, 8vo, pp. 139 (Toner Lib.).

A Treatise on the Cow Pox, Containing the History of Vaccine Inoculation, etc., by John Ring, M. R. C. S., London, part 1, 1801; part 2, 1803, pp. 1036 (Toner Lib).

Practical Observations on Vaccination, or Inoculation for the Cow Pox, by John Redman Coxe, M. D., Phila., 1802, 8vo., pp. 152) Toner Lib.).

A Discourse on the Preparation of the Body for Receiving the Smallpox; delivered in the Public Hall of the Acad., before the Trustees, Nov. 2, 1750, by Adam Thomson, physician in Phila. Printed by Benj. Franklin, 1750, 4to, pp. 24 (Toner Lib..) Reviewed in London Med. and Phys. Jour., 1752, p. 307, in which it says the author (A. T.) "is a rational practitioner and has considered his subject with attention, and who appears better fitted to judge of the subject than the majority of American practitioners may be." This book underwent three editions, 1750, 1752 and 1757.

Centennial Address Delivered in the Sanders Theatre at Cambridge, June 7, 1881, before the Massachusetts Medical Society, by Samuel Abbott Green, M. D., Groton, 1881, 8vo., pp. 112.

Observations on the Cow Pox, by Dr. James Smith. Balto. Telegraph, Dec. 5th, 1801; also

History of the Introduction of Vaccination in Maryland, by same. Fed. Gaz., Dec. 5, 7, 8, 1801; also in Vac. Inquirer, No. 1, 1822.

On the Natural Smallpox, by same. Fed. Gaz., July 16, 1816.

Address to Members of Legislature of Maryland, by J. Smith, Baltimore, 1818, pp. 35.

The Vaccine Inquirer, conducted by a society of physicians of Baltimore (chiefly edited by Dr. James Smith and Dr. G. B. Smith); 1822, No. 1. (Nos. 2, 3, 4, were kindly loaned me by my friend, Dr. T. F. Wood, editor North Carolina Med. Journ., who, by the way, has the most complete collection of the literature of vaccination and smallpox in any private library in the United States).

Jefferson as a Vaccinator, by Henry A. Martin, M. D., Boston, Mass., 1881, pp. 34; a reprint from North Carolina Med. Journ., Jan., 1881.

Since writing the above, I find additional confirmation of my position in regard to the *direct* importation of inoculation into Maryland, from Europe, in a statement of Dr. Jas. Smith, which I had overlooked, "that the most approved methods of inoculation had been *early* introduced into Maryland, *from Europe*" (see his 2d letter to Leg. Md., 1818).

Clinical Notes.

TWO CASES OF ADHERENT PLACENTA.

BY W. GRAY SMITH, M. D.

Mrs. B., a 23 year old primipara, fell over a chair, and two weeks after gave birth to a dead seven-months fœtus. A very large hypodermic of ergot was given promptly, as she had a bad history as to bleeding from cuts.

Little blood was lost, and all went well except that the placenta could not be gotten. This was partly because the os had responded with unusual vigor to the ergot. It barely admitted the point of two fingers half an hour after the delivery. So very strong was the contraction, that since the family would not permit a consultation or the use of chloroform, a closely packed wad of absorbent cotton was inserted into the os to prevent it from closing altogether, and chloral was given freely. After ten hours two fingers could be passed in with some difficulty, and three hours were spent painfully wrestling with that placenta from every imaginable point of attack. It was free except at a small point barely out of reach of the fingers. Probably twenty very small rolls of absorbent cotton were securely tied about the middle with a cord, and after being saturated with glycerine were packed against the adherent point as close as possible to the uterine wall. This

was a tedious job, but it practically lengthened the fingers so that five minutes after my wedge was satisfactorily in position, the placenta, perfectly intact, was in the chamber. This resort seems harmless, since the wads can be one by one removed at will; and as to hemorrhage, certainly nothing can be further removed from a cutting edge than a wad of cotton. Ergot was given freely again and warm salt-water injections were ordered *ter die.* Not a bad symptom followed the accident, and all was well till about two months ago she miscarried again, and died under homeopathic care.

Mrs. H., a multipara, aged 25, had her third premature labor about a month ago. She claims to have always had serious trouble in child-bed. Every other doctor in the neighborhood was sent for before the writer, and the patient was not seen till about two hours after the nurse had removed a partially decomposed 7-8 month fœtus, the cord and a fragment of the placenta. The os was so firmly contracted that only one finger could be inserted. Again chloroform was denied me; and as only a little blood was being lost, and no bad symptoms appeared, chloral was given, and warm salt water injections were alternated with patient efforts at extraction during twenty-four hours. At the end of that time all was free except a point at the fundus, which felt to the finger tips like sinews rather than placenta. The cotton-wad wedge was again resorted to with almost as satisfactory results.

BALTIMORE, June 16, 1883.

Society Reports.

BALTIMORE ACADEMY OF MEDICINE.

STATED MEETING HELD APRIL 3rd, 1883.

(*Specially Reported for Md. Med. Jour.*)

The Academy met at 9 P. M., *Dr. James A. Steuart*, Vice-President, in the chair.

Dr. C. C. Bombaugh was elected to membership.

MIRROR SUPPORTER FOR THE USE OF LARYNGOSCOPISTS AND AURISTS.—*Dr. Julian J. Chisolm* exhibited a new and very simple method of supporting the laryngoscopic mirror, which seems to have greatly improved and perfected an instrument in every day use by laryngoscopists and aurists. The head elastic belt, heretofore the only support of the reflector, is so very uncomfortable to the surgeon that many cannot use it. The band encircling the head has to be drawn firmly, to hold the mirror with the required steadiness, and this needful constriction, if kept up for even a short time, will cause headache to the wearer. Attempts have been made to have the reflecting mirror attached to a heavily constructed spectacle-frame. No successful progress has been secured in this direction. Prof. Chisolm's improvement consists of a broad steel spring one-fourth inch wide, and long enough to reach from the nose, over the crown of the head, to below the occipital protuberance. A well-padded cross-bar, three inches in length at the ends of the band, gives it a firmer support both upon the forehead and the occiput. It is to this band of steel that the universal joint apparatus which holds the reflector is attached.

To the many who require aid for accurate near-sight in case of defective refraction or defective accommodation, spectacles are much interfered with by placing the ordinary band mirror in position. To obviate this constant annoyance, Professor Chisolm has had a series of plus and minus lenses secured in a rotary wheel to the back of the reflector, so that any eye can be suited in its adaptation for near vision.

The advantage of the improvement over all other mirror supporters is that the broad spring which goes over the head in the direction of the sagittal suture is put off and on without squeezing the head or rumpling the hair. The same spring will suit any head without adjustment. The comfort with which the new mirror supporter can be worn will extend the uses of reflected light beyond throat and ear inspection, and will facilitate to a large degree vaginal examination, so that it will become a valuable instrument to the gynecologist as well. These new instruments can be had of Charles Willms & Co., surgical instrument makers, 76 N. Howard street, Baltimore, who has so successfully carried out the designs of Professor Chisolm in the manufacture of this reflector.

Fatal Cyanosis in a Boy Aged Seven, with Post-Mortem.—*Dr. McKew* reported the following case: A boy æt. 7, the subject of cyanosis who had had scarlet fever recently but was entirely well of that, complained of vague pains about the joints. This was followed by gradual exhaustion, he refused to take nourishment and died in convulsions. On opening thé chest, *post-mortem*, there was intense lividity of the lungs; the ductus arteriosus was patent and the size of a pencil; the foramen ovale was closed; there was very marked thickening of the right ventricle. This patient's intellect was good and he had no apparent disease to account for the symptoms.

Dr. Miles pointed to the fact that although in this case the blood was surcharged with carbonic acid, the brain nevertheless functioned well. Among the poor, where the cracks of the dwellings are filled up, bad health is due to other causes than this.

Dr. McKew also spoke of the good results obtained from the use of small and frequently-repeated doses of iodide of potassium in cerebro-spinal meningitis. Under two-grain doses every hour (he has given one to two grains every hour to the youngest infant) he recalls eight to ten recoveries. Frequency is desirable on account of the rapidity with which the drug is eliminated.

Latent Bright's Disease.—*Dr. J. Carey Thomas* reported the case of a young man in apparently perfect health except for a pain in the back and albuminuria. He had been rejected for life insurance by Prof. Donaldson.

He also alluded to a case of temporary paresis, in which there was a great amount of albuminuria, yet this patient was attending to his business as usual.

Dr. Chisolm mentioned a case in which there was sudden loss of vision; albumen here filled more than two-thirds of the test tube.

Dr. McKew said such cases suggested very strongly the importance of examination of the eyes, since there must be many cases of latent Bright's Disease among us.

Dr. Chew spoke of a case recently under his care. An extreme accentuation of the second sound of the heart led him to suspect some renal trouble; upon examination, the urine was found loaded with albumen. In another case of supposed contracted kidney, there were frequent attacks of uræmic convulsions. The patient has been entirely free of these for five or six years, and their occurrence was attributed to the bromide of potash, of which he had taken enormous quantities.

Deafness of Five Years Due to Cerumen.—Rupture of Drum-head Without Loss of Hearing.—*Dr. Chisolm* mentioned the case of an Englishman who had been treated unsuccessfully for deafness in one ear, in Liverpool. This trouble—of five years' duration—was found to be entirely due to cerumen blocking up the meatus.

A young gentleman was struck upon the ear with a boxing glove. Buzzing followed, which led to an examination, when a rupture of the drum-head was discovered, yet perfect hearing remained—quite as good in this as in the other ear. Rupture does not necessarily seriously disturb hearing unless the ossicles be displaced.

A Case of Pulmonary Abscess and Limited Empyema.—*Dr. Richard McSherry* reported the following case: In May last I was called to see a gentleman in this city who had been ill for several weeks, had left town for change of air, and had then just returned, suffering greatly with gastric distress, so that his stomach could neither tolerate food nor medicine. His general appearance indicated that his vital forces were pretty much exhausted.

With an intensely irritable stomach, and anorexia, there was great prostration, foul tongue, fetid breath and cough, with some offensive expectoration. He said that in the earlier part of his attack, his principal suffering had been from a severe pain in the left side, which he called *pleurodynia*, but that was now almost forgotten in the more urgent gastric distress.

I gave principal attention accordingly to the state of the stomach, seeing that exhaustion was impending from the functional failure of that organ.

Small doses of chlorate of potash, biborate of soda and tincture of eucalyptus internally, and cantharidal collodion at the same time, over the epigastrim with almost absolute diet, in the first instance, had a beneficial effect.

On account of fetor of breath, I soon varied the internal remedies by giving a combination of eucalyptus, glycerine, listerine and creasote.

To these antiseptic agents quinine, tannin and hyoscyamus were shortly added for tonic and tranquilising influence. Then

ex. beladonna and ox. zinc were given in the evening for night sweats. It must be understood that these agents were not all crowded together, but were administered upon successive days p. r. n. For pain in the side, a small fly blister was applied.

At my usual midday visits, the pulse was small and weak, ranging about one hundred to the minute as the patient was reclining, and the temperature for some time kept pretty uniformly at about 100° F.

When the patient spoke of pleurodynia, he said a medical friend had suggested paracentesis thoracis. Thereupon, I made such examination as I could over the front and sides of the chest, but heard only some mucous rales, and found the percussion sounds clear from apex to diaphragm. It occurred to me that if there had been any pleuritic exudation it must have been to a large extent absorbed.

After a few days, when the patient was enabled to sit up, supported, I had an opportunity of examining the chest upon the posterior aspect, and found something much more grave than pleurodynia.

There was dulness, or rather flatness, upon percussion, under spine and along the inner border of left scapula, radiating for from two to three inches from the centre. Then some suspicious clicks were heard. Meantime, percussion and respiration were clear to the base of lungs anteriorly, while the patient was maintained in the erect position.

Cough brought up offensive sputa in limited quantities, when suddenly there came one morning a large gush of very fetid muco-purulent matter, the odor of which pervaded the sick room and adjoining apartments.

Thereafter the physical signs of a large cavity were complete. We had cavernous rhonchi, amphoric respiration, gurgling, pectoriloquy, and, as was first observed by my son, Dr. H. Clinton McSherry, occasional but distinct metallic tinkling.

The flatness or effusion never passed certain definite limits, so it was clear we had a great abscess or limited empyema to deal with.

The disgorging went on freely after this, giving at times distinctive amphoric percussion sounds, and alteratives, astringents and tonics, always with antiseptic agents, were sedulously continued. Among the various remedies may be enumerated iodide of potash, muriate of ammonia and sarsaparilla; at night occasionally aromatic sulphuric acid, oil of tar and glycerine; at other times terebinthinates and copaiba, and very satisfactorily for a time, sulph. of quinine with hydrobromic acid. During convalescence, cod liver oil and lime water were directed for persistent use.

My patient thereafter improved so much, that after about seven weeks of attention, he went to Atlantic City fairly convalescent, where he spent some weeks in June and July, and returned fully capable of attending to his affairs, being now in the drug business.

I called to see him about a month ago, and found him actively employed, in good health and spirits, and scarcely conscious of any difference in feeling or action between the left and right sides of his chest.

Upon applying my ear over the original seat of disease, I could only distinguish some little creaking or clicking over the formerly ailing region.

As the inner wall of cavities usually becomes perfectly smooth after the ulcerative process is arrested (Orth), it is probable that such was the condition in this instance. The morbid sounds, as then hastily observed through the undergarments, were less conspicuous than might reasonably have been expected from so formidable a lesion.

In making a mental review of the pathology of this case, I cannot undertake to say where the morbid changes began. What is certain is, that there was a large cavity in the lungs, which may have been multiple in the beginning, or single. There may have been bronchiectasis, or there may have been embolic infarction. There certainly was pleuritis with fibrinous adhesions limiting the spread of purulent matter, and there was doubtless some circumscribed necrosis of the pulmonary pleura, which resulted in a pleuro-pulmonary fistula, but whether the primary disease extended from pleura to lung, or from lung to pleura, is more than I can undertake to determine.

It may be a question whether paracentesis or any other surgical procedure should have been used. While I certainly should have made an opening in case of superficial œdema, or pouting, or *empyema necessitatis*, I cannot think that, all things considered, any operation would have been for the good of the patient.

Whatever doubts may have been suggested to the mind before the disgorging of the cavity by way of the bronchial tubes, the amend-

ment thereafter was so steady, though slow, that a through and through passage would have been more fraught with danger than promise of benefit.

The amendment was uniform. All the functions improved. Fever subsided, appetite increased, and digestion was better accomplished day by day, so that when the patient went for a change of air to the sea-shore, he was enabled to take in sufficient supplies to gain in weight, as he wrote to me, nearly a pound a day. The pain and disorder in the side nearly disappeared before he left, and his sleep was sound and refreshing.

Finally, I may say, that I saw the gentleman a few days ago; found him actively engaged in his laboratory, and almost the only trace of disease appreciable is increased vocal fremitus in what can scarcely be called now *regione dolente*, as he has no morbid feeling there, and he is altogether in the enjoyment of an excellent state of health.

It has not been my portion to meet with many similar cases, and I would be pleased to have the opinions or experience of other members of the Academy.

Correspondence.

LETTER FROM BERLIN.

BERLIN, May 17th, 1883.

Editors Maryland Medical Journal,

DEAR SIRS:—I arrived in Berlin during the Whitsuntide holidays, which last about ten days, hence at a somewhat disadvantageous time for becoming familiar with medical matters in the city.

The University was closed, and even the public clinics discontinued; the hospitals were, however, accessible, and a visit to them at this time was perhaps especially auspicious. There are several hospitals in Berlin, the largest of which is the Charité, an enormous structure capable of receiving about 1500 patients, and enclosing within its quadrangle an ample park for the recreation of convalescents. There are about 300 surgical beds in this institution, all under the supervision of Prof. Bardeleben. I was cordially received by Prof. B. and his assistant, Dr. Alberti, and accompanied them through the wards. I was not fortunate enough to have made my visit upon an operating day, but was kindly shown many cases of interest; some in which the cure was about perfected; others in the process of treatment. I was also able to witness the dressing of many cases, and hence had an opportunity of becoming familiar with the special methods in use in the hospital. Amongst the most notable cases was one of rhinoplasty by the Indian method, that is by a triangular flap from the forehead, the success of which was so nearly perfect that it required more than casual notice to detect that the manufactured nose was not the original organ. The scar upon the forehead, from whence the flap had been taken, was scarcely noticeable.

A man was exhibited from whom an enormous sarcoma of the sciatic and peroneal nerves had been removed, the cicatrix extending from the natis to the calf. The wound had healed firmly, apparently by first intention, and notwithstanding the large portion of the nerve which had been excised, he walked quite well. Another case, which Prof. Bardeleben viewed with satisfaction, was one in which he had been obliged to tie the femoral vein, this being the only instance of which he had knowledge in which gangrene of the lower extremity did not follow. Numerous cases of excision of the various joints were under treatment at the time of my visit. One poor boy had had resection of the ankle, knee and hip performed, and it was evident that the tuberculous processes were still in progress, and that he would soon succumb to the disease.

Fractures of the extremities are almost always treated with the plaster of Paris splint. A very uncommon, if not unique, dislocation of the humerus was brought into this hospital lately. The head of the humerus was forced downwards, and was found at the lower part of the axilla, but the arm had become abducted to such an extent that it occupied a vertical position with the elbow above the acromion process. I was unable to learn how the accident occurred.

From a friend who used to frequent the Charité, I learned that a few years ago, Listerism was carried out in all its details. As far as I could judge the spray is not used at all now, and carbolized solution only employed to disinfect the hands of the operator and assistants, and to cleanse instruments and sponges. The wounds are thoroughly irrigated with a solution of corrosive sublimate, 1 to 1000 being the proportion generally used. After thoroughly cleansing the wound with the solution, the arteries having been secured with cat-gut or carbolized

silk, and the ends cut short, the edges are brought together with carbolized silk, thorough drainage being always employed. With incised wounds a layer of oiled silk or other impervious protective is now placed over the incision, and many thicknesses of a gauze impregnated with corrosive sublimate are placed upon and around the wound, and covered with several layers of cotton batting, and this again with an impervious protective, the whole dressing being retained by a roller of dry gauze. The dressings are not opened for five or six days unless the temperature rises or pain is felt. When compression is desired a flannel bandage is used. With an open wound the method would be somewhat different, iodoform gauze being placed directly upon the raw surfaces; and in some of the cases of excision of carious bone the wound cavity is freely dusted or filled with iodoform in powder.

A favorite method of treating compound fractures or other serious wounds of the upper extremity, after dressing them antiseptically and fixing them upon a splint, is to suspend them vertically from a rack placed over the bed. Drainage is thus facilitated and extension secured.

The Augusta Hospital, erected by the present Empress, and conducted under her special patronage, is probably the most thoroughly equipped, as well as the most ornate institution for the care of the sick in Berlin, though one of the smallest. Prof. Küster is the surgeon to the institution, and Prof. Senator is the visiting physician. Prof. Küster was absent from the city at the time of my visit, but I was fortunate enough to see his assistant, Dr. Schmidt, operate for the removal of necrosed bone from the ilium. The operation itself was not especially noteworthy. The wound after thorough irrigation with carbolized solution was dressed with iodoform gauze, and then enveloped with many thicknesses of carbolized gauze and cotton, and surrounded by a Mackintosh protective, the whole being then secured in position with dry gauze bandages.

This hospital is not connected with the University and has no amphitheatre, but Prof. Küster gives clinical lectures to small classes in his operating room, and is, I believe, very popular as a clinical teacher.

In my next letter I will have something to say of the University clinics, and notably that of Prof. V. Bergmann, the successor of Langenbeck.

Yours sincerely,

R. WINSLOW.

Editorial.

DR. CHAILLÉ'S REPLY TO HON. E. JNO. ELLIS' CHARGES AGAINST THE NATIONAL BOARD OF HEALTH.—In the *Sanitarian* of March 26th there appears an answer from Prof. Stanford E. Chaillé, of New Orleans, to charges made by the Hon. E. Jno. Ellis against the National Board of Health. It will be remembered that this gentleman some months ago arose in his seat in Congress and held up the doings of the National Board to scorn and ridicule whilst charging it with incapacity and extravagance. Among the charges which Mr. Ellis brought were that certain gentlemen were paid sums ranging from $300 to $6,000 for sitting down in their offices and writing essays on various subjects; that $65,000 had been expended at Ship Island, on the lower Mississippi, to quarantine some nine vessels; that the Board inaugurated an odious and useless system of inspection for passengers from New Orleans to Mississippi in Sept., 1882; and that the officers of the Board exacted a fee for health certificates furnished by them at this time.

To the first charge, Dr. Chaillé replies that the so-called essays were reports of sanitary investigations, approved and urged by sanitary experts, requiring in some cases costly experiments, special researches, and inspection of distant places, and that only an expert can judge of the value of such work. To the second charge, he points out the fallacy of such reasoning by comparing it with a statement that every one of 10,000 planks made the first year by a saw-mill erected at $100,000 expense cost $10 each. To the third charge Dr. C. replies that the Board opposed the passenger inspection service and never agreed to its establishment until it was known that the Mississippi authorities would resort to measures far more injurious to New Orleans if it were not instituted, and until good policy and the law requiring the Board to "aid and cöoperate with State Boards" seemed alike to leave it no alternative The fourth charge he pronounces absolutely false, and states that the certificates were furnished gratuitously and never was a cent charged for them by any one authorized to give them.

As such publicity was given to these charges, it is desirable in vindication of truth and of the high characters of several members of the Board, that equal publicity should be given to their refutation. Even though the National

Board does represent a "lost cause," that is no reason why statements so opposed to the honor and integrity of the Board should be allowed to go unchallenged. The Board has an able champion in Dr. Chaillé.

INCOMES OF NEW YORK DOCTORS.—In discussing this subject, the *New York Medical Record* thinks that the estimate of the incomes of the leading New York physicians by a daily paper is somewhat below the actual amount. According to this estimate the largest do not exceed $25 000, and the average in a list of about thirty names is about $15,000. Our contemporary thinks the enormous sums of $60,000, $80,000 and $100,000 per year, which it is rumored that some New York medical men receive, are great exaggerations. We cannot help thinking that our contemporary is mistaken and that there must be several at least who can claim $40,000 to $50,000. The fees here are by no means high and Baltimore doctors are notoriously poor, and yet we know of at least three physicians in this city who are believed to make from $20,000 to $25,000 a year.

THE PROPOSED TRAINING SCHOOLS FOR NURSES.—That trained nurses are urgently needed throughout the country, there can be no question, but it may be doubted if the plan recommended by Prof. Gross and adopted by the American Medical Association is a practicable one, notwithstanding the high authority from which it emanates. The Association, it will be remembered, recommends "the establishment at every country" (county?) "town in our States and Territories of schools or societies for the efficient training of nurses, male and female, by lectures and practical instruction, to be given by competent medical men, members, if possible, of county societies, either gratuitously or at such reasonable rates as shall not bar the poor from availing themselves of their benefit."

Now we grant that some individuals would be benefitted, in greater or less degree, by the proposed courses. But it is quite evident that the latter would lack the most essential element of success, viz.: clinical facilities. Experience combines with reason to show that hospital instruction is essential for the education of nurses no less than for that of physicians. Hence such teaching can only reach its highest development in large towns and cities where hospitals are available. The instruction, therefore, outside of these would be altogether theoretical.

Again, nurses are poor, and will find it difficult to give up their avocation entirely for such a purpose, whilst they would not have the time at their disposal necessary for attendance upon the lectures whilst fulfilling their professional engagements.

Nor perhaps will the men be readily found who possess the requisite qualifications to impart the needed instruction; skill in medical practice by no means includes special knowledge or qualifications in nursing.

Large and well-conducted hospitals—such as the Johns Hopkins Hospital will be—can alone supply all the requirements for training schools for nurses. We cannot but feel that the proposed method will only serve to make the latter mere dabblers in the business they will follow and leave them with an exaggerated sense of their importance and acquirements.

Such considerations as these leave us naturally in doubt as to the wisdom of the action of the American Medical Association and skeptical of the realization of Dr. Gross' prediction that "in this way excellent nurses will be secured in a comparatively short time."

BALTIMORE AND ITS SEWERAGE.—It would seem almost as though in our State we lacked the ability or courage to deal with questions relating to the health of the people. Although one of our best engineers made a special and thorough investigation of the whole subject over two years ago, and recommended a plan which, in his judgment, met all the requirements of our case, we seem to be no nearer to a solution of the question "What will we do with our sewage?" than we were twenty-five years ago. We exhibit from year to year the same supreme indifference to the danger that our privy system continually threatens us with as though we did not know that an extraordinarily good fortune has alone preserved us from the fatal consequences of our neglect. Nor is our pride as vulnerable on this question as it is on some others, for we are almost daily the recipients of such notices as this from the *Sanitarian* of June 14th: "Baltimore from situation possesses advantages of salubrity unsurpassed by any city in the United States. But she practises filth storage to a degree probably unparaleled by any city of similar size and culture in the world; and that she reaps the fruit of the practice in the large proportion of deaths from filth diseases is only in accordance with universally recognized truths."

Prof. Stephen Smith who has made an analysis of all amputations, has concluded that reamputation was more frequently necessary in Syme's than in any other.—*Med. Record.*=As an instance of the abuse of hospital charity in London, it is related that on one occasion a banker's wife went to a hospital to see a celebrated specialist, and leaving her carriage at the corner presented herself among the patients attired in her lady's maid's clothes.

Reviews, Books and Pamphlets.

The Student's Guide to Diseases of the Eye. By EDWARD NETTLESHIP, F. R. C. S., Ophthalmic Surgeon to St. Thomas' Hospital, etc. Second American from the Second Revised and Enlarged English Edition, with a Chapter on Examination for Color Perception by William Thomson, M. D., Professor of Ophthalmology in the Jefferson Medical College. 12 mo. Pp. 416. Philadelphia: Henry C. Lea's Son & Co., 1883.

The author of this excellent manual, who was for a long time assistant to Mr. Jonathan Hutchinson, at Moorfields Hospital, and has held since the position of ophthalmic surgeon to St. Thomas' Hospital, London, has had exceptional opportunities for the study of diseases of the eye, and the practical work which he has given us shows that he has not failed to make good use of them. The opening chapters which are devoted to the consideration of "means of diagnosis" are especially worthy of commendation; the one upon "optical outlines"—which appears for the first time in this edition—being particularly clear and satisfactory, though to the excellent description which it contains of the action of convex and concave spherical lenses, their prismatic effect, etc., some account of the action of *cylindrical* lenses it would seem should have been added. Chapter III, which treats of the "examination of railway employés as to color-blindness, acuteness of vision and hearing," was written by Dr. William Thomson, of Philadelphia, and has been introduced by the American publishers.

In describing the use of the ophthalmoscope, the author gives the usual advice, that in examining the inverted image the patient should look at the ear of the observer, or at the little finger of the hand with which he holds the mirror. We must prefer that the patient should regard some fixed object upon the opposite wall of the room in which the examition is made, as in this way (the accommodation being relaxed) a larger pupil is gained, and the observer is not prevented from obtaining different views of the fundus by having every movement of his head followed by a corresponding movement of the patient's eye. His appreciation of the value of the direct method of ophthalmoscopic examination is more just than was that of most English ophthalmologists a few years since, when many of the prominent London oculists seldom availed themselves of this most useful aid to accurate diagnosis. Besides its optometric uses, we are reminded that it gives us an image of the eye-fundus magnified about *fifteen* diameters; while the enlargement obtained in the inverted image (indirect method of examination) is only about *four* diameters.

In Part II, which is designated the "Clinical Division" of the work, and which comprises nearly 300 of its 416 pages, the various diseases of the eye and its optical defects are intelligently discussed, the chapters upon "Diseases of the Cornea" and "Diseases of the Retina" being especially worthy of mention. The views advanced as to the etiology and pathology of the different diseases considered, are in the main sound and take into account the results of the most recent investigations, and as a rule the suggestions regarding treatment are good. We cannot accept, however, the sweeping statement (p. 276) that "adhesion of swollen conjunctiva to a marginal ulcer of cornea is the starting point of pterygium," since our experience leads to the conviction that this mode of its development must be exceptional; or the assertion (p. 152) that in sympathetic inflammation, "decided plastic inflammation" of the uveal tract of the exciting eye "is always present," because we have seen at least one instance in which a prolonged and severe keratitis (due to the accidental application to the eye of aqua ammoniæ), in which there were no evidences of plastic inflammation of this uveal tract, gave rise to a sympathetic inflammation in the opposite eye, which, singularly enough, manifested itself at its posterior pole, as a circumscribed choroidoretinitis with great congestion and indistinctness of outline (and, perhaps, inflammation) of the optic nerve. Nor are we willing to admit (p. 94) "that in a considerable proportion of lachrymal cases" (strictures of the nasal duct) "the final results of all treatment are but palliative;" such an admission on the part of the author being to our mind evidence that, although he advises the use of "the largest probe that will pass readily," he is not familiar with the recent advances which have been made in the treatment of these heretofore intractable cases. We are at a loss, too, to account for the statement made on page 304, that the convergent squint of hypermetropic children "not uncommonly disappears spontaneously as the child grows up," except upon the supposition that the author has failed to distinguish between squints of hypermetropic and those of paralytic origin; and hence we must reject as unsound the advice given on page 307, that "in view of the tendency to spontaneous cure already mentioned it is better not to

operate on very young children." If the squint be consequent upon hypermetropia, and be already confirmed, the sooner it is corrected by operation the better, for we have nothing to gain, and the sight of the squinting eye to lose, by procrastination.

Though we cannot speak from personal experience, we are prepared to endorse the condemnation of the "recently revived operation of opticociliary neurotomy," as an example of "bad surgery," which we find upon page 350; the less positive condemnation of sclerotomy (p. 361) we think would have been nearer the mark had it been equally strong.

Diseases of the cornea are treated of at considerable length in Chap. VIII, but no reference is made to that variety of keratitis which is allied to herpes zoster, and is attended by more or less complete anesthesia of the cornea, and which in this country is frequently met with as a consequence of malarial poisoning.

To recommend that, whenever possible, in immature cataract the fundus of the eye should be examined with the ophthalmoscope for pathological changes (p. 200), and that in all cases the eye should be kept bandaged for a week after iridectomy, since the wound is but feebly united (p. 360), is good advice; but to lay it down as a rule, that patients who have been operated upon for cataract should not be allowed to wear glasses until *three months* after the operation (p. 186), is carrying precaution to an extreme. The author's partiality for "goggles," and for those especially which are made to fit very close to the face by the addition of air-pads of India-rubber tubing, and thereby become still more objectionable (appendix, p. 403), is one which is peculiarly his own. The influence of synechiæ in inducing relapses of iritis (when there is no protrusion of the iris by fluid), the author thinks has been much overrated (p. 139). Eserine he considers really curative in only a few cases of glaucoma, but valuable for temporary use in cases where an operation cannot be immediately performed (p. 268). In glaucoma fulminans, vision may be restored by iridectomy, "even if for a day or two all perception of light has been abolished" (P. 271). In retinitis pigmentosa, night blindness and contraction of the visual field are said to appear earlier in persons with heavily pigmented choroid (p. 221). We are surprised to find no mention of the yellow oxide of mercury in the description given of the treatment of granular ophthalmia, and equally so to find both boracic acid and atropia omitted from the list of remedies recommended in purulent ophthalmia.

The book is written in good, plain, easily understood English, with which there is but little excuse for finding fault. We must, however, enter our protest against the expression "*catheterism* of the nasal duct," as decidedly inappropriate when applied to the passage of lachrymal probes; and also against the use, adjectively, of H and M, H and M being the equivalents of hypermetropia and myopia, and not of hypermetropic and myopic. It is quite unnecessary, and contrary to custom too, to attach a period to these letters when used in this sense. In his employment of the objectionable verb "*diagnose*," the author has, at least, very respectable companionship.

Like all of the medical works issued by Messrs. Lea's Son & Co., this one is well printed, is neatly "gotten up," and gives evidence of careful proof reading. We have noted, however, the following typographical errors: In the table given upon page 29 the heading of column two should read "Focal length in m." (metres), instead of "c. m." (centimetres); on page 142 aqueous *humor* occurs instead of aqueous *humor;* figure 67, on page 200, should be 68; and in the last paragraph of page 305, the author is made to say "a very weak convex lens (+5 D.)," when he evidently meant +0. 5 D.

S. T.

Miscellany.

Syphilis in the Ninth Century.—Between the years A. D. 806 and 810, an Emperor of Japan commanded his court physicians, Abemanas and Idzumo Kirosada, to collect in one volume all extant records of native medicine and surgery. A manuscript copy of this work, for centuries forgotten, although the facts of its origin were recorded in Japanese history, was found in 1827 by a priest in a provincial Buddhist temple. Dr. Scheube, of Leipzig, has recently examined this work, and in an article recently published in *Virchow's Archiv*, has shown its undoubted authenticity, and its high value from a purely scientific point of view. It was written long before Chinese

ideas had penetrated into Japan and influenced native practitioners. The most interesting passages are descriptions of local and general affections, which clearly prove that syphilis, and several allied disorders, were well-known to the ancient Japanese. Chancroid and phagedenic chancre are clearly described, as well as a "swelling of the penis, of the size of a millet-seed," followed by eruptions, feverishness, pains in the bones and head, blindness, swelling of the testicles, and other very familiar symptoms. These were observed to continue for many years. The passages of this work, called the Daidorui Thin-ho, which relate to the treatment of these symptoms, have not yet been translated into English. Herbs alone appear to have been used, and without much success; mercurial treatment was introduced at a comparatively recent date from Europe. The ancient Japanese surgeons do not appear to have recognized the venereal origin of the disease which they describe, although the Daidorui distinctly traces all the secondary symptoms to "the poison from the affected organ."—*Brit. Med. Journ.*, May 19th.

The Abuse of Ergot in Obstetric Practice.—Dr. D. P. Morgan, of Clarksburg, W. Va., read a paper before the Medical Society of W. Va., at its annual meeting at Grafton (*Med. Record*, May 19th), in which he pointed out the various and conflicting views in reference to the administration of ergot in labor. After showing the serious injuries which result from the use of this drug, he suggests when we shall give ergot in cases of labor. "First, never till the uterus is thoroughly dilated or dilatable, and the perineum is thoroughly relaxed, and the pelvis properly shaped, and it is better not given then. Secondly, not till the head has passed the perineum and continued inertia exists. Thirdly, to secure contraction in post-partum hemorrhage, and then not till the uterus is emptied of placenta, clots, etc., by other means; and in this case continued pressure over the fundus, after the method of Credé, for expelling the placenta, is much better; besides, the intra-uterine injection of very hot water is superior to ergot, and will not produce the nausea, vomiting and prostration, as is frequently done by ergot. Hence ergot is not necessary at all during the first stage. It should only be given in the second stage when the os uteri is dilated and the perineum relaxed, and then only in conditions of continued atony; and here abdominal bandages, stimulants, quinine, etc., will overcome this atony in almost all cases, and with much more ease, safety and satisfaction, than ergot or any similar remedy. Ergot is unnecessary in post-partum hemorrhage, except in small tonic doses of ten to twenty drops every half, one, two or three hours, and even here we possess in the hand a safe, rational, quick, easy, ever ready remedy, to be used in the manner before mentioned. In the Bethesda Hospital in Dublin, the use of ergot as an oxytocic before delivery has been prohibited by the trustees. Finally, it has serious disadvantages and it is very questionable whether the risks to both mother and child do not more than counterbalance any advantages attending its use, or, in other words, it were probably better that it had never been given in labor before the uterus was emptied."

Plaster of Paris Pessary.—Dr. B. F. Dawson, at a meeting of the New York Obstetrical Society, March 6th (*N. Y. Med. Journ.*, May 19th), stated that he wished to record that he had made use of plaster of Paris molded within the vagina, with the most decided success, in two cases of displacement of the uterus. The first case was that of a woman suffering from anteversion and a very aggravated prolapse of the left ovary. She was placed in the knee-chest posture, and pledgets of absorbent cotton, each with a string attached, soaked in a mixture of plaster of Paris and water of about the consistence of gum and partially squeezed out, were placed in the posterior fornix of the vagina and around the vaginal portion of the cervix, and held in position. The vagina was then cleaned out. In a few moments the cast had hardened, and the patient went away with instructions to withdraw the instrument should it cause pain. When she came back at the end of three days, she said she had experienced great relief. On removing the plaster pessary the mucous membrane, with which it had come in contact, instead of being irritated as one might have expected, was found to have been benefitted by its presence; it was firmer and less irritable than before, and the prolapsed ovary had evidently been sustained.

The second case was one of retroflexion, in which the pessary acted not only as a harmless agent, but seemed to give all the uterine support desired. The instuments were removed, placed in a fire to burn out the cotton,

and dipped into wax or paraffin for the purpose of making them impervious to the secretions and to render them more durable. This method of supporting the uterus commended itself for the facility with which it could be applied, for cheapness, and for accuracy of adaptation. T. A. A.

TUBERCULAR INFECTIONS.—Prof. Baumgarten discusses very fully in the *Zeitschrift fuer Klinische Medicin*, for 1883, the various methods in which tubercular infection can take place, assuming, of course, the bacillus to be the means of contagion—an assumption, by the way, which is far from being proved.

There are three ways in which such infection might take place: first, by respiring minute particles of dried sputum, which are probably floating about in the atmosphere; secondly, through the food, by eating the flesh of tuberculous animals, and especially, taking the milk of tuberculous cows; and thirdly, hereditary, the contagium being transmitted from the mother to the fœtus.

As regards the infection by respiration, Tappenheimer, Weichelbaum, and others have shown that dogs made to breathe dried and powdered sputum acquire an affection having many resemblances, if it is not exactly identical, with tuberculosis. Many facts, especially clinical ones, point to this as being an unusual method, if indeed it occurs in man.

The infection through food is regarded as possible, though there is no proof of it.

The third method of infection, or rather communication from mother to fœtus, is regarded by him as open to the fewest objections, the principal difficulty of accepting this theory being, that in the majority of cases the disease does not appear until the commencement of adult life.

He assumes that during the development of the fœtus, a number of organisms are incorporated among the fœtal cells, but that their growth is suppressed by the increase of the fœtal cells and as soon as the growth of the latter has stopped, the bacilli are able to grow and multiply, more especially in any part which may have been weakened by injury or other causes. He, however, makes no mention as to how the organisms get incorporated with the fœtal cells, whether they are present in the ovum at the time of its impregnation, or whether the infection takes place at some later time, and if in the latter case, no proof has been given that bacilli can pass through the walls of the capillaries from the blood of the mother to the blood of the fœtus; though this is the probable explanation, yet in animals poisoned by the bacillus of splenic fever (as shown by Koch, Strauss, Chamberland, and others) the fœtus present in the uterus at the time shows no trace of organism.—*Med. News* (Lond.) Mar. 30, 1883.

ENTEROTOMY AS COMPLICATING OVARIOTOMY.—Dr. R. S. Sutton, of Pittsburgh, Pa., reports (*Medical News*, June 16) a case of enterotomy complicating ovariotomy. The patient, aged 50, had pelvic peritonitis after labor seventeen years ago. Since then has had distress, which treatment has not benefitted. Lives on the plainest diet and long ago was compelled to cease the use of cooked meats owing to pain produced in the abdomen after eating them. Evacuation of the bowels always painful and at times almost unbearable. Woman badly nourished, pale and feeble. Abdomen flat, resonance on percussion everywhere present excepting along a line an inch above and parallel with Poupart's ligament—here dulness was only slight; deep pressure gave decided pain; to the left of the uterus, above vaginal roof and in front of the rectum, could be felt a mass which seemed to be as large as a turkey-egg, movable in an upward direction.

The conclusion was that the body felt consisted of the left ovary, and probably the fimbriated extremity of the Fallopian tube in a state of chronic inflammation, or more properly of hypertrophy, congestion, adhesion and hyperæsthesia. The patient insisted upon having her abdomen opened and the tumor removed. This was done on March 28th. The mass was found to consist; first, of the ovary not much enlarged; second, of the fimbriated extremity of the tube; third, of the broad ligament; fourth, of a loop of the small intestine so fixed that it was curve-shaped in the mass, then passed along, firmly adherent to the broad ligament, up to the fundus of the uterus itself. The entire mass was a conglomerate of ovary, tube, ligament and gut. The gut wall was thick, and evidently a large mass of organized lymph had glued long ago all together.

With the finger the gut was detached from the mass, and from the broad ligament nearly to the fundus of the uterus, and laid on the surface of the belly at the margin of the wound. In this position the gut broke of its own weight. The diseased portion, about four inches, was cut away and the ovaries and adhering tissues removed. The ends of the gut were united with silk sutures and a curved needle after the manner of Czerny. Twenty or twenty two sutures were put in. The belly was well cleaned out and a long glass drainage tube was placed in the wound, the lower end of it reaching the bottom of the pelvis. The abdominal wound was closed, dressed, and the patient was put to bed. One hour was consumed in the operation; no spray was

used. The highest temperature reached was 101° F. on the first night. The bowels moved spontaneously on the twentieth day. Up to the sixteenth day the diet was soups and barley, and toast and water. Solid food, beginning with bread, was given; afterwards raw steak. Seventy days have elapsed since the operation and date of this report. The patient is going about and taking solid food.

T. A. A.

Appointments at Baltimore Medical College.—The following appointments at the Baltimore Medical College are announced in the annual circular just published: Dr. Charles G. Hill, Professor of Anatomy and Clinical Professor of Insanity and Nervous Diseases; Dr. R. H. P. Ellis, Professor of Principles and Practice of Medicine; Dr. L. M. Eastman, Professor of Microscopy; Dr. J. H. Scarff, Clinical Lecturer on Gynecology; Dr. J. L. Doerksen, Clinical Lecturer on Diseases of the Eye and Ear; Dr. James G. Linthicum, Clinical Lecturer on Obstetrics; Thomas H. Parramore, D. D. S., Clinical Lecturer on Oral Surgery; Dr. Z. K. Wiley, Demonstrator of Anatomy. A prominent member of the legal profession will deliver a course of lectures on medical jurisprudence.

Garment for Protection Against Contagion.—The National Health Society, London, has introduced a garment made of mackintosh, to be worn by persons compelled to enter the apartments of persons suffering from contagious diseases. Used in connection with a medicated cotton respirator it is said to be a protection against contagion.—*Med. News*, May 19.

How to Record Cases.—After the name, age and occupation, the antecedents are noted; that is, past diseases, general state of health, habits of life and facts relative to family predisposition. Next, the previous history, embracing, with the duration of the illness, the important events which have occurred, in the order of their occurrence, and any supposed cause or causes. The general aspect of the patient, and whatever may be apparent on inspection in regard to muscular debility, nutrition, physiognomy, decubitus, etc., are next noted. Then follows an account of present symptoms and signs referable to the several physiological systems, namely, the digestive, the circulatory, the respiratory, the genito-urinary, and the nervous system. Any observations not coming under either of these subdivisions are to be added. The order in which the symptomatic phenomena belonging to the different symptoms, severally, are noted, is not of importance, but it is well to take up first the physiological system to which the symptoms point as the seat of disease, or of its most prominent manifestations.—*Dr. Austin Flint.*

Caffeine in Heart Disease.—1. In certain cases it is superior to digitalis, on account of its rapid action, diuresis being produced in twelve to twenty-four hours. 2. If rapid, the diuresis rarely equals that from digitalis, not exceeding three to four quarts a day. 3. It is superior to digitalis on account of harmlessness, due to its easy and rapid elimination. Cumulative and poisonous effects and intolerance of stomach are rare. 4. Caffeine only produces the last when the liver is diseased, as in cirrhosis. 5. Caffeine will often benefit where digitalis causes bad effects or in fatty degeneration when it is useless. 6. It seems of no service in non-cardiac albuminuria. 7. The dose should ordinarily be four to eight grains at first, increased gradually to twelve, fifteen, thirty or even forty-five, three or four times daily. 8. It is probably more efficacious by the stomach than by hypodermic injection.—*Revue des Sci. Med.*, April.

Medical Items.

The notorious quack, "Dr." Hale, was arrested at the Hotel Madison, at Toledo, Ohio, on the 20th inst., and his trial was to come off on the 23rd.=The State Board of Health of West Virginia will meet the second Wednesday in July, being the 11th of the month, at Martinsburg, Berkeley Co =Dr. Michael Foster, F. R. S., and Dr. Alan Macalister, F. R. S., (the latter of Dublin) have been elected to the Chairs of Physiology and Anatomy respectively, in the University of Cambridge.=Cincinnati is about to have a morgue; a bill is now pending to appropriate $20,000 for the construction of a building in the jail yard.=According to the correspondent of the *Chicago Med. Journ. and Ex.*, New York is also to have a new morgue at an expense of $50,000.

Erratum.—At page 95, left-hand column, twenty-fourth line from bottom, change the word "respect" to "add."

Original Papers.

ABSTRACT OF A PAPER "ON NOSE-COUGH AND THE EXISTENCE OF A SENSITIVE REFLEX AREA IN THE NASAL MUCOUS MEMBRANE."*

BY JOHN N. MACKENZIE, M. D., OF BALTO.,

Surgeon to the Balto. Eye, Ear and Throat Charity Hospital.

The object of the thesis was to direct attention to the great frequency of cough as a symptom of nasal disease and to indicate as far as possible the manner of its production. The dependence of cough upon irritation of the external auditory meatus and pharyngo-tracheal membrane is well-known, and the terms "ear" and "laryngeal" cough have passed into current use among medical men. A similar condition, indicated by the terms "stomach" and "liver" cough, seems to be found elsewhere. The causal relationship has, however, never been demonstrated by experiment nor are the clinical data conclusive. The author had repeatedly observed that instrumental manipulation, within the nasal fossæ, induced paroxysms of coughing, which only subsided upon change of position or withdrawal of the instrument. The cough varied from a succession of short expiratory acts to convulsive paroxysms, and was only excited by contact with the deeper portions of the nostril. The author's clinical experience likewise embraced cases in which there was distressing cough without any evidence of disease or irritation in pharynx, windpipe or lungs; but there was always present in these cases either a hyperæmia or slightly swollen state chiefly affecting the turbinated bodies, or pronounced hypertrophic enlargement of those structures. Clinical study led the author to infer the existence of a sensitive area in the nose similar to those already demonstrated in the larynx and trachea, whose irritation produces a reflex act. The asthma accompanying some cases of nasal polypus, together with the author's observations on hypertrophic nasal catarrh, lent support to the inference. Experiments were instituted upon various individuals, the nasal mucous membrane being irritated by silver and rubber probes and steel wire, over all its accessible portions. The negro is especially adapted to this treatment, the widely dilated nostril rendering artificial dilatation unnecessary.

The susceptibility to irritation was found not to be uniform—the slightest touch being sufficient in some to provoke cough, repeated irritation or long continued pressure only exciting it in others, whilst in some no reflex whatever could be obtained.

So long as the stimulation was applied to the interior of the fleshy cartilaginous nose, the result was negative; applied to the membrane over the anterior extremities of the middle and inferior turbinated bones, it was sometimes negative, sometimes resulted in a half tendency to cough or sneeze; this increased going backward until it culminated over the posterior half of the turbinated body. Irritation of the floor of the nose was negative. The act was most constantly obtained from the posterior end of the inferior turbinated bone and the septum immediately opposite. No decided results could be obtained from the upper olfactory region.

The area thus experimentally shown to be a reflex cough area is occupied by erectile tissue and it is hard to resist the conclusion that this structure is connected with the reflex act, and that this susceptibility is to a great extent intimately associated with its physiological functions whatever these may be.

The greater the congestion or inflammation, the more constant the reflex; yet the author has produced violent paroxysms of coughing, in a nose free from disease, by simply touching the posterior extremity of the inferior turbinated bone. Sometimes stoppage of the nostril and discharge of mucus was produced.

The author sums up the clinical facts in favor of the above views as follows: 1. Where reflex cough exists, the area mentioned is chiefly if not solely involved. 2. The act may be produced here at will by stimulation of the parts involved by disease. 3. It may be dissipated by local applications to, or removal of the membrane covering, the diseased surface. 4. Foreign bodies, as pins, lodging here, cause cough, while they do not when impacted in other parts of the nose. 5. Polypi cause reflex phenomena only when arising from or inpinging upon this area. 6. In complete atrophy of

* This paper was offered as an admission thesis to the Academy, June 5th, and was published in full in the *Am. Jour. Med. Sci.*, July 1st.

the turbinated structures, as in ozæna, cough is not present and cannot be induced by stimulation.

In regard to reflex asthma from polypi, the literature accessible to the author shows that when the position of the tumor is accurately defined it is always in the posterior portions of the nostril where it would cause irritation of the sensitive area.

The following cases were given in illustration:

Case I.—A robust, healthy young woman of nervous temperament, came in Dec., 1881, on account of a dry, hacking cough, dyspnœa on slight exertion and occasional night-sweats, associated with feverish exacerbations in the afternoon, loss of appetite, irregular, scanty menstruation, occasionally small quantities of blood in the expectoration, and progressive deafness. These ailments were referred by her family to consumption. The heart and lung sounds were normal except a few small mucous râles. The laryngeal membrane showed no signs of inflammation but became congested during examination. Both tympanic membranes were sunken but movable; the malleus handle prominent and congested. Hearing was diminished in both ears but improved by inflation of the drum cavity. Eustachian orifices swollen and filled with mucus. The starting point of her trouble was found in the nose, which was almost completely occluded by hypertrophic thickening of the mucous membrane over middle and lower turbinated bones of both sides. Osseous structure also developed abnormally, assisting in the occlusion. Operation was advised and consented to, and the inferior hypertrophied masses were removed, by two operations at seven days interval, by means of long, narrow, sharp-toothed forceps. Hemorrhage was quite profuse but easily checked. Vapor of creasote, carbolized and astringent sprays, inflation of the middle ear with benzoate of iodine vapor, completed the treatment. Improvement immediate and after seven days all throat and chest symptoms had disappeared, nasal discharge had ceased, and she could hear ordinary conversation with ease. By the middle of Feb., 1882, a whisper was heard distinctly in both ears at twenty feet.

Case II.—A negro man applied at the Hospital Clinic on account of severe paroxysmal cough at irregular intervals with occasional expectoration of mucus tinged with blood. The attacks were nocturnal as well as diurnal, varying in severity with the discharge from a chronic nasal catarrh. There was no apparent cause for the cough except a hypertrophic catarrh of the nasopharynx, affecting chiefly the inferior and middle turbinated structures and septum, the mucous membrane over the inferior turbinated body being intensely hyperæmic and moderately swollen. A bent probe made to impinge on the posterior end of the lower turbinated bone, by the aid of the rhinoscope, induced an immediate and violent paroxysm of coughing identical with those of which he complained. At no other part of the nasal membrane could the attacks be provoked. Astringent solutions were applied to the congested area, and a salt and soda spray, was directed, followed by insufflation of boracic acid. After the third application there was decided improvement and in two weeks the paroxysms, together with the hyperæmia and swelling, had disappeared completely. The nasal discharge had also diminished so that no further inconvenience was experienced and the patient ceased his visits.

Case III.—A healthy-looking girl had a short, dry cough, of several weeks' duration; most severe at time of retiring to bed. She complained of slight sore throat and dysphagia. She had never had the slightest inconvenience in the nose. Examination revealed chronic folliculitis of left tonsil, which was accordingly removed. Some days later she returned, when the sore-throat and dysphagia were gone but the cough seemed worse. The nose was examined and found free from disease except hyperæmia and puffiness over left inferior turbinated bone. Touching this lightly with a probe produced the short explosive cough to which she had been subject. The act was entirely beyond her control, and only excited by irritation of the sites named. A few applications of sedative and astringent remedies caused the cough and swelling to disappear. There was a return on the discontinuance of treatment, but a final disappearance on its resumption.

Case IV.—A gentleman, treated six months before for catarrhal laryngitis, had a dry hacking cough and pain in the cricothyroid space, with an occasional sensation of a foreign body in the larynx, collection of mucus in nose and throat, fatigue on

using the voice (the cough and tickling were especially noticeable then). There was entire absence of any evidence of disease except swollen, intensely hyperæmic inferior turbinated bodies, discovered with the rhinoscope. They were covered with a film of mucus which also extended over the pharyngeal vault. Removing this and touching the reddened turbinated body with a probe produced pain in the larynx which caused him to grasp his throat. A paroxysm of coughing lasting nearly a minute followed immediately. Local treatment produced marked relief.

Case V.—A physician had a sore throat of twenty years' standing, for which he had received every variety of treatment. The trouble was referred entirely to the larynx and trachea, there was nothing to point to a nasal affection. Lying on the left side caused uncontrollable paroxysms of coughing, which only subsided when he turned on the other side. He complained also of a sensation of a heavy weight in the back of the throat, more pronounced towards morning. Recently the paroxysms had become more severe and annoying. Examination revealed a chronic catarrh of the entire naso-laryngeal tract. The pharynx was granular and irritable. On the posterior extremity of the right inferior turbinated bone there was a small grayish-white hypertrophy not sufficient, however, to encroach greatly upon the inferior meatus. The middle and superior turbinated bodies of both sides, and the posterior half of the septum, were moderately hypertrophied and congested. The posterior part of the left inferior meatus was completely blocked up by a large hypertrophy of the corresponding extremity of the left inferior turbinated body. This was pronounced the *fons et origo* of the trouble, the cough being reflex and due to the hypertrophied posterior end of the left inferior turbinated body, the removal of which, it was thought, would in all probability dissipate the cough. After some delay the patient consented to this and a growth about the size of a small strawberry was removed with the snare, free bleeding encouraged with a view to evacuation of the erectile cells, and the nostril plugged with carbolized absorbent cotton. The effect of this was almost magical; cough disappeared almost entirely in a few days and he could lie on the left side with perfect comfort and freedom from cough.

Case VI.—A middle aged gentleman came for treatment of a "bronchitis." For a number of years he had been subject to attacks of influenza, always starting as an acute coryza and ending in bronchial catarrh. The cough was always most severe when the inflammation was limited to the nose. The attacks had become more and more frequent, so that the short, dry, hacking cough was almost constantly present. On exertion he was compelled to breathe exclusively through the mouth and became readily fatigued. The dyspnœa gave him considerable anxiety. He had been previously treated for some months by a specialist with laryngeal sprays, stimulant inhalations, etc., without effect.

A few mucous râles only were discovered upon ausculting the chest. The larynx was found congested. The mucous membrane lining the posterior nares was intensely hyperæmic,both inferior turbinated bodies swollen and hypertrophied. There was a similar condition of cavernous tissue of the septum, and almost complete occlusion of the inferior meatus of the right nostril existed. Anteriorly the nasal fossæ were normal.

The cough being referred to the inflammatory engorgement of the turbinated structures, treatment was directed to that and a carbolized alkaline spray, with tar vapor, was directed. Applications of ammonio-ferric alum and zinc were made to the diseased turbinated bodies.

At first the applications produced cough, but as the congestion disappeared the cough subsided. As long as the treatment was kept up the paroxysms were held in abeyance, but returned on its discontinuance. The patient declines operation.

These cases can be multiplied, nasal cough being so common in the author's experience as not to be a curiosity.

The occasional absence of nasal symptoms emphasizes the importance of examining the nasal chambers in all such cases. Clinical observation leads the author to believe that repeated irritation from nasal disease plays a not inconspicuous part in the causation of laryngeal congestion and inflammation. The physiological explanation may possibly be found in the doctrine of correlated ideas (Woakes), the reflex taking place through the vaso-dilator nerves from the superior cervical ganglion of the sympathetic. A laryngeal hyperæmia,

constantly maintained by this means, may eventuate in laryngeal catarrh (*reflex laryngitis*).

The following conclusions are deduced by the author from his researches:—

"(1). That in the nose, there exists a definite, well-defined sensitive area, whose stimulation, either through a local pathological process, or through the action of an irritant introduced from without, is capable of producing an excitation, which finds its expression in a reflex act, or in a series of reflected phenomena.

(2). That this sensitive area corresponds, in all probability, with that portion of the nasal mucous membrane, which covers the turbinated corpora cavernosa.

(3). That reflex cough is produced only by stimulation of this area, and is only exceptionally evoked when the irritant is applied to other portions of the nasal mucous membrane.

(4). That all parts of this area are not equally capable of generating the reflex act, the most sensitive spots being probably represented by that portion of the membrane which clothes the posterior extremity of the inferior turbinated body and that of the septum immediately opposite.

(5). That the tendency to reflex action varies in different individuals, and is probably dependent upon the varying degree of excitability of the erectile tissue. In some, the slightest touch is sufficient to excite it; in others, chronic hyperæmia or hypertrophy of the cavernous bodies seems to evoke it by constant irritation of the reflex centres, as occurs in similar conditions of other erectile organs, as, for example, the clitoris.

(6). That this exaggerated or disordered functional activity of the area may possibly throw some light on the physiological destiny of the erectile bodies. Among other properties which they possess, may they not act as sentinels to guard the lower air passages and pharynx against the entrance of foreign bodies, noxious exhalations and other injurious agencies to which they might otherwise be exposed?

Apart from their physiological interest, the practical importance of the above facts, in a diagnostic and therapeutic point of view, is sufficiently obvious; therein lies the explanation of many obscure cases of cough which heretofore have received no satisfactory solution, and their recognition is the key to their successful management."

A PAPER ON THE SUBJECT OF PRELIMINARY EXAMINATION FOR MEDICAL STUDENTS.

BY RICHARD McSHERRY, M. D.,
Professor Principles and Practice of Medicine, Univ. of Maryland.

(*Read before Balto. Acad. of Medicine, June 5th*, 1883).

At a late meeting of the Penna. State Medical Society, the following schedule was presented and adopted:

SCHEDULE FOR EXAMINATION OF STUDENTS.

[1] Candidates' Previous Course of Study; [2] An Essay; [3] An Essay Written From Dictation; [4] Spelling, Oral and Written; [5] Reading; [6] Geography; [7] Political Economy; [8] History, Ancient and Modern; [9] Geology; [10] Botany; [11] Chemistry; [12] Natural Philosphy; [13] Mathematics, Arithmetic Complete, Algebra through Quadratic Equations; [14] Languages—English, Latin and Greek; the quantity of the latter to be at the discretion of the Examining Board.

If this is to be carried out *bona fide*, Pennsylvania will have some reason to boast of the acquirements of her medical students. But the question is, and probably will be for a score of years or more, not so much what is desirable as what is necessary to fit young men for the study of medicine. If one has a good English education so that he will use correctly his mother tongue in speaking and writing; if fairly versed in grammar, geography and arithmetic, he may be considered competent to enter upon the study of medicine. A knowledge of Latin and Greek, German and French, may be very desirable, but not essential. The technical language of medicine is a *crux*, it is true, from beginning to end to the youth who has no knowledge of the ancient languages, and in this respect he works at a disadvantage, for the technical words have to him no meaning and only tax his memory, but by diligence and the aid of the dictionary, he can overcome this difficulty.

There was a difference of opinion among the members of the Society as to the expediency of establishing so high a standard.

The veteran Prof. Gross, *facile princeps* of American surgery, said "he was glad the schedule offered was not in existence when he commenced his medical studies, as it

might have effectually prevented them." This, it would seem, ought to have had paramount weight with the Society, but it was objected that more was properly required of the students of the present day than of fifty years ago. It was also said, by Dr. Jackson, that there is not a high school in Pennsylvania which does not require this much (the schedule) from boys sixteen to eighteen years of age. It not necessary to discuss here whether many of the boys learning Latin or Greek might not be much better employed if any reference is to be had to the subsequent business of their lives, but admitting the advantages of such studies to the medical student especially, it does not follow that one may not become a thoroughly capable physician and surgeon without them. The practical duties of medicine and surgery depend less upon scholarship than upon good sense, and good senses and good use of them. There are now, and always will be, accomplished scholars in the profession of medicine, and unquestionably they are often among its brightest ornaments; but this fact admitted, it still must be said that by far the greatest numbers of the successful and capable practitioners are not scholarly men. If the test were applied in Pennsylvania to the most respectable practitioners in the State which is to be applied to students, how many would be able to stand it? If applied to lawyers, to members of Congress, to Governors of States, Cabinet officers or even to our ambassadors abroad, how many would pass examination?

It hardly seems worth while to exact of students even at the present day what would have kept Dr. Gross out of the profession, or many others of the great men who are its acknowledged leaders. Most of the Presidents of the United States, from Washington down, would have failed upon examination, and the Magnus Apollo of American philosophers, Benjamin Franklin, would have had no other fate. Let no one fear but that great mental power will educate or develop itself perhaps as well without as with the help of high schools.

Lord Jeffrey says of Franklin: "This self-taught American is the most rational perhaps of all philosophers," and yet "Dr. Franklin received no regular education." And thereupon this prince of reviewers goes on to remark: "Regular education, we think, is unfavorable to vigor or originality of understanding. Like civilization, it makes society more intelligent and agreeable; but it levels the distinctions of nature. It strengthens and assists the feeble; but it deprives the strong of his triumph, and casts down the hopes of the aspiring. It accomplishes this, not only by training up the mind in an habitual veneration for authorities, but by leading us to bestow a disproportionate degree of attention upon studies that are only valuable as keys or instruments for the understanding, they come at last to be regarded as ultimate objects of pursuit; and the means of education are absurdly mistaken for its end. How many powerful understandings have been lost in the dialectics of Aristotle! And of how much good philosophy are we daily defrauded by the preposterous error of taking a knowledge of prosody for useful learning! The mind of a man who has escaped this training will at least have fair play; whatever other errors he falls into he will be safe at least from these infatuations, and if he thinks proper, after he grows up, to study Greek, it will probably be for some better purpose than to become critically acquainted with its dialects. His prejudices will be those of a man not those of a school-boy; and his speculations and conclusions will be independent of the maxims of tutors, and the oracles of literary patrons."

The reader may think or say what he pleases of Lord Jeffrey's idea that if Franklin had been college bred "he would have contented himself with expounding the metres of Pindar,and mixing argument with his port in the common room" instead of becoming the great practical philosopher that he was, but the fact stands out from such an illustrious example that any profession, ours included, may find its greatest men in those who have had but small advantages in early education.

The young man who has a fairly good head upon his shoulders, and is well grounded in elementary English studies will be quite capable of rendering good service and of making his mark, too, in the profession of medicince. It is surely not uncommon to see great mental and physical vigor, both of which are much needed, with limited education, and such qualifications very defective with elaborate education.

The standard suggested by Dr. Gross is certainly enough for the present wants of

our population. "It is of the first importance," he says, "that the examiners inquire into a young man's moral character, that he should be a gentleman by breeding and education; then a fair knowledge of his mother tongue; some knowledge of Latin and Greek, but not too much. Let the standard be low. Of what use to the medical student is higher mathematics, geology, mineralogy, botany? Who makes his own medicines at the present day? The time was when a knowledge of botany was essential; it is so no longer. If a man desires to study botany let him do so; but my word for it he will not make much of a student of medicine."

This appears to be a strong common sense view of things though not accepted by the Pennsylvania Medical Society.

There is spreading withal a factitious overrating of literature over our entire country, a mistake that ought not to be made, since by far the greater part of our most eminent and most useful men in all practical pursuits make no pretensions to scholarship. Even those upon whom Harvard has conferred her highest honors, we are told upon sufficient authority, are habitually incapable of construing their diplomas.

Withal, then, it would seem that good sense, good character, and good English education, ought to be sufficient bases to admit young men to medical studies.

While we welcome scholars cordially into the profession we cannot consider them entitled to the exclusive right to the field.

Having thus expressed my own opinion, I would be much pleased to hear what views other gentlemen may entertain in regard to this important question.

Correspondence.

Editors Maryland Medical Journal:

The article on "Vaccination," which appeared recently in Nos. 5 and 6, (June 2 and 7) of the JOURNAL, from the pen of our distinguished brother, Dr. W. C. Van Bibber, is a highly interesting contribution to the local history of the progress of Vaccination in Baltimore, and of the efforts made in the city for the revival and procurement of Vaccine Virus: and it is all the more to be regretted, that our friend should have allowed a paper, otherwise so valuable, to be marred for want of due care in verifying his statements, and in correcting the proof.

I know it is customary for most of us (the writer included) to throw all the labor of correction and the blame for errors of composition, on that convenient scapegoat for our literary sins, the 'Printer's Devil', but I also know, that this habit is in most cases unjust; and especially so, in that of the JOURNAL, the editors of which are more than ordinarily careful in correcting our blunders, and in my own humble efforts, I am free to confess, have even improved upon the MS.

They cannot, however, be expected to correct errors in dates, names, or historical quotations. This is our own duty, and we ought to discharge it by a careful revision of our MS. before and after its going into the 'Devil's' hand. 'Tis Hamlet, with the part left out, to err in these points, and we had better not print at all, than force our crude work on the Editor, while it is but 'half made up.'

These thoughts have been suggested to me by the reading of Dr. V's. paper, which in many of its historical statements is open to the criticism, I here make in no spirit of captiousness, but simply in defense of the truth.

"The second variety" (of Vaccine Virus), says Dr. V., "was given to me in 1840 by Dr. Wm. T. Leonard, who was at that time City Physician of Baltimore." It is unnecessary to tell a Baltimorean, that Dr. Leonard was not City Physician at that date; yet as this JOURNAL is read by those not so well posted in our city annals, this error will not be detected.

"The first variety" (of Vaccine Virus) "viz: that which was in common use in Baltimore in 1845, claimed its origin from England and was brought to Baltimore City in 1801 by the late Dr. Smith."

This conveys the idea that Dr. James Smith directly imported Vaccine from England in 1801. Dr. V. knew better than that, and he ought not to have so stated it. "The Vaccine Enquirer," if read a little more carefully, would have told him, that Mr. Taylor, of Baltimore, procured the virus from his brother in London, and giving it to his family physician, Dr. Littlejohn, the latter gave it to Dr. Smith.

Another mistake in this statement is, that Dr. Smith's supply was *not* the first in Baltimore; Dr. John Crawford, having obtained virus from Dr. Ring, of London, and

used it in Baltimore in 1800. (See Dr. Ring on Cow Pox, Part II, p. 459). But besides this, it is very questionable as we shall show further on, whether the supply of virus which Dr. V. found in use in Baltimore in 1845, was not in part, at least, derived from still another source, which he omits to mention, viz: the retro-vaccinations performed by Dr. H. G. Jameson, 1831–2. Of these experiments, Dr. V. seems to be wholly unaware.

The Doctor then quotes from Dr. W. T. Leonard's Report, dated Dec. 31, 1846, in which reference is made to the experiments of the Board of Health of that year, to procure virus both by variolating and vaccinating the cow, and Dr. V. adds: "The vaccinated cow gave a better success according to him" (Leonard), "but to what extent the virus from it was used in the city I cannot say. * * * * I was *then* Vaccine Physician of the Twentieth Ward."

The extent to which this Vaccine Virus was used, is clearly stated in Dr. Leonard's Report, in which he says: "In the case where Vaccine matter was introduced, a crop of small pale scales resulted. This appearance was, however, attributable to the fact of the animal rubbing the part and thus breaking the pustules before the matter became inspissated. For they proved to be genuine Vaccine Virus, which, both in the hands of the *City Physician and Vaccine Physicians*, produced the genuine vaccine disease in the human system." The Doctor's ignorance of this fact, is due to another mistake: he was *not* a Vaccine Physician *that* year, but in 1847. "As this" 1846, "was the *first* recorded attempt of variolation made for the purpose of changing the Vaccine Virus then in general use in Baltimore," etc. Another error: Dr. Wm. T. Leonard in a previous Report dated Jan. 1, 1846, shows that the experiments of 1846 referred to by Dr. V. were his *second* attempts of the kind; the *first* having been made in the Summer of 1845.

His words in the Rep. Jan. 1, 1846, are: "A means of procuring and preserving good vaccine matter is especially important.

Several experiments upon the cow were made both by the City Physician and other members of the Faculty *last summer*" (1845) "and interim, with the view of producing genuine Vaccine Virus, none of which were satisfactory." He attributes the failure to having employed a *dry* instead of a *milch* cow, for the experiment.

These were the *first* attempts of Dr. Leonard, and not those of 1846, as Dr. V. asserts.

But neither were they the "*first recorded attempts in Baltimore*."

Dr. H. G. Jameson, while Consulting Physician to the Board of Health, 1831–2, in his report dated Dec. 31, 1832 (p. 25), says: "The Mayor and Board of Health, having intimated their desire to have the Vaccine Virus improved by passing it through the system of the cow, an animal was procured by the Board of Health for that purpose, and I attended to the process of reviving the genuine properties of the virus by inserting the matter into some of the teats of the cow on the 7th of March, and on the 15th of the same month, the disease appearing to have run its course, it was thought best to take off the scabs. Although some difficulty attended the attempt, fear of losing them rendered it necessary to take them thus early, and I am of opinion that the sooner they can be removed the better.

The matter thus obtained, was inserted the same day into the arms of four healthy persons, who have not had the Smallpox and had never been vaccinated.

Two of the patients took handsomely. I afterwards used the crust obtained from the cow very successfully.

It may not be amiss to state, that Jacob Deems and Peter Foy, Esqs., Commissioners of Health, witnessed all my experiments upon the cow and saw me vaccinate the four persons mentioned above, Mr. Shepherd being seriously indisposed at the time.

The whole Board, as well as myself, were satisfied that the pock thus produced were" (*sic*) "more perfect than any obtained from the old stock of infection. There has not been a case of disease akin to Smallpox in any person we vaccinated, and within that period we have vaccinated 673."

These interesting experiments of Dr. H. G. Jameson were made, as we see, thirteen years before those of Dr. Leonard, which Dr. V. calls the *first* on record in Baltimore.

The medical views of Dr. V. as given in his paper, I am not now discussing. They are generally sound and conservative, though I cannot refrain from remarking,

that it is doubtful whether he is justified, until the identity of Variola and Vaccinia is established (which is far from being the case), in applying the term *Vaccine* Virus, to that derived from Smallpox, as he does in speaking of the crusts obtained from variolation of the cow, by both Drs. Leonard and Knight.

From the use of one of these crusts obtained from Dr. Leonard, on a human subject (Henry Urner on Pa. Av.), he produces what we might naturally expect, a good crop of variolous pustules, so distinctive of that disease, that the Board of Health, very properly, "advised him not to carry the use of the matter any farther." From a similar crust obtained from Dr. Knight from a variolated cow, he produces on another child in Ross street, 'a *genuine vaccine disease*' (!)

How to reconcile these conflicting results from the use of the same Smallpox Virus, with the theory of identity, or non-identity of the two diseases, or indeed with any theory except that of imperfectly observed facts and faulty induction, we cannot see. It reminds us of an anecdote told us in our medical pupilage, in illustration of 'false facts:'

A young but zealous Aesculapius had occasion to treat an Englishman for fever, and after an ineffectual use of all the routine remedies, was agreeably surprised one morning to find the man in a profuse sweat, and the fever 'broke.'

Upon inquiry, he learned that his patient had eaten a red-herring, and taking the *post hoc* for the *propter hoc*, he carefully noted this remedy in his case-book.

In prosecuting his studies subsequently in Paris, he was given charge of a Frenchman suffering under a similar fever, and immediately prescribed a red-herring, which was followed by the death of his patient.

Puzzled to reconcile these conflicting experiences, and unaware that the free use of water, to quench thirst, by his first patient, had resolved the fever, a beverage which his last patient did not resort to, our medicus had to content himself with the sage observation, which he duly recorded—that a red-herring cures an Englishman but kills a Frenchman.

Must we with equal logic, say, that Smallpox Virus will produce Smallpox, if used on Pennsylvania avenue, but Cow Pox on Ross street?

Would it not be more rational to suppose, that the sagacity and long experience of Dr. V. enabled him to select from the crusts offered him by Dr. Knight, a "typical vaccine crust," which had been accidentally mixed with variolous crusts?

This topic, however, admits of too much discussion to pursue here, and I only called attention to it in passing; my chief object being to note the historical inaccuracies of the author, which I sincerely hope he will yet find time to correct, and thus do full justice to a paper, which no one will appreciate in its revised form, more than his and

Your obedient servant,

JNO. R. QUINAN.

71 N. Gilmor st., Balto. June 26, 1883.

Society Reports.

BALTIMORE MEDICAL ASSOCIATION.

STATED MEETING HELD MAY 14th, 1883.

(*Specially Reported for Md. Med. Jour.*)

The Association was called to order at 8.30 P. M. by the President, DR. J. S. CONRAD.

IODOFORM IN GONORRHŒAL OPHTHALMIA.—*Dr. Friedenwald* reported two cases of gonorrhœal ophthalmia treated very satisfactorily by means of iodoform dusted upon the ball by means of a brush. Heretofore the treatment for this formidable affection has been the application of a strong solution (twenty to thirty grains to the ounce of water) of nitrate of silver. This is exceedingly painful, and it is questionable whether it may not do permanent damage to the diseased surface. At any rate, it is not satisfactory, and if the disease be due to bacteria, it will leave a large surface for the implantation of these.

Case 1 occurred at City Hospital. The patient had lost her sight and in one eye perforation had occurred; in the other there was peripheral opacity of the cornea. The powdered iodoform was applied twice a day, and in three days she began to see out of the latter eye. In four weeks she left with a cicatrix of this eye, whilst there was some prolapse of the iris in the other. The result was so satisfactory that he determined to try it again as soon as opportunity afforded. About one week ago this occurred.

CASE 2.—A man entered hospital within thirty-six hours of the commencement of his attack. The iodoform was used as before twice a day and the pus was washed away frequently. In less than four days every particle of purulent discharge had disappeared and

the patient left hospital at the end of a week of treatment with only a slight conjunctivitis remaining.

Dr. F. had only had one opportunity in his life to use the nitrate of silver at the very beginning of an attack, but with very great benefit in this one.

Iodoform has been used for ulcerations and opacities, but Dr. F. was not aware of any use having been made of it in gonorrhœal ophthalmia.

An Insane Man Feigning Suicide.—*The President* referred to a case where a sheriff was conveying an insane man to a hospital. Arriving near the hospital late at night, he concluded to spend the night at the inn and defer the delivery of his papers and charge until the next morning. Early the next morning the insane man arose before his companion was awake, and securing the papers from the pocket of the latter went to the hospital, and calling for the physician in charge exhibited them, telling the physician that he had an insane man down at the inn whom he would bring in directly; he added: "This man will pretend that he is bringing *me* to the hospital and that *he* is the sheriff and that *I* am the lunatic; that is the peculiarity of his madness." He then returned to the inn. When they had obtained breakfast, they started for the hospital. On arrival, the sheriff called for the physician, and began to feel in his pocket for the papers, when the lunatic stepped forward and said: "This is the man I spoke to you of; I wish you to take him into your custody." The result was that the sheriff was detained, whilst his companion returned home, and it was only after the former had gone to the trouble of sending for the proofs of his identity that matters were set straight and he was restored to his liberty.

The President then related the following case which had occurred under his own observation: A man was the subject of melancholia of a religious type; he believed his soul lost and went about wringing his hands in great apparent mental distress. His intellect and judgment, however, were otherwise good. One day, while some improvements were being made upon the buildings, the Doctor suggested to him to play a trick upon the carpenter by feigning to have swallowed a paper of tacks (he had formerly attempted suicide by this means). He accepted the suggestion, and having sent the carpenter away for a few moments upon some excuse, he concealed his tacks, and when asked what had become of them upon his return, declared that he had swallowed them. This of course alarmed the carpenter very much. The feigning was acted out with perfection; yet this man was completely insane. His emotional part was the sole seat of his trouble, and apart from that his intellectual operations were perfect. There are hundreds of such cases which are not recognized by the public.

Post-Mortem Specimens From Cases of Urethral Stricture.—*Dr. Chambers* reported the case of a young man, æt. 26, who was admitted to the City Hospital two weeks ago, suffering with retention of urine. A No. 4 catheter was introduced with difficulty, and urine drawn which contained blood and pus and albumen but no casts. On the third day, he fell into a coma, which lasted until his death. On post-mortem, both kidneys were found to be mere sacks, the secreting portion being absent; the ureters were here and there dilated into pouches, the bladder was much thickened, and there was a marked stricture at the bulbo-membranous portion of the urethra. This case would have doubtless been considered as one of "surgical kidney," had an operation been performed for the cure of the stricture and a post-mortem not been obtained.

Dr. C. contrasted with the above another case of the true surgical kidney. There was in this an abscess in the prostate which communicated with external fistulous openings in the perinæum. There were no casts, no œdema, no hypertrophy of the heart, and although there was some albuminuria, that was accountable for by the presence of pus; hence Bright's Disease was excluded.

The specimens of these cases were exhibited.

Dr. Waters mentioned a case in which an old colored man suffered with retention of urine. In his extremity he thrust the blade of his pooket knife through the perinæum into the bladder, by which he obtained relief but which left him with five or six fistulous perinæl openings. Prof. N. R. Smith subsequently performed external urethrotomy with complete cure.

Tetanus in Labor.—*Dr. Morris* made the following remarks upon this subject: At a recent meeting of the Association, Dr. Neff related a case of tetanus following labor, which the Doctor supposed was unique in character. Since that time a similar case has been reported in the *British Medical Journal*. The patient died three weeks after her confinement. Puerperal tetanus is not a frequent trouble in this country; it is more apt to occur after abortions than after labor at full term. It is believed to be climatic in its origin, at least Dr. Playfair thinks so. He says that its occurrence is not rarer than after surgical operations. In countries in which tetanus is common, as in India, for instance, it is far from being a rare event.

Dr. Wiltshire read a paper on this subject before the Obstetrical Society of London, in 1871. After narrating two cases, he referred

to the great mental depression under which the patients labored, owing to trouble and anguish of mind, and suggested that although peripheral physical changes were justly regarded as most important factors in the production of tetanus, functional disturbances of the cerebro-spinal centre should be studied in conjunction with them. Illustrations were given of the disease termed tetany, and reference was made to the recent pathological researches of Clifford Allbutt, Lockhart Clarke and Dickinson.

INTRODUCTION OF INOCULATION AND VACCINATION INTO MARYLAND, HISTORICALLY CONSIDERED.—*Dr. Quinan* opened the regular subject by reading a paper, for which he received a vote of thanks (Dr. Q.'s highly interesting and valuable paper was published in the last two issues of the JOURNAL.—EDS.).

Dr. Pearson was announced to open the discussion at the next meeting, after which the Association adjourned.

Reviews, Books and Pamphlets.

Handbook of the Diagnosis and Treatment of Diseases of the Throat, Nose and Naso-Pharynx. By CARL SEILER, M. D. Second Edition. With 77 Illustrations. Phila.: 1883. Pp. 275. Henry C. Lea's Son & Co.

This little manual represents a transition stage from a primer to a digest or compendium; it is neither one nor the other, but partakes of the nature of both. The first 77 pages are devoted to the examination of the throat and nose, with a brief sketch of their anatomy and the instruments used in the diagnosis and treatment of their diseases. An excellent blank sheet accompanies the text, which will be found of great convenience in the systematic record of cases.

The whole subject of diseases of the larynx is dismissed in a superficial, badly classified, and, in many places, inaccurate account, which covers only 53 pages of the 275.

At the outset, we are told that acute laryngitis, of which there are two varieties, the "ordinary, mild," and œdematous laryngitis, is "by far the most common of all throat diseases which come under our notice." After such a statement as this, we are, therefore, not surprised to learn later on, that, while "ulcers are rarely, if ever, found in acute idiopathic laryngitis, suppuration and the formation of abscesses are often met with." Occasionally a mysterious sentence is encountered, as the following, which occurs in the author's imperfect description of laryngeal phthisis: "On laryngoscopic examination we find the mucous membrane in a state of hyperæmia, which culminates in certain places to form shallow ulcers, especially in the inter-arytenoid space." This is what the late Mr. Richard Swiveller would have called an "unmitigated staggerer." Passing from the involution of this sentence, we soon come upon one which is less obscure. Speaking of the irritation left after the expulsion of a foreign body from the throat, the author facetiously remarks: "Under such circumstances it is often difficult to convince the patient that there is nothing in his throat but the irritation left by the foreign body, which will subside in a few days, and the practitioner is sorely tempted to practice a little fraud in order to obtain the patient's good opinion of his skill." Such insinuations, even though uttered in jest, are calculated to produce a wrong impression and detract from the dignity of the author's work.

Twenty-five pages suffice for the elaboration of the diseases of the pharynx, uvula and tonsils. Nitrate of silver is given indiscriminately for nearly everything. We had hoped that the time to treat acute inflammations of the throat by harsh application had gone by; but we find that nitrate of silver in strong solution (80 to 120 grs. ad ℥i) is still recommended to abort them. We are told (p. 108) that "in the subacute and chronic inflammations attended with hypertrophic conditions of the glandular and submucous tissue, nitrate of silver is harmful;" and yet there is scarcely a disease characterized by the presence of one or the other of these conditions where the exhibition of this drug is not recommended. The use even of the nitrate of silver, has its limits: the author draws the line at the posterior nares, and we take great pleasure in commending the following sentence: "Nitrate of silver in any form or strength, as well as astringents and irritants in the form of powder, *should under no circumstances be used in the treatment of hypertrophic nasal catarrh*, as they invariably give rise to swelling of the mucous membrane, and an increase in the hypertrophies, thereby aggravating the symptoms." As this little volume will be consulted by the uninitiated in throat diseases

rather than by the specialist, we will take occasion here to advert briefly to what we look upon as the misuse of the nitrate of silver in the affections of which it treats. There are many practitioners of medicine who apparently know of but two remedies with which to combat diseases of the throat—the chlorate of potash and the nitrate of silver. Morbid conditions of the naso-laryngeal tract and these two drugs seem to be inseparable in thought. So indissoluble is this association of ideas that the chances are ten to one that the sufferer from nasal or laryngeal disease will leave the office of his medical adviser with either a gargle of potassium chlorate, or a mop and a silver nitrate solution. We do not wish to decry the virtues of the latter in the treatment of mucous inflammations, though in many cases we believe them to be more traditional than real; but we are quite certain that there are few drugs capable of producing more lasting harm than the salt in question when injudiciously and indiscriminately employed. We simply mention this fact, lest the unwary and inexperienced practitioner should be led by the dogmatic assertions of the author into situations from which he would willingly escape.

Incision into the enlarged follicles in follicular pharyngitis, "unless they are suppurating," (from treatment?) "an occasional incident," is deprecated on the ground that it is tedious (*sic*) to both patient and operator.

Fahnestock's tonsillotome and its modifications are recommended for the excision of tonsils, whilst the more convenient and generally useful guillotine of Physick is not even mentioned. Indeed, all that portion of the book which treats of diseases of the throat shows evidence of haste and confusion in its preparation, and, as it now stands, is inferior to the description of these diseases in familiar works on general medicine and surgery.

The chapters on diseases of the nose are a decided improvement on those devoted to the larynx and pharynx. Considerable space is very properly allotted to the surgical treatment of hypertrophic catarrh, and the modes of procedure are concisely described and well illustrated. As a rule, the author's therapeutics is not exactly up to modern views, but the chapter on nasal catarrh is a notable exception, and is by far the best in the book. In the description of atrophic catarrh, we are met by the astounding statement, that in simple ozœna, when the scabs are removed, erosions are frequently seen, which lead to ulceration and perforation of the septum, and that these erosions and ulcerations are often so extensive as to involve the periosteum of the vomer and produce necrosis.

We are inclined to refer the cystoid polyp mentioned by the author to cystic degeneration of the ordinary mucous polypus. When the vesicular nature of these polypi prevails, cystic development takes place and a dropsical condition results, which is furthermore favored by the action of gravity, so that a time at last arrives when the growth is converted into a large serous cyst. More or less diffuse cystic degeneration of the nasal mucous membrane, apart from the existence of polypi, is also occasionally observed, as we have pointed out at the last meeting of the Medico-Chirurgical Faculty of Maryland.

We have looked in vain for "the diagnosis and treatment of diseases of the naso-pharynx," as advertised in the title. Beyond a passing reference to hypertrophy of the glandular tissue of the pharyngeal vault, this important subject has been entirely overlooked.

The plates are well-executed, and, apart from some typographical errors, the general make-up of the book is up to the well-known standard of its publishers.

On the whole, the manual before us is incomplete and shows lack of system in the presentation of the subject-matter. The descriptions of disease are, for the most part, meagre and unsatisfactory; important matters, even for the beginner, are passed over with only cursory mention or are altogether omitted from the text. The syntax is occasionally awkward and obscure, and the orthography of proper names is treated with a freedom which is rarely seen outside of French journals and works on medicine. Our duty as reviewer has compelled us to call attention to the main imperfections of this manual; it is not, however, without merit, and we are quite sure that with judicious elimination, addition and correction, it may be converted into a reliable guide for the student, and that the third edition will be superior to the second, as the latter is greatly the superior of the first.

J. N. M.

On the Treatment of Wounds and Fractures. By SAMPSON GAMGEE, F. R. S. E., Consulting Surgeon to Queen's Hospital, Birmingham, etc. London: J. & A. Churchill. 1880.

Thanks to the kindness of the author, an early copy of this valuable work has been sent us. We appreciate the compliment, most especially, perhaps, because it proves so conclusively, to our mind, the value of early teaching and experience. In these days of, what may be called the "Listerian craze," we welcome any author who has the boldness to come forward and show that the cumbrous and complicated processes introduced by Prof. Lister, are, at least, in many cases unnecessary. While we do not wish, for a moment, to detract from the valuable good results achieved by the Listerian method, we cannot but say, as we have always contended, that the method is inapplicable to general, private practice. In hospital, where plenty of skilled assistants are ready at hand, it can be successfully carried out; and, as Prof. Lister himself says—"it is not the Listerian treatment unless complete in every detail'—or words to this effect. When one has a number of wounds in private practice to attend to each day (and, to the majority of us, an assistant is impossible), that method of treatment which combines simplicity and ease of application, and yields good results, is to be preferred. So much for "the dry" and infrequent dressing of wounds" with "compression and immobility," which is so eloquently and cogently insisted upon by our author.

The consideration of wounds and fractures together and the comparison of their treatment is eminently proper.

Take the book for all in all, although it cannot, we think, ever become a text-book, it is one that few medical men or students can do without, and from the perusal of which there is no one but will be greatly benefitted.

O. J. C.

A Practical Treatise on Diseases of the Skin, for the Use of Students and Practitioners. By JAMES NEVINS HYDE, A. M., M. D., etc. Philadelphia: Henry C. Lea's Son & Co. 1883.

This volume of 572 pages largely increases the debt that medicine owes to American dermatology. The aim of the author, evidently, has been to present to his readers a work not only expounding the most modern conceptions of his subject, but representing whatever is of standard value. He has more especially devoted its pages to that branch of medical knowledge, for the application of which our profession has its existence, the treatment of disease; and by his detailed descriptions of therapeutic measures has adapted them to the needs of the physician in active practice. In dealing with these questions, the author leaves nothing to the presumed knowledge of the reader, but enters thoroughly into the most minute description, so that one is not only told what should be done under given conditions, but how to do it as well. It is, therefore, in the best sense, "a practical treatise." That it is comprehensive, a glance at the index will show.

It is rather to be regretted that the author has deemed it advisable to create a classification of his own, though possibly it is best that a systematic writer should consider his subjects in that order and succession, which are to him, most convenient; for by so doing, his individuality is maintained throughout his work, and he is enabled to present his views most consistently. Not to say, however, that a proper classification is unimportant; it is a necessity. But it is evident that classifications must vary as their originators approach the consideration of their subjects from different standpoints. Thus we may have anatomical, pathological, etiological, clinical or other arrangements. The classification of Hyde is clinical, and in it "diseases are grouped, primarily according to the regions involved, and secondarily upon the anatomico-pathological peculiarities which constitute the basis of Hebra's system."

The work as a whole is one that will afford an excellent text-book for the student, and which the practitioner may consult with confidence. In a brief notice, it is impossible to do more than refer in a general way to the many merits of the volume. Its short-comings are not numerous and for the most part unimportant, and referable at times to the manifest desire of the author to be as comprehensive and at the same time as concise as possible. We notice, for example, that at page 254 the reader is left to infer that "hemiatrophia facialis" is a form of scleroderma. This statement, if taken as of constant application, is incorrect. Hemiatrophia facialis (the trophoneurosis of Romberg) may unquestionably be associated with or even result from scleroderma, and the two processes belong to a closely-related pathological series; but, without doubt, hemiatrophia may, throughout, be unassociated with scleroderma. At page 430, the author gives in his adhesion to the views of Schmidt, and unhesitatingly rejects the *bacillus lepræ* as an essential phenomenon of leprosy. That

he has acted unwisely in taking such positive ground upon this point, in face of the experience of so many well-known pathologists, must be conceded. Whatever may be the pathogenetic relation of the bacillus to leprosy, Schmidt's published opinions as referred to by Dr. Hyde, are undoubtedly incorrect, and in future editions it will be necessary to abandon the position.

We think more attention should have been devoted to the description of "chancre," especially since the chancroid receives extended notice. The merits of the book, however, are so great that we can readily overlook slight faults. With the present treatise, and the justly celebrated volume upon the same subject by Duhring, American practitioners can find no justification for ignorance of "skin diseases." I. E. A.

A Treatise on Insanity in its Medical Relations. By WILLIAM A. HAMMOND, M. D., Professor of Diseases of the Mind and Nervous System in the New York Post-Graduate Medical School, etc. Appleton & Co. New York: 1883.

To criticize a work by one who has been so long and so favorably known to the American profession would be more than superfluous, and though like everything else in life it is not faultless, still little could be said not in favor of this last work of Dr. Hammond's; nor is it the least interesting he has produced.

A treatise on insanity by one who is not an asylum physician, and who is in general opposed to the average asylum, is a novelty, and the clinical description of the cases treated by the author at their homes, and the results, offer many points of interest to those who believe in the non-asylum method of treatment.

The treatise is written in the Doctor's usual clear style, interspersed by many histories of cases, and anecdotes of insane individuals, that add not a little to its readable qualities, and render it far less wearisome than the majority of medical books, so that as one approaches the concluding chapters it is with regret that so entertaining a volume is ending.

In view of the many definitions that have been given of insanity, and of the great difference in them, that of the author will assuredly be looked for with much interest, and certainly recommends itself for simplicity and completeness. It is as follows: Insanity is "a manifestation of disease of the brain, characterized by a general or partial derangement of one or more faculties of the mind, and in which, while consciousness is not abolished, mental freedom is weakened, perverted or destroyed." (p. 265).

A sketch of the classification adopted may also not be out of place. In the preface, we find that "in the present state of the pathoanatomy of insanity, a classification based as it should be, on the essential morbid conditions giving rise to the symptoms, cannot be made. There are indications, however, that vaso-motor disturbances, by which the amount of intracranial blood is altered by increase or diminution, are the starting point, at least, of almost every known form of mental derangement. In accordance with this view the classification is made into: 1. Perceptional insanities, in which there are derangements of one or more of the perceptions (e. g. hallucinations). 2. Intellectual insanities, in which the chief manifestations of mental disorder relate to the intellect, being of the nature of false conceptions (delusions), or clearly abnormal conceptions (e. g. intellectual monomania). 3. Emotional insanities, in which the mental derangement is chiefly exhibited with regard to the emotions (e. g. simple melancholia). 4. Volitional insanities, characterized by derangement of the will, either by its abnormal predominance or inertia (e. g. aboulomania). 5. Compound insanities, in which two or more categories of mental faculties are markedly involved (e. g, acute mania). 6. Constitutional insanities. resulting from a preexisting physiological or pathological condition, or some specific morbid influence affecting the system (e. g. epileptic insanity). 7. Arrest of mental development (e. g. idiocy)."

Doubtless, before long, this treatise will be found in companionship with that on Diseases of the Nervous System, in the libraries of a large number of our prominent practitioners.

H. J. B.

Editorial.

THE CHOLERA IN EGYPT.—The appearance of Asiatic Cholera at Damietta, an Egyptian port, situated on the Mediterranean, at the mouth of the eastern branch of the Nile, about midway between Alexandria and the Isthmus of Suez, is exciting a well-grounded alarm throughout Europe. Over a hundred deaths are reported there in a day. The disease has also appeared at Manourah, a town on the same branch of the Nile, 50 miles southwest of Damietta, and according to the last accounts has also broken out in Alexandria and Port Said, the Mediterranean terminus of the Suez Canal. Formerly it extended from its point of origin at the base of the Himilayas in the north of India, in a northwesterly direction, chiefly by the Danube and Volga into Europe, and was closely connected with the pilgrimages which the people of Hindostan, Persia, Arabia and other Mohammedan countries make to their sacred shrines. But since

the construction of the Suez Canal, the course of trade is diverted, and all the Eastern trade of Europe is concentrated upon this route. We are not surprised, then, to hear that there is a panic in London. Nor shall we be surprised to hear any moment of an outbreak in English or Continental ports; indeed, a vessel is reported to have already arrived at Havre with the disease on board. In that event, the probabilities are that it will leap across the ocean as it did in the great epidemics of 1832 and 1849, and the less severe one of 1866. Our health officers should therefore be on their guard and exercise an ever watchful outlook for its appearance. An efficient quarantine and use of disinfectants are said to be fully competent to check its spread.

FURTHER ABOUT "DR." HALE.—The following information in regard to the movements of this fellow are derived from the *Wheeling Register*, of June 28th. He broke bail at Toledo, Ohio, and went to Cleveland. He was pursued by detectives, traced to his hiding place; rearrested and carried back to Toledo. The charge against him is circulating obscene literature. The forfeited bail consisted of $400 in money, a diamond cluster pin and a gold watch. He was advertised for a lecture in Cleveland. It is said the health officer there would have arrested him had the Toledo people not sent after him.

Surely a man may be arrested for circulating obscene literature in Maryland as well as in Ohio. Can we not import some health officers from the West?

LORD BYRON'S DEFORMITY.—The chief topic of London society at this time (according to the *Lancet*) is a work in two vols., by Mr. J. Cordy Jeaffreson, a well-known writer, entitled "The Real Lord Byron." This author has had access to much original matter, never published and hitherto unavailable, and according to the authority quoted has brought "the romantic poet before us in a form widely different from anything that has been yet presented to the world in relation to him."

From a medical standpoint, interest in this work will centre chiefly in the fact of the great John Hunter having officiated at his birth; of Byron's great obesity in early life, and the means he adopted to overcome it, viz.: extreme fasting and large doses of Epsom salts, which produced in him a mental exhilaration akin to that of champagne; the circumstances connected with his last fatal fever, and its treatment by starvation and excessive bloodletting; but above all, the deformity which hung like a cloud over his mental horizon, marring a "beauty" otherwise "proverbial," and intensifying a natural selfishness and misanthropy that color his whole life and writings, and leave scarcely a ray of sunshine for the mind to rest upon.

Jeaffreson describes his deformity as consisting of a contraction of the tendo Achillis of both feet, most marked in the right, which was smaller than the left and turned inwards—talipes equino-varus. Hence arose a lameness, which prevented his participation in many amusements and occupations naturally to be craved by a person of his energetic and ambitious mind.

The subject reminds us of another man of genius, a cotemporary of Byron, who was deformed in a manner quite similar. While Byron's distortion, however, was congenital, Scot's began at 18 months of age, and in consequence of an attack of acute infantile spinal paralysis, as appears from his own account of it, in Lockhart's Life, vol. 1, p. 11. But though alike afflicted, what a contrast in character and disposition between the two! So that we are glad to take refuge from the hopelessness and epicureanism of the one, in the cheerful and more human philosophy of the other. The one attracts us only by the charms of literary excellence, whilst the "sweet-tempered" Sir Walter endears us at the same time by the closest ties of affection and gratitude.

WAS "LUKE, THE BELOVED PHYSICIAN," THE AUTHOR OF THE "GOSPEL ACCORDING TO ST LUKE"?—The authorship of the Gospel of St. Luke has been subjected to a critical analysis by the Rev. W. K. Hobart, of Dublin, who has, at the cost of an immense deal of labor and research, brought together all the evidence derivable from the language and style of the Gospel, to show that the writer was a physician. He adduces over 400 words which he regards as more or less medical. The *Lancet*, in noticing the work, thinks the Rev. gentleman is too ready to accept evidence, and regards the differences, unquestionably existing between this Gospel and the others, as rather due to the different nationalities of the writers, the author of "St. Luke" being alone of the four a Greek. It is ready to acknowledge, however, the significance of the omission on the part of the author of the Gospel in question, of the statement made by St. Mark, that the woman who had the issue of blood for twelve years was "nothing better,

but rather grew worse," by the treatment of the physicians. This observation, however, seems to lose much of its force when we find St. Matthew omits mention of the previous connection of "physicians" with the case entirely, whilst "St. Luke" says she "had spent all her living upon physicians, neither could be healed by any."

Differences unquestionably exist between the Gospel of St. Luke and the other Gospels, indicating very clearly a superiority of acquirement and learning in the author of the former. This, together with the fact that the authorship has been attributed to St. Luke since the earliest times seems to leave very little doubt upon the subject.

Miscellany.

College of Physicians and Surgeons of Baltimore.—We find the following appointments announced in the "Annual Announcement and Catalogue" of this institution for 1883–4:—Dr. J. D. Arnold, Lecturer on Diseases of the Heart; Dr. J. W. Chambers, Lecturer on Applied Anatomy of the Nervous System; Dr. N. G. Keirle, Lecturer on Pathological Histology; Dr. J. H. Branham, Lecturer on Regional Anatomy; Dr. James Brown, Lecturer on Genito-Urinary Surgery; Dr. R. B. Winder, D. D. S., Prof. of Prin. and Pract. of Dental Surgery as Applied to Medicine; Willoughby N. Smith, Esq., Attorney at Law, Lecturer on Medical Jurisprudence from a Legal Standpoint; and Dr. George A. Strauss, Lecturer on Chemistry. Dr. H. J. Berkley becomes a Demonstrator of Physiology.

Trephining of Sternum for Removal of Bullet from Chest.—*Dr. S. Marks*, of Milwaukee, reported the following case at the recent meeting of the American Surgical Association, at Cincinnati:—Capt. B. was wounded in the battle of the Wilderness, May 10, 1864. While rising from a recumbent posture a ball struck him a little above the centre of the sternum, and knocked him down. He soon rose and walked to the rear, where he was examined by a surgeon, and told he had been struck by a spent ball. He suffered intense pain, the heart-action was disturbed and he had dyspnœa and orthopnœa. In the hospitals at Fredericksburg and Washington, many surgeons confirmed the original diagnosis. On the 4th day a discharge of pus gave him relief. October, 1870, Dr. Marks examined him, and detected a small spot of denuded bone, through which the probe passed into the chest. An improvised probe, tipped with a small portion of the stem of a clay pipe, was introduced and rotated against an obstruction; when removed it gave unmistakable evidence of the presence of lead. Oct. 15th, the trephine was applied over the location of the bullet, and after removing a button of bone, a bullet was extracted which was wrapped in a strong cyst. The pulsation of the heart was seen through the opening. Recovery progressed steadily from that time on, and was not retarded by a considerable accidental discharge of blood from the wound during the healing. Trephining the sternum for the removal of foreign bodies, is a new operation in surgery.

Incomplete Tabes.—Charcot (*Jour. de Med. et de Chir. Prat.*) diagnosed tabes in (1). A patient with nystagmus, absence of patellar reflex, lightning pains, and double optic atrophy; (2). In a man with anesthesia of the face, slight paresis of the orbicularis oris, transitory diplopia and absence of patellar reflex, without lightning pains or incoordination; there was also a patch of anesthesia in the area of the radial nerve and difficulty in retaining his urine; (3). In a man suffering from pains in his right arm, which had lasted nine years, especially severe in the axilla and thumb, with a species of shocks or discharges, also alterations of sensation in the soles of his feet, as if he walked on balls, and when seated he did not know on what he was sitting. Urination was difficult, and he had no knowledge of the act of defecation. Patellar reflex was present.—*London Med. Record*, April 15.

H J. B.

The Ninth Annual Meeting of the Tri-State Medical Association will be held in Indianapolis, September 18th, 19th and 20th. The work is already far advanced, and the title of each paper should be in at once. Papers must not exceed 25 minutes. It is also the rule that each physician who registers must be a member of a Local or State Society in good repute. All such are invited.

Notice of papers or cases to be presented, must be sent to the Chairman of the Committee on Programme, Dr. J L. Thompson, Indianapolis, to the Secretary, Dr. G. W. Burton, Mitchell, Ind., or to the President, Dr. Wm. Porter, St. Louis.

Cannabis Indica in Menorrhagia.—Mr. J. Brown (*Brit. Med. Journ.*, May 26th, 1883) claims that cannabis indica has a specific use in menorrhagia and that there is no remedy which has given such good results. The *modus operandi* he cannot explain, unless it be that it diverts a larger proportion of blood to the brain and lessens the muscular force of the heart. A few doses are sufficient to cor-

rect the flow of blood. The following prescription is recommended:

℞ Tincturæ Cannabis Indicæ, ♏ xxx
Pulv. Tragac. Co., ʒ i
Spts. Chlorof., ʒ i
Aquam ad ℥ ii
One ounce every three hours.

Dr. Robert Batho, M. R. C. P., Castletown, Isle of Man, corroborates the opinion of Mr. Brown. He says: "Considerable experience of its employment in menorrhagia, more especially in India, has convinced me that it is, in that country at all events, one of the most reliable means at our disposal. I feel inclined to go further, and state that it is *par excellence* the remedy for that condition, which unfortunately, is very frequent in India." Dr. Batho has used the remedy repeatedly and always with satisfactory results. He has used the tincture in ten to twenty minim doses, once or twice in twenty-four hours. He says: "It is so certain in its power of controlling menorrhagia that it is a valuable aid to diagnosis in cases where it is uncertain whether an early abortion may or may not have occurred. Over the hemorrhage attending the latter condition, it appears to exercise but little force."

In no instance where the drug was prescribed did he observe any disagreeable physiological effects. T. A. A.

Excision of Abdominal Wall.—*Prof. Sklifosovsky*, of Moscow, reports (*Vratch, and Lond. Med. Rec.*) a case in which he excised nearly the whole left half of the anterior abdominal wall for an enormous spindle-celled sarcoma. A peasant woman, æt. 24, had been kicked by a horse four years before, and six months afterwards observed at the seat of injury under the left ribs a small lump; for three years this remained unchanged, but during the next year grew rapidly. On admission, it extended from the ribs to Poupart's ligament and at the umbilicus encroached on the right side. The diameter of the growth was about fifteen inches, its circumference thirty-two inches. It was dense and heavy and traversed by numerous dilated veins. The integument over it was movable. General health excellent. On making a vertical incision from the xiphoid appendix to the symphisis pubis and dissecting up the integument, it was found that the tumor encroached on all the muscular layers of the parietal peritoneum. Accordingly, four incisions were made through the entire thickness of the abdominal walls, a vertical one along the linea alba taking in the diseased tissue to the right of the umbilicus; a transverse one along the edge of the ribs; a transverse one a finger's breadth above Poupart's ligament; a vertical axillary one from the ribs to the crest of the ilium. The parts thus included left exposed the liver, stomach, bowels, etc. The abdominal cavity was cleansed and the viscera covered with the integumentary flap, two drainage tubes introduced and a Lister dressing covered with several large pads of wadding placed over all. The strictest antiseptic precautions were adopted. Healing took place by first intention, but there was some subsequent rise of temperature followed by an abundant suppuration under the flap near the navel. Pus continued to be discharged from the upper tube for nine days. Four months after operation the patient was discharged well, the tendency to bulging of the abdominal wall being obviated by a poroplastic apparatus provided with two curved steel springs. The growth weighed 9½ pounds. S. had performed a similar operation for sarcomatous growth in 1877, the patient being still in excellent health.

Baltimore Sewers.—Our sewers are described as follows by a writer in the *Sun:* "Every resident knows that the present sewers are not even sufficient to carry off the storm-water; every brisk shower turns numbers of streets into miniature rivers, which can be crossed only by wading. The houses in some places have their cellars flooded several times in the year."

Bertillon, Chief of Municipal Statistics of Paris, and Professor of Demography at the School of Anthropology, is dead, æt. 62. He was well known for his valuable contributions to the Science of Statistics. He left his body to the Autopsical Society, of which he was a member.

Medical Items.

Dr. Theophilus Parvin, of Louisville, has been elected to the Chair of Obstetrics and Diseases of Women, in the Jefferson Medical College, made vacant by the resignation of Prof. Ellerslie Wallace.=A physiological laboratory is to be built at Oxford University for Prof Burdon Sanderson, at a cost of $50,000.= Prof. Donald McLean, of the Univ. of Michigan, has gained $20,000 in a suit for damages against the *Detroit Evening News* =The New York College of Midwives has just completed its first annual session, graduating seven out of nine nurses, candidates for the honor. The standard is said by the *Record* to be high =A bill to establish a department of eclectic medicine in the Univ. of Michigan has been introduced before the Legislature of that State.

Original Papers.

A CONTRIBUTION TO THE STUDY OF NEGLECTED LACERATIONS OF THE CERVIX UTERI AND PERINEUM.

BY THOS. A. ASHBY, M. D.,

Professor of Obstetrics, Woman's Medical College of Baltimore, etc., etc.

(*Read before the Clinical Society of Maryland, May* 4, 1883).

During the act of parturition, any portion of or the entire genital canal may become the seat of lesions varying in extent from a simple abrasion to the most serious laceration. Lacerations may take place in the body of the uterus, in the cervix, in the vagina, through the perineum and posterior vaginal wall, and in the pelvic articulations.

Beginning with the uterus, ruptures generally start in the lower segment and thence radiate upwards towards the fundus or downwards into the vagina. The tear may extend through the entire walls of the organ or be limited either to the peritoneum or to the muscular layers.

The percentage of ruptures of the uterus was observed by Bandl* to be 1 in 2,137 labors. Jolly found 230 in 782,741 labors, excluding from this list lacerations of the cervix. Burns† calculates the proportion to be 1 in 940 labors, whilst Ingleby fixes it at 1 in 1300 or 1400, Churchill at 1 in 1331 and Lehmann at 1 in 2433. Dr. R. P. Harris, of Philadelphia, estimates, in the United States, 1 in 4000 births. Lusk found 47 deaths from this cause recorded in New York between the years 1867 and 1875 inclusive, or about 1 death in 6000 labors. The statistics collected show a wide variation in the percentage of cases, so that it is probable that these figures only approximate the actual number. The very high mortality from ruptured uterus, estimated from 89 to 95 per cent., renders the diagnosis easy between a rupture of the body and a tear of the cervix. The latter accident is one of frequent occurrence, whilst a rupture of the body may be regarded a rare injury. Bandl‡ claims that nearly all ruptures begin in the lower segment of the uterus and extend through the "obstetrical cervix," the tissues of which are so stretched as to form little more than a membranous covering which yields at the height of a pain and complete perforation of the cervical substance takes place. Dr. Emmet§ doubts if a woman can give birth to her first child without some laceration of the cervix taking place. "If slight," he says, "it heals rapidly and causes no difficulty afterwards. Even most extensive tears are seldom recognized at the time of labor. The tissues are then so soft that unless the rent has passed beyond the cervix into the vagina and connective tissues, it can scarcely be detected by a mere digital examination."

Cazeaux* draws a distinction between laceration involving the sub-vaginal and the supra-vaginal cervix. "The former," he says, "takes place at nearly every labor and is scarcely ever followed by any unpleasant symptoms, whilst the latter presents the same dangers and has similar consequences with ruptures of the body." Dr. Emmet† has shown that 32.80 per cent. of all women under his own observation, who had been impregnated, and had suffered from some form of uterine disease, were found to have laceration of the cervix. Mundé‡ observed 17 per cent. of lacerations of the cervix of the three degrees assumed by him. Dr. M. A. Pallen§ found lacerations in 45 per cent. of patients suffering from uterine disease observed by him; whilst Goodell‖ infers from his experience that out of every six women suffering from uterine trouble one has an ununited laceration of the cervix.

Based upon these statistics, lacerations of the cervix uteri may be regarded as of frequent occurrence, but not of serious consequence, unless the tear extends nearly up to or above the vaginal junction. Lacerated wounds of the vagina occur less frequently than those involving the cervix or perineum and they give rise to conditions less important than those to be considered in this paper.

Coming next to the perineum, it will be observed that lacerations of this body occur in quite a large percentage of cases, though the actual figures cannot be closely approximated, owing to the fact that there is a wide difference of observation and recognition of the accident Spiegelberg [1] states that in his own statistics tears of two-and-a-half centimeters from the frænulum occurred in 102 of 3000 labors, while Mintert [2] says that perineal rupture occurs in general in 15 per cent.; in 25 per cent. of primiparæ, and in 53 per cent. of primiparæ more than thirty years old. Lusk [3] says: "Statistics of their

*Lusk. The Science and Art of Midwifery, p. 565.

†Playfair's System of Midwifery, p 420.

‡Lusk, loc. cit., p. 566.

§Emmet's Principles and Practice of Gynecology, p. 461.

*Theoretical and Practical Midwifery, p. 732.

† Loc. cit., p. 451.

‡ American Journal of Obstetrics, volume xii, p. 131.

§ American Journal of Obstetrics, vol. xii, p. 322.

‖ Lessons in Gynecology, p. 210.

1 Parvin, American Practitioner, January, 1883.

2 Parvin, loc. cit.

3 Loc. cit., p, 207.

frequency are of little value, much depending upon individual skill in management." Schrœder* found that perineal lacerations occurred in 37.6 per cent. of cases delivered on the back as against 24.4 per cent. in other positions. Olshausen† reports as a result of the preventive measures adopted at the Clinic in Halle, during a period of ten years, 21.1 per cent. of perineal injuries in primiparæ and 4.7 per cent. in multiparæ. The percentages did not include slight tears confined to the frænulum. He regards 15 per cent. as not too high an estimate for the absolutely unavoidable lacerations due to defective distensibility of the perineum and to the disproportionate size of the child's head. Statistical tables showing the percentage of lacerations of the cervix and perineum cannot be considered altogether trustworthy until observers draw closer lines of distinction between the different degrees in which the accident occurs. However, enough is known, practically speaking, to show the great frequency of these lesions of parturition.

To Dr. T. A. Emmet, of New York, is conceded the credit of first devising and instituting operative procedures for the relief of cervical ulceration due to lacerated wounds of the cervical tissues. He was not the first to recognize the injury as a distinct lesion and to appreciate its etiological importance as a prime factor in the production of uterine disease. Mundé‡ shows that Dr. A. K. Gardner, of New York, as early as 1856, spoke of "laceration of the os and cervix" as productive of ulceration, hypertrophy of the cervix, endocervicitis and sterility. Dr. Emmet§ operated for the first time for the lesion in 1862, but did not describe his operation until 1869. Preceding the publication of this paper a few months, Dr. Montrose A. Pallen,‖ then of St. Louis, described substantially the same operation for the same lesion, which he called "uterine harelip." Thus it appears that Dr. Emmet and Dr. Pallen were cultivating the same clinical field in ignorance of each other's work. Neither the paper of Dr. Emmet, nor the one by Dr. Pallen, aroused any degree of interest in the lesion or the method of cure. It was not until after the appearance of a second paper from Dr. Emmet, in Sept., 1874, entitled "Lacerations of the Cervix Uteri as a Frequent and Unrecognized Cause of Disease," that the profession became fully aware of the value of Emmet's suggestions. Since then the lesion has been so fully and freely discussed that but little has been left for independent observation. Nevertheless Mundé,* writing in 1879, asserts that "all the authors who have hitherto written on this subject speak only of complete laceration or fissure of the cervix, either uni or bilateral, with a rolling out of the lips of the cervix up to the vaginal reflection, the cervix presenting the appearance of an eroded surface two inches or more in diameter." These are what he terms "the typical cases of the lesion, of the deleterious effects of which, both local and general, and the safe cure by Emmet's operation, the unprejudiced observer cannot entertain a doubt." Mundé† shows in his paper the wide difference of views which existed in respect to the degree of laceration and erosion requiring operative treatment, not only in the ranks of the profession but among leading uterine surgeons. He quotes Chadwick, Thomas, Fordyce Barker, Atthill and others, as protesting against the impression that the lesion is curable only by an operation. The uncertainty of opinion expressed in 1879, the date of Mundé's paper, has scarcely reached a more definite conclusion at this time. A close study of this subject only leaves the student in doubt as to the proper method of treating those lacerations of slight significance which do not seem to justify an operation for their restoration. Whilst the necessity for the restoration of complete lacerations—understanding by this term those which extend up to or through the vaginal junction and attended with eversion and erosion of the os externum—is recognized by many of the leading gynecologists, it is only necessary to review the opinions of different observers to appreciate the conflict of testimony in respect to the significance of the lesion in question and the method of its treatment. Dr. Fordyce Barker,‡ whilst admitting the existence of large lacerations and eversion of the cervix uteri and the efficacy of the plastic operation of Emmet, asserts that some of these cases will get well without surgical treatment, with rest, hot water vaginal injections, mur. tinc. of iron, ergot and nux vomica. Jacobi§ asserts that with cleanliness by repeated hot water injections until the lochial discharge ceases, in all probability every laceration, unless it enters the peritoneum, will heal. Dr. Thomas‖ has cautioned against the adoption of operative methods in every case. He says: "If it become the rule of practice that all cervical lacerations should be closed without reference to their pathological influence,

*Playfair, loc. cit., p. 274.
†Lusk, loc. cit., p. 207.
‡Loc. cit., p. 117.
§Loc. cit., p. 448.
‖Mundé, loc. cit., p. 118.

*Loc. cit, p. 119.
†Loc. cit., p. 117,
‡Mundé, loc. cit., p. 117.
§Mundé, loc. cit., p. 117.
‖Thomas on the Diseases of Women, p. 352.

many women will be exposed to operation without cause and without compensation." He, however, urges the importance of a recognition of the accident. "A laceration of the cervix being discovered, it would not follow that operation would be inevitable, but the obstetrician being now forewarned would be prepared to act for the best interests of his patient."*

Under the judicious leadership of Dr. Emmet, the profession in America has, to a large extent, been trained to recognize the consequences of neglected lacerations of the cervix. Each year his views in regard to the importance of the lesion and his method of operating are meeting with more general acceptance. In Great Britain, Emmet's views have met with less favor. The able discussion before the Obstetrical Section of the International Medical Congress is familiar to many. The language of Dr. J. Henry Bennet on that occasion, when the advantages of operative methods were urged for the cure of the lesion, is expressive of the views of British gynecologists. Dr. Bennet admitted that early in life he became aware that many morbid symptoms, including rigidity of the os and laceration, were connected with previous chronic disease of the cervix or uterus. During a long gynecological career he had attended many hundred cases of laceration, slight and severe, without once operating. He always found that under the treatment of the inflammatory state which attended them the ulcerated edges healed, the indurated tissues softened and a mere notch remained. He expressed the opinion that the operation was totally unnecessary, unless in some extreme exceptional cases. He took occasion to comment on the fact that one generation of surgeons divided the cervix deeply to cure all kinds of uterine disease and now another set sews up accidental divisions to cure precisely the same disease.

That clever observer Dr. Tilt,† in the preface to the last edition (1882) of his book, "The Change of Life in Health and Disease," criticises in unsparing terms Emmet's operation, and, in my judgment, takes a narrow and one-sided view both in respect to the pathology and treatment of the lesion. He attempts to discredit the value of Emmet's suggestions and operative methods by comparing the operation for a restoration of a lacerated cervix with Sims' operation for incision of this organ for stenosis. He takes no account of the essential difference in the conditions of the uterus which necessitate each operation but with one stroke of his pen condemns both operations as procedures transplanted from America which it is difficult for "simple-minded Englishmen to withstand." Referring to the operation of trachelorrhaphy he says: "Of the many patients attended by me during the last 30 years, I cannot remember a bad case of caco-plastic cervix with endo-cervicitis that I have not been able to cure by preliminary intra-cervical incisions, deep enough to drain long congested tissues, followed by the application of *potassa fusa cum calce*, and the subsequent dressing with tincture of iodine; so I do not see why the risk of a much more dangerous operation should be run, even in bad cases, except in a limited number that I have no time to specify. We are not, however, allowed to reserve trakelorrhaphy for long standing cases of caco-plastic cervix with endo-cervicitis. We are actually asked to adopt this operation as the best means of curing the comparatively simple cases of endo-cervicitis and ulceration when the cervix seems otherwise healthy and not much longer than usual. These cases can be cured in two or three months by such applications as the acid nitrate of mercury or nitrate of silver coupled with proper medical treatment, and it would be preposterous indeed to treat them by trakelorrhaphy." Dr. Tilt admits, however, that "it is a valuable operation for well selected cases." Such is the estimate placed upon Emmet's operation, or rather views, by Dr. Bennet and Dr. Tilt. Before dismissing the views of these two distinguished authorities I desire to call attention to the fact that both Dr. Bennet and Dr. Tilt have classed Emmet's operation for restoration of a torn cervix with Sims' operation for incision of the same organ. I can understand how less astute observers can undervalue the significance of these two methods of operation for the relief of entirely different affections, but I am surprised that two learned pathologists should lose sight of the different pathological conditions which call for essentially different and opposite methods of treatment. A lacerated wound of the cervix differs from an incised wound of the non-parturient uterus as widely as light differs from darkness. In the former condition the tissues of the uterus are undergoing disorganization through fatty degeneration, and the process of repair is interfered with and retarded; before the involution of the uterus is complete the patient is again on her feet, the process of ulceration is now encouraged by friction and pressure, and thus before one step in the direction of repair is fully taken another is set in motion which retards union and invites permanent irritation. On the other hand division of the cervix is performed upon a uterus whose tissues are in normal state and it interferes with no function of the organ. The operation is done when

* Thomas, loc. cit., p. 355.

† The Change of Life in Health and Disease, pp. 8 and 9.

the organ is normal in size and weight and when its divided surfaces remain in apposition. The woman is under the constant care of the surgeon, who enjoins rest and cleanliness and guards the progress of his treatment. If nothing else, clinical experience demonstrates the relative merits and advantages of each method of treatment.

I have quoted the views of two of the most pronounced opponents of trachelorrhaphy in Great Britain. That these gentlemen are not alone in darkness is shown by the fact that Hewitt, Duncan, Barnes and Edis in their works upon gynecology make but little if any mention of the subject. Edis,* speaking of laceration of the cervix, says: "It has not hitherto received the attention in this country that its importance demands."

With the exception of Playfair, I am not aware that any other British gynecologist has adopted Dr. Emmet's views. This authority admitted, in the discussion before the Obstetrical Section of the International Medical Congress, that he had become a convert to Emmet's teachings, and that he was now satisfied that the operation was destined to occupy a very important place in the gynecology of the future. He regretted that it had hitherto received so little attention at the hands of British surgeons.

On the continent, Briesky, Vogel, Spiegelberg, Ruge, Veit, Fage, Terrillon and Lemoyez have contributed to the literature of Emmet's operation, but the subject has not received that attention its importance would seem to indicate.

It thus becomes apparent, from the opinions which have been presented, that the condition in which the cervix uteri is frequently left after childbirth is not fully appreciated by the profession at large as a causative agent in the production of subsequent uterine disease, for it is to the results of this condition that are referred the whole train of symptoms which lead up to Emmet's operation. It is not denied that the cervix uteri is a frequent seat of lacerations, unilateral, bilateral and stellate, superficial and deep. In the vast majority of cases these lesions when recognized have been left to heal by nature's method; that is to unite by granulation and cicatrization. If union resulted the case was regarded as cured; if subinvolution, erosion or final cicatrization were the conditions calling for attention, they were met with local applications, or the patient was allowed to drag out years of miserable existence with a crippled uterus. It was to overcome these conditions of subinvolution, erosion or faulty cicatrization that Dr. Emmet instituted the operation of trachelorrhaphy.

*The Diseases of Women, p. 203.

It is now generally taught that after the act of parturition is completed, the genital passages should be examined for lesions. Accidents to the perineum are easily recognized and the primary operation is usually done for the restoration of this organ. The recognition of a lacerated cervix immediately after labor is not so easy a matter. The cervix is then soft and attenuated; the touch does not give a clear evidence of the existence of the injury. The injury once recognized, the propriety of an immediate operation for its closure is questioned by the majority of obstetricians, unless hemorrhage is severe from the torn surfaces of the wound. Under these circumstances it is admitted that the surfaces should be brought together by suture.

Dr. M. A. Pallen is an advocate of the primary operation. He believes it a good rule in surgery, and applicable to this form of injury, to meet all fractures of tissue, whether skin, bone or mucous membrane, as soon as possible. The rectification of a fracture is regarded as a preventive against future difficulty. He says he has not seen a case in which he regretted having operated immediately.* "Whatever form of laceration the cervix may undergo, coaptation evidently tends to the best results either immediate or subsequent." "These cases may be temporarily benefitted by the usual treatment but the constant friction of the parts begets a new attack in the course of a few months. It may be safely stated that a cure without surgical procedure should never be anticipated." Dr. Emmet does not hold these strong views in regard to immediate treatment. In a discussion of a paper read by Dr. C. C. Lee, of New York,† "On the Proper Limitation of Emmet's Operation for Laceration of the Cervix Uteri," he admitted that the operation had been performed too often. He claimed that the laceration in itself does no harm and should receive no treatment unless some bad results come from it. "A mere laceration need not be closed unless it gives rise to symptoms." "If care be taken after confinement to keep the parts clean, probably in most cases healing will occur spontaneously." Mundé,‡ whilst admitting that slight lacerations or nicks of the cervix without ectropion and with normal mucous surfaces and even deep fissures or lacerations without erosion, do not call for interference, yet concludes from his experience that there are numerous cases of the minor degrees of laceration and eversion in which plastic operation is the most safe, sure and rapid therapeutic measure for the relief of the local disease.

*Loc. cit., p. 324.

†Medical Record, 1881, p. 78.

‡Loc. cit., p. 117.

It appears from the foregoing that authorities disagree in respect to the time of operating and the degree of laceration calling for operative interference. The inquiry presents itself, how is the practitioner to decide these questions of treatment? The answer suggested is: Avoid fixed rules of practice and a one-sided view of the conditions observed, in all cases. A clinical study of each case and the application of methods of treatment which will meet the special conditions observed is the only rational course to be pursued. Professional experience sanctions the opinion that many forms of laceration, whether uni- or bilateral, superficial or deep seated, heal kindly by the non-interference method. Under the influence of carbolized warm water enemata, rest and good nutrition, the process of involution goes on and granulation and cicatrization are completed in a successful manner.

As opposed to this history of complete restoration after parturition, the gynecologist has presented to him not infrequently patients suffering from subinvolution, erosion and prolapsus, all the result of non-union or imperfect union of these lacerated injuries of parturition. The history of these patients is one which points to a mistaken diagnosis, and neglected or inefficient treatment. An injury has happened during childbirth which either through inattention, ignorance or indifference upon the part of physician or patient has been allowed to go through varied phases of neglect until a crippled uterus is the result with its attendant evil consequences. Care may have been taken after confinement to keep the parts clean, trusting to healing by the spontaneous method. Nevertheless union is not the result, and oftentimes the patient is much the worse off for the delay. The statement made by Dr. Emmet that "the laceration in itself does no harm and should receive no treatment unless some bad results come from it," I cannot fully accept, inasmuch as it invites trouble before seeking to prevent it. It may not always be wise to employ operative methods of treatment for those lacerations which give rise to no symptoms of neglect. My own experience teaches me that union should be invited by the use of the preparations of iodine or astringents applied locally, and warm water enemata twice daily to preserve cleanliness and allay congestion. Under the influence of local treatment, union may sooner or later result, but the process is often slow and tedious, and is attended with congestion, profuse leucorrhœa, backache and other symptoms referable to inflammatory action and protracted repair.

The minor degrees of laceration, I have observed, frequently give rise to trouble. The constant irritation to which the os uteri is exposed with every motion of the patient's body, is often sufficient to rub off the delicate epithelium of the everted edges of the wound, and erosion is the result with its muco-purulent discharge, congestion of the cervix and standing invitation to chronic inflammation and hyperplasia. These injuries to the cervix may be compared to similar wounds inflicted upon the integument. An incised wound of the skin heals kindly by primary union if brought into proper apposition and protected from injury.

Expose this same wound to friction or constant irritation, treat it by the open method, and then observe the difference in the process of repair, the slow progress of union, the indurated, rough and ugly cicatrization. A lacerated wound of the cervix uteri has rough edges, is kept bathed in foul discharges, and has its seat in abnormal tissues. Is it surprising that union should be slow, uncertain and indefinite in its results?

Schrœder,* replying to the objection of Kugelmann that these cases are curable "in time and with patience" by less severe measures, remarked that it "certainly was preferable to obtain a certain result in a fortnight by a safe method, than an uncertain result after months of other treatment."

The following case illustrates the point I wish to make clear, that simple lacerated wounds of the cervix are often slow in healing, and may keep up irritative disturbances for a long period of time:

Case I.—Mrs. A. B., aged 22, the mother of two children, aged respectively four years and seven months, came under my treatment six weeks after her last confinement, complaining of severe pain in her back and pelvis with a sense of weight and dragging down of her pelvic organs, and a very profuse leucorrhœal discharge. Examination revealed a laceration of the cervix upon left side, extending to a depth of about one-fourth inch. The surface of the wound was eroded, granular, freely bathed in pus, with a partially cicatrized external margin. The involution of the uterus being incomplete, the probe passed into the organ measured 3½ inches in depth. The uterus was congested, doughy to the touch, and occupied a lower position than normal. The perineum had been torn in her first labor to within one-half inch of the rectum. It allowed the labia to separate, so that in its closed posture a No. 20 sound could be introduced through an orifice into the vagina without coming in contact with the vaginal walls. Through this open hole, air was freely admitted into the vagina, with occasional explosions loud enough to be heard and to embarrass the patient.

* Mundé, Ibid., p. 125.

An operation for the closure of the lacerated cervix, and also several sutures into the perineum were suggested, as offering the speediest means of relief, but my patient found it impossible, owing to domestic affairs, to accept this method of treatment. As a substitute, I ordered her to take hot vaginal douches twice daily, enjoined rest, and made, at irregular intervals, applications of Churchill's tinct. of iodine to the eroded surface. At the time of writing, five and a half months have elapsed, and this lacerated wound is still discharging pus. The wound has, however, cicatrized more than half its original length. The uterus still remains somewhat congested and prolapsed. I am clearly of the opinion that, with a denudation of the surfaces of the wound, and two or three sutures to draw its margins together, union would have taken place within a few days, and my patient been saved this slow process of healing with its attending suffering. The wound which remains will, no doubt, eventually heal entirely by cicatrization, but the process will be tedious, painful and uncertain. I hope within a short time to restore her perineum. If neglected it will ultimately lead to rectocele and procidentia.

A distinction should be made between simple fissures of the cervix and those lacerations which extend deep into the cervix or beyond the vaginal junction. The slighter injuries as a rule heal rapidly, but cases are observed where the reparative process is weak, and a chronic inflammatory action keeps up a congested condition of the uterus, which ultimately results in hyperplasia and procidentia. This condition is especially observed in those cases in which a lacerated perineum exists. The uterus, partially weakened in its support, and increased in its weight by a chronic congestion, is dragged from its position in the pelvis. The ulcerated cervix is in constant friction against the posterior vaginal wall. Acting thus as a cause and effect, one condition is prejudicial to the other, and the patient is reduced to a state of almost, if not complete, invalidism.

The following case illustrates the condition described:

Case II.—Mrs. B., aged 27, is the mother of three children, the youngest 13 months old. At the completion of her last pregnancy, labor came on unexpectedly and her child was born without the presence of a midwife or physician. Labor pains being very strong, the child was forcibly expelled through the cervix and vulva. As a result of hastened delivery, the margin of the cervix was torn in a stellate direction, and the perineum split halfway back to the rectum. The marginal wounds of the cervix allowed a slight ectropion of the os externum, and the exposed surfaces took on an erosive action, which has continued to the present time. The involution of the uterus was arrested, and the enlarged organ, weakened in its support, soon sank low down in the pelvis, resulting in a permanent prolapse. Through some inattention upon the part of the patient or her friends, or a misunderstanding of her condition by her physician, prompt and effective treatment was not instituted. Months of inattention and delay have only added to the distress of the patient by keeping in force a chronic inflammation, subinvolution and prolapse, which in my judgment would have responded more kindly to local or surgical treatment nine months ago than at the present time. In other words the condition has assumed a more chronic character and will require a longer local and constitutional treatment than would have been called for if appropriately cared for in the acute or early stage. I hold emphatically that an early recognition of injuries of the character named, and a judicious local or surgical treatment of the same are a prophylactic against the condition these injuries will ultimately induce. In the case related, the fissures of the cervix would most probably have healed kindly under local astringent applications, the involution of the uterus would have become complete and the prolapsus arrested. The torn perineum did not positively demand closure but it was one factor in the production of the prolapsus. Associated with a uterus of normal weight and size it would not claim an operative interference.

Dr. Emmet recognizes different sites for lacerated wounds of the cervix. Those in the median line are most frequent, those of the anterior lip being more common than those of the posterior. This variety he observes heals rapidly if limited to the cervix, due to the fact that the raw surfaces are kept in contact by the pressure of the lateral walls of the vagina, the patient resting in the recumbent posture. No serious consequences, therefore, are likely to follow this accident. "Even when quite extensive," *he says "the line may heal throughout, as there will have been no loss of tissue from sloughing. This will frequently be the result if proper attention has been paid to cleanliness by the use of the vaginal injections of warm water, so as to prevent phosphatic deposits from the urine on the raw surfaces." Again he says:† "It is very rare, for any bad effects to remain after laceration backward or forward and when they do it is exceptional. When, however, the laceration is in a lateral direction, and extends beyond

*Loc. cit., p. 461.
†Loc. cit., p 462.

the crown of the cervix, a condition at once arises which will defeat all reparative efforts of nature. In practice, therefore, we have to deal chiefly with the consequences of lateral laceration, and these effects are more marked when the lesion is double than when confined to either side."

In a bilateral tear the lips of the cervix are forced apart and the tissues roll out just as the stem of the dandelion will curl when split. In the erect posture the posterior lip of the cervix catches against the posterior vaginal wall, the everted mucous lining is thus exposed, a source of irritation is established and the involution of the uterus arrested.

It is important that the form of the laceration should be early recognized. In those varieties where the edges are not likely to be disturbed by mechanical causes reparative processes may be left to nature. Under the influence of local vaginal enemata union may be anticipated, though it does not follow as a necessary consequence. In the lateral forms where union must be necessarily slow, and often never complete, an early recognition should lead to prompt treatment. In such cases where experience demonstrates an almost sure failure of union and a subsequent trouble if repair does not take place it seems to be most logical to pair the edges and secure a union by suture without waiting for the development of chronic inflammation and hyperplasia with their attendant symptoms. It is admitted that these lacerations sometimes heal, but this fact will be made evident very soon after the patient begins to move around after leaving the confinement bed. Non-union is shown by a profuse cervical leucorrhœa, some loss of blood, continual backache, frequent bearing down pains, debility and nervous disturbances. These symptoms once recognized in the post-puerperal state should claim an enquiry as to their causation, and the cause once observed should lead to prompt removal.

The practitioner must decide for himself the method of treatment he will employ to remove the cause of the symptoms above related. He may resort first to enemata of hot water, to astringent applications or to the suture, whichever method is likely to induce a repair of tissue, allay congestion and prevent subsequent trouble. The essential problem is an arrest of the inevitable consequences which neglect will entail upon the patient. A pathological condition exists in such cases which is as sure to lead to subsequent trouble, unless arrested by prophylactic treatment, as sparks are to fly upward.

Numerous examples of these conditions of neglect are almost daily presented to the gynecologist.

The following case is selected to illustrate the condition which will sooner or later overtake a neglected bilateral laceration of the cervix uteri.

CASE III.—Mrs. C., aged about 24, married at 16, and within twelve months time became the mother of a child now near 7 years old. Since the birth of this child she has conceived three times and aborted each time before the fourth month. Her health has never been strong since the birth of her first child. Menstruation has been irregular and at times profuse, leucorrhœal discharges more or less present at all times and occasionally very profuse, backache almost constantly present, dyspepsia and nervous disturbances very pronounced, temperament formerly bright and cheerful, now mercurial and easily moved. Symptoms at times vague and indefinable. Patient has consulted a number of physicians at different times but was never treated for uterine trouble. She frequently referred her symptoms to her uterus but was assured that the organ was in a normal condition, though never examined, except in one instance and then by the touch. When she came under my care her symptoms were referable to uterine displacement and ulceration. An examination was proposed and consented to. I found a bilateral laceration partially united, but open at the lateral margins, the anterior lip nearly double the size of the posterior and evidently hyperplastic. The outline of the tear was crescentic in shape and allowed an eversion of the posterior lip which was eroded over its entire surface. The uterus was congested and slightly larger than normal, sharply anteflexed and sunken in the pelvis. The perineum was slightly torn and vaginal walls somewhat weakened. The condition here described was sufficient to keep up the reflex disturbances so prominent in the case. It was, in my judgment, the prime cause of the abortions, and had occasioned the other symptoms related. This patient is now wearing a Hodge's pessary with comfort and with partial relief She is being treated locally for the ulceration with the understanding that an operation may be required to bring about a successful union of the badly approximated and non-united surfaces. A condition of great local and constitutional distress has been allowed to go on through some seven years by a failure upon the part of some one to recognize a badly damaged and an imperfectly functioning uterus. Whilst I am unwilling to refer her entire physical distress to this one cause, inasmuch as she is not naturally of a robust constitution, I am satisfied that this local condition has been a prominent factor in disturbing her general health.

(*To be continued*).

Correspondence.

PRAGUE, June 19th, 1883.

Editors Maryland Medical Journal:

Medical events have not been sufficiently numerous since my arrival here to offer material for a letter which would prove very interesting to your readers, so I am compelled to fall back on gossip and remarks of a general character to fill up the body of my letter. Prague is better calculated to please when viewed from a pathological standpoint than any other; indeed, the very look of the place, if we take as the physiological type of a city clean, broad, straight streets, with some tendency to symmetry in the houses, is very strongly suggestive of pathological anatomy. I am more than contented, as I find advantages here far greater than could be obtained elsewhere, the Pathological Institute being one of the most complete in the world, and presided over by a master of the science. The material, 1200 autopsies in the year, is abundant and rare; instructive cases seem rather more common here than elsewhere. For the last three weeks we have had a very large number of typhoid cases, usually two or three every day, and in one week I think I saw almost every alteration of the bowels that the disease could bring about, perforations with peritonitis, ulceration involving a branch of the mesenteric artery, etc. In the demonstrations of two days, there was shown in fresh preparations the whole course of the disease, from the first slight follicular swelling to the clean and partially healed ulcers.

A large number of the autopsies are on children from the Foundling Asylum and the Lying-in House, of course a large per cent. of these dying from syphilis. One of these cases, a child, two weeks old, showed not only gummata in most of the bones, but the liver contained immense numbers of miliary tumors, reminding one most strongly of miliary tubercles, but which were evidently of syphilitic nature. Syphilis is common here also in the adults, and the Pathological Museum is particularly rich in such preparations; so rich, indeed, that one cannot help thinking that the treatment for the disease could not have been strikingly successful about the time the most of the preparations were made. Prague is also famed for rachitis, and the collection of deformities produced by this is most wonderful; especially the collection of pelves is said to be the finest in the world, and contains several which can be recognized as the originals of text-book illustrations.

The so-called clinical post-mortems, embracing cases of more than common interest, and such as have served for clinical instruction, are separated from the ordinary run of cases of tuberculosis, typhoid fever, etc. The clinical autopsies are made by the professor in person, before the clinician and his class. First, a short history of the case, with the clinical diagnosis is read, then the autopsy is made, a protocol describing fully all the pathological changes is written, with the complete anatomical diagnosis at the end, and the specimens are passed around for examination with explanatory remarks. As a rule, the clinical diagnoses made here are good, in some cases agreeing in all respects with the anatomical; in others it is found that what was exhibited to the class as a typical case of typhoid fever really is acute tuberculosis and vice versa, this being the most frequent error. Sometimes too the clinician slips up fearfully on the various heart murmurs, but it should always be borne in mind that the clinical diagnosis is rather more difficult than the anatomical, and even the latter is sometimes difficult enough.

Two of the clinical autopsies made last week presented some interesting points: The first was that of a woman, aged 43, brought into the hospital to be operated on for what was diagnosed as a large ovarian tumor. As she was greatly emaciated and in general bad condition, it was not deemed advisable to operate, and after a few days in the hospital she died. At the autopsy it was found that what had been taken for the ovarian tumor was an intra-mural myoma of the uterus of really enormous dimensions, measuring 27 cm. in diameter. In addition to this tumor was a large tumor mass in the abdomen, consisting of a large celled, round-cell sarcoma, which had apparently started in the omentum; other of the abdominal organs were involved by extension of the growth, and numerous metastases were found in the lungs, liver, etc. It is rather rare to find two different tumors in the body at the same time, but lately several cases have been reported of two carcinomas in the body at the same time, which could not have arisen one from the

other by metastasis, but which were each primary. Assuming Cohnheim's theory of the origin of tumors to be correct, and there are a great many facts which speak strongly in favor of it, it is a little singular that there should have been two embryonic tissue residues in the body and that they started to grow at the same time.

The other case was a woman of 38 operated on for a large ovarian tumor which was at first sight but one of the ordinary cysts with papillomatous growths on its inner surface. On micro examination, these growths were found to have the structure of giant-cell sarcoma, and when the woman died of general peritonitis, metastases were found in the retro-peritoneal lymph glands, and in the lungs.

At present there is a great rivalry and a degree of hatred, difficult to overestimate, between the Germans and the Bohemians. It has finally reached such a pitch that the latter refuse to have anything to do with the Germans, refuse to learn their language, and this fall they will have a new university, in which all the lectures will be given in Bohemian. As the Bohemians have never been very celebrated for their scientific or literary acquirements, and as no one would learn their language, even for the sake of being professor, the number from whom their professors must be chosen is necessarily a limited one. Stricker's assistant in Vienna, Spina, who lately has written an article on the poor, much maligned tubercle bacillus, an article which almost rivals the classic production of Schmidt, on the same subject, has been called to the chair of General Pathology, and the other chairs will also soon be filled. To think of the literature which will be poured out into the world when this brand new university has been started, is enough to make one's head ache. It is to be hoped that they will be induced, from motives of lofty patriotism to make all their publications in their own tongue, and then it can hardly be expected of any one that he shall read it all. Medical literature now, especially the literature of pathological anatomy, is reaching proportions which are indeed alarming; and it appears that as time goes on the number of subjects on which articles can possibly be written, instead of being narrowed down, becomes broader and broader. Probably in twenty years it will be a five years' job to get up all the literature on such a simple subject, for example, as cyrrhosis hepatis. The different reviews "Jahrbücher," etc., help us out a great deal, but one never knows just how far the reviewer can be trusted to write a fair review, and in some cases if a man gets a bad review he will come out in still another article to set himself right before the public. Well, we all want fame and immortality, and this seems to be the only practical means of getting it; still the time may come when some of us will be sighing for the good old days when specialists did not know how to write, and when men were obliging enough to think rather that they were wrong themselves, and saw crooked, than that some illustrious predecessor was in error.

W. T. COUNCILMAN.

Society Reports.

BALTIMORE ACADEMY OF MEDICINE.

STATED MEETING HELD MARCH 20, 1883.

(*Specially reported for Maryland Med. Journ.*)

The Society met at the usual hour, the president, Dr. J. Carey Thomas, in the Chair.

PARESIS OF BLADDER.—*Dr. McSherry* reported the case of an old bachelor, æt. 75, who suffers from paresis of the bladder, requiring the constant use of the catheter. He also has a persistent bronchitis. The treatment has consisted of ergot in large doses, belladonna suppositories, strychnia, nux vomica, balsam copaibæ and nitre, but all have proved ineffectual; the ergot and strychnia have signally failed. He would now try the battery. During the course of treatment, a cystitis (indicated by mucus and blood from the bladder, etc.,) developed in consequence, as he believes, of using rancid oil with the catheter. With better oil it passed away. Cystitis may result from a dirty instrument or from low organisms introduced into the bladder. He had known croton oil to be used by mistake for lubricating the catheter.

RELIEF OF ANASARCA BY ACUPUNCTURE.—*Dr. W. C. Van Bibber* reported the case of a man with excessive ascites and anasarca, resulting from disease of both valves of the heart. Six needles—No. 5—protected by sealing wax on the eye to prevent their possible escape into the tissues, were intro-

duced into the leg, and allowed to remain one-half hour. The discharge of serum was so great in consequence, that six sheets were saturated by it, and at the third visit he could sit in a chair with another person, which before he could hardly get in alone.

VACCINATION.—*Dr. W. C. Van Bibber* read a paper on this subject (which has recently appeared in the JOURNAL in full. EDS).

Dr. Steuart said the older physicians had implicit confidence in the protective power of vaccination. When an infant, his father had placed him in a room with a patient affected with smallpox to prove this immunity. When he was Health Officer of Baltimore, the smallpox broke out at Fells Point; all of a family on board a barge had it except a girl, aged 12, and all died except an infant. All the children died in the girl's arms and she laid them out; in doing so she had had the matter from the pustules smeared over her. It was afterwards found out that the father was an anti-vaccinationist, and the girl had been vaccinated by Dr. Howard without his knowledge. She "took" and had a good mark; none of the rest had marks.

Dr. Conrad had implicit confidence in vaccination. During his service at the Quarantine Hospital, he had had 1600 cases of smallpox under his charge; he spent ten hours daily in the hospital; he got the matter on his hands when they were chapped; the patients coughed in his very lips; he had vomited his breakfast many times, in consequence. During this time he had a scar on his arm, from vaccination done in infancy; it presented good foveations. He had witnessed numerons cases of protection. None of his family were attacked. He should not fear to take his family into a smallpox hospital, so great is his confidence in vaccination. He dwelt upon the importance of revaccination, and illustrated by reference to the Germans, who never have less than three marks and sometimes sixteen. They are far more susceptible to the smallpox than the negro.

The material on which the germs of variola feed is reproduced much more readily in some persons than others. He had kept a mark on his arm for three years, the operation being repeated every seven days; all kinds of virus were employed, but without effect. All persons who were exposed at the hospital were invariably vaccinated with two kinds of matter; in some cases one kind took and another failed. In the case of his own child, bovine virus, German lymph, etc., failed, but human virus succeeded.

It is exceedingly important that the vesicle be not injured before the areola is completely developed; he had seen some cases illustrative of this.

Dr. Miles had nursed a friend who had smallpox, and was quarantined in the room with him; it never occurred to him that he was running any risk.

Dr. Donaldson referred to a negro family where there were six children, one in the second day of an attack of smallpox, the others unprotected. The latter were vaccinated and only one had varioloid, the others escaping. During his service at the smallpox hospital, a child, æt. 18 months, was attacked, which died of confluent smallpox notwithstanding a well-marked scar on the arm.

He quoted the following statistics:

"The population of Marseilles, at the time of an epidemic there in 1828, was 40,000; 30,000 of whom had been vaccinated, 2000 variolated, and 8000 unprotected. Among the 30,000 vaccinated, 2000 were attacked with smallpox, or 1 in every 15; 20 died, i. e., 1 in 100 of those attacked or 1 in 1500 of those vaccinated; of the 8000 unprotected 4000 were attacked, or one-half of the whole number—of these 1000 died, i. e., 1 in 8 of the whole number and 1 in 4 of those attacked. Out of the 2000 variolated, 20 took the disease, or 1 in 100, and 4 died—1 in 500 of the whole number, and 1 in 5 of those attacked the second time."

Dr. McSherry said in former times repeated attacks of variola were known to occur in the same individual—sometimes as many as five; can we expect a greater immunity after vaccination than after variola itself?

Dr. Steuart said the periodical occurrence of smallpox epidemics was to be explained by a want of protection; vaccination is only practised to any extent when the danger is actually present.

Dr. Cordell referred to the relative reliability of bovine and humanized virus in conferring protection upon those who have been exposed to the contagion of smallpox.

In the epidemic of 1871–2, when the latter was exclusively used in this city, he was called to see a colored child well broken out with what proved to be fatal

confluent smallpox. There were in the house four other children of the same family, never vaccinated, who had played freely about the bed of the patient, and two adults not vaccinated since childhood. All of these were at once vaccinated with success, and all escaped the disease. In August, 1882, during the recent epidemic, a colored boy, æt. 18, never previously vaccinated, was attacked with smallpox; he was removed to the quarantine hospital and recovered. His mother and father had both been vaccinated many years before in childhood. They were revaccinated with bovine virus, as soon as the disease developed itself. In the case of the father there was a typical vaccinia. There was no result in the mother's case; about two weeks after her first exposure she was taken sick with the disease, and was removed to the hospital where she died, of what from the account, seemed to have been a malignant form of the disease.

Dr. Van Bibber knew of cases in which the human virus had taken, after the failure of the other. But people will not allow the human virus to be used now.

Dr. Conrad said the relative protection conferred by the two forms of virus, was a question demanding solution.

Reviews, Books and Pamphlets.

Observations on Lithotomy, Lithotrity, and the Early Detection of Stone in the Bladder, with a Description of a New Method of Tapping the Bladder. By Reginald Harrison, F. R. C. S. London: J. & A. Churchill. 1883.

These observations, the preface states, are based upon personal cases which the author has from time to time brought to the notice of medical societies. It is to be expected, therefore, that much which the book contains will be found in reports of society meetings, but we we were scarcely prepared to find that the so-called new method of tapping the bladder was already in a standard treatise on surgery, yet such is the case, for it is to be found duly credited to Harrison in the last edition of Ashurst. Now the date of Ashurst is 1882; the preface of the book under consideration bears date April, 1883; in future editions the word "new" would with advantage be omitted.

The author is evidently a practiced lithotomist as one death in forty operations shows, for one other death had little or no relation with a previous operation. The use of knife and curved staff is advised, the advantages of a lithotome decried as also the rectangular staff, yet mention is made of the late N. R. Smith's lithotome.

Cheselden is held up as a working model and properly so. Bilateral section of the prostate is advised with large stones but crushing through the perineal wound is not mentioned—a decided omission since occasionally it may be very useful. Altogether the twenty-two pages devoted to lithotomy present no new views, yet this can scarcely be objected to. Under the head of Lithotrity, Bigelow's operation is described not over fully, and a new aspirator shown. Twenty-eight operations are recorded with two deaths. Lithotrity in children is suggested and examples given of success, but suitable cases must be very rare, for it is rather difficult to kill a child with stone by cutting. The early detection of stone is insisted on, after which the "new" method, etc., already referred to is described.

Altogether the book contains a great deal of good surgery, but the feeling left upon the reader's mind is, why was it written? since standard works not only contain what is here said but also a great deal more.

L. M. T.

Materia Medica for Physicians and Students. By J. B. Biddle, M. D., Late Professor of Materia Medica and General Therapeutics in the Jefferson Medical College, Philadelphia. Ninth Edition. Revised, Rewritten and Enlarged in Accordance with the Sixth Revision of the U. S. Pharmacopœia, by Clement Biddle, U. S. N. With Numerous Illustrations. Philadelphia: P. Blakiston, Son & Co. 8vo. 1883. Cloth. Price $4.

A work which has gone through nine editions must have in it the elements of popularity. It surely must meet very fully the wants of that class of persons—medical students—for whom it was especially intended. Onr acquaintance with the first edition was intimate, for it formed the basis of our earliest studies in this department. In the course of years the work has undergone a large amount of revising, more especially in the preparation of the present edition, in which the mantle of the lamented Prof. Biddle has fallen upon his son, Dr. Clement Biddle, U. S. N., who acknowledges,

however, his indebtedness to Dr. Henry Morris, a Quiz-Master at the Jefferson Medical College, to whom, owing to the reviser's sudden call to the Asiatic Squadron, more than the last two-thirds of the work was entrusted.

Among the numerous changes which the present revisers have made may be mentioned the insertion of some pages on the metric system, the omission or abridgement of many of the botanical and pharmaceutical details, the addition of a large number of new remedies, some changes in classification, including the addition of a new class —antiseptics—the adoption of the new chemical nomenclature, the substitution of the physiological for the empirical plan of considering the action of drugs, and the adaptation of the whole work to the new pharmacopœia just issued. The wisdom—nay, the necessity—of these changes is obvious at a glance. Notwithstanding the transformation which these and other various alterations have produced, the book maintains essentially its former character and the reader, who, like the writer of this notice, has from long familiarity and reliance upon it become attached to it will not feel estranged by a perusal of this edition in which he will find many of the illustrations and other features to which he has by long use become accustomed.

We have made a very thorough and deliberate examination of the work with a view to finding out both its faults and its merits, and the result is on the whole a highly favorable judgment. The revisers have done their work in general with judgment and accuracy, and we feel that we do not exceed the limits of due praise in saying that the book is the very best elementary work on materia medica with which we are acquainted. In saying this, we do not overlook the merits of the many excellent works on this subject familiar to us all. But many of these are too elaborate or scientific for the student; they bewilder him by a great mass of (to him) unessential details, while they generally develope the therapeutical side of the subject at the expense of the materia medica side, giving little or nothing of the natural history of plants and drugs, their sources, modes of preparation, appearance, chemistry, pharmacology, etc., subjects which, though of secondary importance, should not be entirely omitted in a medical education. On many of these subjects, Biddle seems to have struck a happy mean, giving the student essential facts which he cannot find in Bartholow, Wood, Farquharson and others.

This favorable opinion premised, we will not be accused of flattery when we have pointed out the various omissions, errors and defects which we have noted and which in a critical review cannot be overlooked. In the first place it is not true that "all the important changes which have been made in the new Pharmacopœia have been incorporated." For instance, the authors employ the old termination in "ia" for the vegetable alkaloids instead of the Pharmacopœial one "ina"—morphina, atropina, quinina, cinchonidina, hyoscyamina, daturina, etc. Again, Indian Hemp is given (p. 319) as the synonym of apocynum, instead of Canadian Hemp as in the Pharmacopœia. Nor does the description of the apocynum root correspond with that given in the Pharmocopœia. For instance, the latter says it is inodorous, while the authors make it have a "strong odor." The confusion that might arise from having two drugs bearing the same name is quite obvious. Again, there is a discrepancy as to the solubility of corrosive sublimate and arsenic (compare pp. 362 and 379 with the Pharmacopœia). Other discrepancies might be pointed out did our space permit.

The physiological effects of drugs are stated with judgment and general accuracy; the statement, however, that "belladonna checks the salivary secretion by paralysing the inhibitory nerves from the chorda tympani to the submaxillary gland" is neither intelligible nor does it correspond with the latest teachings of physiology. According to Foster (2nd Amer. Ed., p. 342) whose authority on this subject will hardly be questioned, the "chorda contains two sets of fibres, one secreting fibres, acting directly on the epithelium cells only, and the other vaso-motor or dilating fibres acting on the blood-vessels only, and atropin while it has no effect on the latter paralyses the former just as it paralyses the inhibitory fibres of the vagus." We were not aware that the blood-vessels had orifices or that they secreted before (p. 309).

In the therapeutics there are many statements open to criticism. Ol. copaibæ (p. 339) is said to produce the same effects as copaiba, whereas the truth is its efficacy is doubtful, the resin being the efficient ingre-

dient (see Philips, Amer. Ed.). We apprehend few physicians who are posted in modern therapeutics will subscribe to the statement (p. 352) that "in the treatment of acute inflammatory affections, mercurials are among the most important of our resources." The efficacy of alteratives (mercury in syphilis, arsenic in malaria) is said to be due to a *substitutive* or *antagonistic* action (p. 352) which is both meaningless and absurd and is pure theory though not so stated. Iodine is said to be useful in "every variety of chronic tumor and enlargement" (p. 370) and is said to be "conclusively" valuable in malaria. Under the head of Chloroform, its s. g. is not given nor the conditions contraindicating its use. We should not like to rely upon bicarb. potass., gr. i every five minutes, to promote expulsion of membrane in croup (p. 398). Dialysed iron is not mentioned in the treatment of poisoning by arsenic (p. 382). In speaking of sedatives (under which term the author proceeds to describe aconite, tartar emetic, veratrum viride and gelsemium) we are told that "their therapeutic influence is probably of a stimulant character" and their primary effect is to "restore its" (the heart's) "force and tone when morbidly depressed" (p. 217). Again, tartar emetic, in "somewhat larger" than "large" doses (p. 129) is said to produce primarily a *stimulant* effect on the circulation and respiration. Under ergot no mention is made of the growing disfavor of obstetricians to this drug. The oil of turpentine is given as the antidote for phosphorus, without mention of the fact (Murrell) that the French oil is alone effective, the English and American being useless. Under Apomorphia the authors mention the change of color which the solution undergoes on keeping, wlthout stating that this does not impair the therapeutic properties of the drug. No mention is made of the risk to the kidneys from a prolonged or excessive use of copaiba, so strongly insisted on by Bumstead. Iodide of potassium is said to be employed in *secondary syphilis* (p. 373) (the italics the authors') no mention being made of tertiary syphilis. Quinidina sulphate and cinchonidina sulphate are dismissed with a mere mention, although they have been proven to be the most valuable constituents of Peruvian bark next to quinine itself. The statement, that "the antidotism between strychnia and chloral is not reciprocal" (p. 243) is not borne out by the reference to the former in considering the treatment of poisoning by the latter (p. 66). Opium is said to be "contraindicated in high inflammation" (p. 310). The statement that very large doses of quinine produce extreme congestion of the brain (p. 138) is not absolutely correct, the ophthalmoscope having revealed in a number of such cases an ischæmia of the retina (Knapp's Archives of Ophthalmology). The local tonic astringent effect of chalybeates is spoken of (p. 150) as though it were applicable to all the agents of the class. The dose of the tinct. ferri chloridi (p. 155) is given as "m x to xxx gradually increased to f℥i or f℥ij." The liq. ferri subsulph. is spoken of a salt and its dose given as five to fifteen grains (p. 154).

We have also noted a number of errors in orthography and syntax. As examples of badly constructed sentences see pp. 65, at bottom, and 69, 9th and 32nd lines from top. These are by no means unique specimens. As examples of bad orthography we have noted (in addition to the errata given at p. xx) the following, which a more prolonged search would doubtless augment: Liebrich, fullness, synovites, minium (for minimum, in signs and abbreviations, p. 471), doses (for dosis, a dose, p. 472), Worchenschrift for Wochenschrift (p. 375), albuminurea, and polyurea, gastric-intestinal for gastro-intestinal (p. 268), sphaselas, squammous, urinary-genital (p. 335), Robuteau, lacillus malariæ, etc. A t occurs before the sign indicating the quantity of drugs in many places, as pp. 326, 371, 408, 422, etc.; that it is not a misprint for f is proven by its occurrence with solids. "Is" for "in" occurs p. 398. Colour, flavour, etc., will do very well for Englishmen, but we prefer what is the nearly universal, the more simple and progressive termination in "or." "As a cathartic effect it is not desirable" (p. 326). The Greek *aimatina* (p. 351) lacks the aspirate. Calomel is said to "blacken on long exposure to light" (p. 361); how long? Here is a valuable piece of information: "The leaflets of jaborandi have a characteristic odor (resembling a mixture of Indian hemp, matico and cubeb) (p. 311). Sulphuric acid is said to produce "white" sloughs (p. 169); this is new to us and to works upon the subject of materia medica, the property of *blackening* organic matter by extracting the elements of water and

leaving the carbon untouched being well known.

What induced the authors to introduce "A Comparison Between the Drugs of the Chinese and United States Materiæ Medicæ with a Short Account of Chinese Medicine," constituting an appendix of 25 pages, we cannot imagine. Such an article is of interest enough in the abstract and would be appropriate in a medical journal but in a text-book on materia medica, for students, it is entirely out of place and should be omitted in subsequent editions.

We may add that some of the therapeutic applications of drugs are obsolete, whilst (doubtless for the sake of brevity) neither the exact nor relative utility of many agents is stated with sufficient clearness. In other words, in enumerating the diseases for which a remedy is recommended, the reader is often not able to distinguish those applications which are best established and of chief importance from those which are of doubtful utility or at any rate comparatively unimportant (although this is a fault not confined to this edition). In illustration, take gelsemium, p. 224, whlch we are told "has been used" in fevers, inflammations, tetanus, etc., and "*facial neuralgia.*" Now if there is one affection above all others in which this agent has proved itself useful, it is in trigeminal neuralgia, and certainly this should have been stated with greater prominence.

Finally we would make some exception to the printing, much of which is indistinct and has a faded look not at all creditable to a publishing firm occupying the position of P. Blakiston, Son & Co.

In a critical review, the faults of a work are apt to appear exaggerated; we do not at all wish it to appear that they predominate in this one. At the same time we feel compelled to declare that the present edition is not all that it might be. The ninth edition of a book may reasonably be expectcd to be almost exempt from errors of every sort; many of those which we have pointed out above are clearly the result of oversight or haste in preparation. For the sake of those who who from attachment and long use find Biddle's Materia Medica essential to them and in the interest of the many students who will hereafter resort to its pages for instruction, we will express the hope that no time will be lost in submitting it to a critical revision. E. F. C.

Editorial.

Physical Culture at the Johns Hopkins.—The prominence which is to be given to physical development at the Johns Hopkins University is simply a recognition of the old principle—*sana mens in sano corpore*—or in other words that the mind will, as a rule, be capable of growth and concentration of faculties in proportion to the strength and healthy development of the bodily framework. Early last fall Dr. E. Mussey Hartwell, a member of our profession and a most accomplished gentleman, was assigned to a newly created department of physical culture. Under his directions a gymnasium is now being erected on ground adjoining the University buildings on North Howard street, which it is designed to have ready for the use of the students at the opening of the next session. The training will be conducted upon the most scientific principles. Each student will be studied with a view to ascertaining his exact wants and to finding just such methods of exercise as will produce the most perfect development of strength and symmetry of which he is capable. The gymnasium which will chiefly serve the purpose of the instructor, especially during the winter and bad weather, although it will doubtless be supplemented by grounds for such out-door sports as football, lacrosse, tennis and base ball, for which the estate at "Clifton," just beyond the city limits, offers such peculiarly excellent advantages, will include a wing with dressing-rooms, hat and cloak closets, several bath-rooms and an office for the instructor, a connecting lobby, and a main hall, at right angles to the wing above mentioned.

The hall will be a high one-story brick building 118 feet long and 40 feet wide. There will be a clear space to the trusses of the open roof and 18 feet more to the peak. Arched windows each 13 by 5 feet will form as large a part of the side walls as consistent with strength. The details are not as yet perfected, but apparatus of the Sargent pattern will form a prominent feature. It is not likely that Dr. Hartwell will confine himself simply to bodily exercises, but with the thoroughness distinguishing all that is done at the Hopkins will convey instruction of a didactic kind at the same time, thus combining theory with practice, whilst the students will further be able to avail themselves of the course of

lectures on hygiene to be delivered by the greatest American authority upon the subject—Dr. J. S. Billings.

Compulsory Vaccination Pronounced Legal by the Courts.—Section 15 of the "Ordinance to Protect the Public Health," approved by the Mayor, Oct. 24th, 1882, provides that the "Commissioner of Health shall require and enforce the vaccination of all persons residing in the city and not before vaccinated, and the revaccination of any person in the infected district" (smallpox was prevailing extensively at the time) "whenever in his opinion the same may be necessary;" and a subsequent section (20) imposes a fine of from $1 to $10 for neglecting or refusing to comply with this provision.

It was not long after the passage of the ordinance (as was to be expected) before an individual was found who was not disposed to yield obedience to the law. A certain Geo. W. Watts refused to allow himself to be vaccinated by one of the vaccine physicians and was accordingly fined $1, and declining to pay this committed to jail, where he underwent the regulation bath and the subsequent vaccination "a la mode," required of every one consigned to the institution. Suit was brought against the city and its officials, and the case was decided by Judge Duffy in the Court of Common Pleas, June 6th.

The Judge, in his instructions to the jury, which were adverse to the plaintiff, spoke as follows:

"At the time the vaccination ordinance was passed smallpox was prevailing. We do not know whether vaccination is a humbug or whether it may be found to be one fifty years hence. Some people now think it is, but the mass of people believe in its efficacy. * * It is not correct that the city could only fine a person for not being vaccinated. The law says the city "shall enforce" vaccination. The Court of Appeals says it is the duty of the authorities of the city to protect the inhabitants from pestilence. * * The duties to be done to protect health and prevent the spread of disease are delicate and it is impossible to do them without hurting some one. But it is the duty of the authorities to do it, and if they are doing what they can to that end, it is the duty of the citizens and of all the authorities to give them a helping hand."

This seems to dispose of the matter and set a precedent which will hold good as long as the ordinance remains unaltered and unrepealed. Fortunately, the necessity for putting the patience of the community again to the test no longer exists, as the last vestiges of the epidemic have vanished.

The Enoch Pratt Free Library.—About a year and a half ago Mr. Enoch Pratt, a wealthy merchant of Baltimore, offered to the city the gift of a free library upon condition that the city should contribute $50,000 annually towards its maintenance. The offer was accepted, and the erection of the building, under Mr. Pratt's own supervision, was commenced at once. On the 2nd instant the gift was consummated by the donor's paying to the Mayor (by check on the National Farmers' and Planters' Bank of Baltimore) $833,333.33, and handing over a deed for the lot of ground (83½x140 feet) and handsome marble library building on Mulberry Street near Cathedral, valued at $250,000. The act of endowment passed by the Legislature in January, 1882, names nine prominent citizens (Mr. Pratt being one) with power to appoint their successors, as a board of trustees to manage the affairs of the library. The library and property belonging to it are vested in the Mayor and City Council, but its control and management will be exclusively in the hands of the board of trustees, who are required to make annual reports of their proceedings to the Mayor and City Council. The library occupies a very central position and will have four branches connected with it for the convenience of persons living in the four quarters of the city. The exterior of the library building is completed and the interior will be pushed forward as rapidly as possible.

To what extent we shall be able to profit as a profession by the munificent benefaction of Mr. Pratt remains as yet problematical. It has been stated by those professing to know his views that he has expressed his willingness to provide works upon medicine, but his well-known homœopathic tendencies may, if not checked by the other trustees, render even such a disposition to a great extent nugatory.

Professorship of Chemistry.—Attention is called to the advertisement of the Dean of the University of Maryland in the present issue, announcing the vacancy in the Chair of Chemistry in that institution and inviting applications for the position. The University is at this time in a very

flourishing condition, having had during the recent session in the dental and medical departments together a class amounting to between 250 and 300 students. Its Chairs have always been looked upon as both honorable and profitable and have with few exceptions been occupied by men of the first rank. The needs of the University at this time are principally conspicuous in the direction of laboratory instruction, and it is announced that an essential part of the duties of the new incumbent will be to develope this now really essential department of all chemical education.

Miscellany.

Brachial Spasm and Monoplegia.—Dr. W. R. Birdsall reports the following interesting case: A woman, æt. 44, had for two years a pedunculated growth on the antero-lateral surface of the thigh. From December, 1882, she had constant fronto-temporal headache, more marked on the right side. She was feverish, and the pulse ranged from 80 to 100; strength and weight gradually lost. The headache increased in severity; occasionally there were attacks of vertigo, and sudden attacks of vomiting, often in the early morning. In February she had a "peculiar attack;" she was found partly unconscious with paralysis of the left arm; she soon regained consciousness, but the arm never improved. After this she had an attack of jerking, consisting of clonic spasms of the left arm and face, but none in the leg; the palsy of the arm then became absolute. During March speech became indistinct, emaciation was great, and the vomiting and headache continued. There was no specific history, no albumen tn the urine, no aphasia and the optic disks were normal. The left cheek is paretic, palsy of left arm complete, decided anæsthesia to pinching in the hand. Ability to move the legs freely. On April 2nd, after a convulsive movement of face and arm she died comatose.

At the autopsy seven distinct tumors were found; the first, two by three cm., occupied a portion of the right ascending frontal convolution at about the level of the fissure separating the superior from the middle frontal convolution, impinging slightly upon the neighboring convolutions. Another spherical mass fifteen cm. in diameter occupied the posterior part of the superior temporal convolution. A third fifteen cm. in diameter was situated four cm. in advance of the first growth in the middle frontal convolution. A fourth mass seven cm. in diameter was situated still further forward in the middle frontal convolution. On section, in a line transversely through the middle of the right caudate nucleus, a small mass the size of a pea was found just external to it in the white matter. On section through the left hemisphere, a spheroidal mass about two cm. in diameter was found in the ascending frontal convolution but too deep to involve the cortex. Another pea-sized mass, making the seventh in number, was found in the right semi-lunar lobe of the cerebellum. No other disease was found in the brain substance. Examination of one of the tumors showed it to be a glio-sarcoma.—*Archiv. of Med.*, June, 1883.

It is due to cases like the above that cerebral localization is so often assailed.

H. J. B.

Medical Items.

A Chair of Surgery has been created at the University of Cambridge, with Dr. George Murray Humphry, F. R. S., late Professor of Anatomy, as Professor. It is a position without a salary.=Dr. L. Ernest Neale has been appointed Demonstrator of Obstetrics at the University of Md.=There are cases of yellow fever at Ship Island, at the mouth of the Mississippi, and at Pensacola. They are rigidly quarantined. The disease prevails at Havana and Vera Cruz.=The cholera has not so far (12th) extended beyond Egypt.=The Faculty of the New York Polyclinic, gave a dinner to their assistants on the 23rd ultimo.=Dr. W. Stump Forwood, describes in *Med. and Surg. Rep.*, of June 30th, an obstinate inflammation and ulceration of the nasal cavities, often resulting in perforation of the septum, occurring in the canners of Harford County, Md., from inhaling the fumes of muriatic acid and lead, whilst engaged in capping the cans. The symptoms much resemble nasal syphilis.= There is talk of a new State Medical Society in New York.=Smallpox still prevails in New Orleans; for the week ending the 9th ultimo., there were 45 deaths.=Dr. F. Peyre Porcher, of Charleston, recommends the use of the following prescription to prevent the attacks of diptheria: ℞ Chlorate of potash, 1 to 2 drachms; mur. tinct. of iron, 2 to 3 drachms; quinine, 15 to 20 grains; hyposulphite of soda, 1 to 2 drachms; alcohol, 1 to 2 ounces; water, 6 ounces. Dose 1 to 2 drachms in a little water 2 or 3 times a day by those *exposed.* He has never known the disease to occur where it was employed.—*Med. News.*=The sixteenth annual meeting of the American Otological Society will be held July 17th, and the nineteenth annual meeting of the American Ophthalmological Society will be held July 18th and 19th, at the Hotel Kaaterskill, Catskill Mountains. A number of interesting papers have been announced in advance to be presented at these meetings.

Original Papers.

A CONTRIBUTION TO THE STUDY OF NEGLECTED LACERATIONS OF THE CERVIX UTERI AND PERINEUM.

BY THOS. A. ASHBY, M. D.,

Professor of Obstetrics, Woman's Medical College of Baltimore, etc., etc.

(*Read before the Clinical Society of Maryland, May* 4, 1883).

(*Concluded*).

LACERATION OF THE PERINEUM.—Laceration or rupture of the perineum is described as a splitting of the perineal body. The tissues which enter into the formation of this organ, overdistended by the pressure of the presenting part of the child, yield in their integrity in proportion to their strength and resiliency, or as influenced by the size and pressure of the presenting object. The extent of the laceration is, in a large measure, influenced by mechanical conditions and it may be limited, in a relative measure, by the application of mechanical principles. Ruptures of the perineal body are not always unavoidable but they may be limited in frequency of occurrence and in extent by skillful practice. This simple statement would not merit an assertion were not the fact too clearly evident that its force is not as fully recognized and appreciated as it should be. It is too apparent to those who practice gynecology, to any extent, that this lesion of parturition, unless presented in its extreme forms, is too frequently overlooked and disregarded as a causative agency in the production of uterine diseases. As the outgrowth of an observation that many perineal lacerations give rise neither to immediate nor remote troubles, the importance of the injury is not fully appreciated by every observer. The fact is lost sight of that the lesion in question offers an open avenue for the introduction of septic material, thus exposing the patient to the greatest danger of septicæmia during the lying-in period, and that it subsequently becomes a most potent cause of uterine congestion and displacement. The immediate effects of the injury cannot be easily traced, hence its primary influences for evil are too frequently disregarded. Its remote consequences should, at any rate, be sufficient to warn the practitioner against its occurrence and to influence an immediate restoration whenever the accident occurs.

Three and even four degrees of rupture of the perineum are recognized. First, a tear through the fourchette; second, a tear through the perineal body as far back as the sphincter muscles of the anus; third, where the rupture extends through the sphincter; fourth, when the recto-vaginal septum is destroyed.

The two last varieties of the lesion are among the gravest accidents of parturition and are usually recognized at the time of their occurrence. The importance of immediate closure of these injuries is now generally conceded and the primary operation is most frequently performed. The practice is unfortunately not universally accepted so that the secondary operation may sooner or later become necessary. The results of the primary operation are almost universally satisfactory. Immediate closure by primary union is yearly reducing the number of cases of uterine trouble formerly induced by a delay in operative interference. In cases of failure or neglect of the primary operation years may intervene before the secondary operation is performed. This interval of time, if unduly prolonged, is almost sure to give rise to pathological conditions and to engraft upon the pelvic organs alterations of circulation, nutrition and position, of the gravest character. It is important for the present and future welfare of the patient that a ruptured perineum should be restored as soon as circumstances will admit. The necessity of closing lacerations extending down to or through the sphincter is recognized more frequently now than in former years, but a difference of opinion still exists in respect to the significance of the lesion when it involves only a part of the perineal body. Rupture of the fourchette may be looked upon as a very trivial lesion, but between this simple abrasion and a tear extending back to the rectal wall there are different degrees of laceration, not always recognized, which, in my opinion, call for surgical closure more frequently than is generally admitted. A rupture involving less than half of the perineal body may so materially weaken the support of the vaginal walls as to induce a decided rectocele or cystocele, and a prolapsus of the uterus of the first or second degree. It often happens that the pelvic viscera, disturbed by a weakened support will only assume their normal relations when their equilibrium is reinstated by the restoration of the natural support. I have observed both bladder and rectum, separately and jointly distorted in the line of extrusion of their contents by a weakened perineal support, the rupture, in one case, extending less than half way through the perineal body. Ruptures of the lesser degrees occasionally allow a partial separation of the vulvar opening sufficient to admit air into the vagina, which, making its escape in loud explosions at inopportune times, is sufficient to embarrass and depress the patient. This condition, known as flatus vaginalis, when induced by any degree of perineal tear calls for a prompt removal of the

cause. It is a symptom which I have observed too frequently as a precursor of uterine prolapse to pass by without attention.

The following case brings out the points I wish to make clear:

CASE IV.—Mrs. D., aged 26 years, mother of three children, sustained a rupture of the perineum during one of her labors. The tear did not destroy more than half the perineal body, and for some months after the birth of her last child attracted no attention. Finally the entrance of air into the vagina occasioned unexpected explosions and occurring at inopportune times gave rise to great uneasiness and embarrassment. Treatment for this condition was not considered necessary until other symptoms manifested themselves. Backache, profuse leucorrhœa, and other indications of local inflammation, became pronounced. The patient then sought relief for these latter ailments. Upon examination I discovered a well marked cervical endometritis, with characteristic discharge, and tenderness amounting to hyperæsthesia, a somewhat congested and prolapsed uterus and a well marked rectocele with a subinvoluted vagina.

Local treatment was employed until the local inflammation subsided. An operation for the restoration of the perineum was advised and accepted. The perineum was closed and complete union by first intention secured. The patient after recovery from the effects of the operation experienced no further trouble and is now enjoying good health.

Perineal laceration is usually associated with cervical laceration; the same cause operating to produce the one gives rise to the other. These associated injuries when not promptly recognized and relieved by surgical closure are almost sure to induce the most unmanageable forms of subinvolution, ulceration and prolapse. The perineal support removed, the uterus is weighted down until the cervix occupies a position just within the vulva or external to it. Attempts to support it almost always fail as no form of pessary is worn with comfort by the patient. Surgical closure is the only rational and effective method of treatment.

The following interesting case is offered as a contribution to the study of these associated lesions, both as an illustration of the condition which may result from a neglect of the injuries in question and as demonstrating the benefit of surgical treatment as a means of relief for the same:

CASE V.—During the month of February, 1882, I was invited to see, in consultation with Dr. Arthur Williams, of Elkridge Landing, Md., a lady who was suffering from the effects of a long-standing laceration of the cervix uteri and perineum, and who presented the following history: Mrs. S., married, aged 43, the mother of three children, the eldest and youngest aged respectively 10 and 6½ years. Prior to marriage, and up to the birth of her first child, the patient was healthy and vigorous. Her first labor was long and tedious, and during the birth of her child she sustained a laceration of the cervix uteri and perineum. From this first confinement she dates the commencement of her ill-health. Two children were subsequently born to her, but she had never regained her health after the birth of her first child. Following the birth of her youngest child there began to develope a train of symptoms which yearly increased in intensity and distress. The first approach of impaired health was indicated by a dragging, bearing down feeling in the pelvic organs, associated with backache, headache, tenderness over the sites of both ovaries and constant leucorrhœal discharge. These symptoms grew more distressing each month and finally culminated in a complete invalidism. During this period the uterus sank lower and lower in the pelvis until the cervix reached the vulvar opening. With this intense prolapse of the uterus her condition became one of constant suffering and life became, as she expressed it, "a burden." At different times this patient had consulted several physicians, who in turn prescribed tonics, astringent injections into the vagina and also different pessaries to give support to the prolapsed uterus. Pessaries could not be worn with comfort and their use was rejected by the patient. Finally she came under the intelligent care of Dr. Williams, who promptly recognized the nature of her trouble and advised surgical treatment for its relief. At this time she was unable to attend to her household duties, there was much pain and soreness about the pelvic organs, and a profuse leucorrhœal discharge, which caused constant itching and burning of the parts about the vulva and thighs. When invited to see the case in consultation with Dr. Williams, I fully confirmed his diagnosis and urged the importance of the operative procedures he had previously suggested to the patient.

An examination at this time elicited the following facts: First, a rupture of the perineum extending back to the sphincter ani; second, a bilateral laceration of the cervix extending to within three lines of the vaginal junction, with an elongated cervix, patulous os and ulcerated surface in the angle of the flaps. The uterus and cervix were much enlarged and congested, and the latter indurated. The uterine cavity from external os to fundus measured four and a half inches. The cervix was twice its normal length and size, the anterior flap longer and larger than the

posterior. The vaginal walls were redundant and with the cervix rested just within the vulva. The case was a typical one of long standing laceration of the cervix uteri and perineum presenting the usual phenomena attending these neglected conditions. An operation for the restoration of the cervix uteri and perineum was proposed and accepted. On the 25th of March, 1882, assisted by Dr. Williams, Dr. Randolph Winslow and Dr. Henry Chabot, I performed an operation for the restoration of the cervix. There was nothing original in the operative method employed. The edges of the torn surfaces were denuded, a large strip of tissue being removed from the anterior flap—as there was a surplus of hyperplastic growth in this flap—and brought together with silver wire suture. On the eighth day the stitches were removed and union found complete. The size of the cervix was considerably reduced, its outline rounded and more normal in appearance. The patient was confined to the bed and easy chair for several weeks. On the 30th of April, the patient having recovered sufficient strength, I proceeded, with the assistance of the same gentlemen, to restore the perineum. The operation consisted in a denudation of the parts and approximation of the same with wire suture. The operation was modified to meet the condition of the posterior vaginal wall. As this was in excess the denudation was carried high up, a strip of the vagina being removed and its margins drawn together with suture. The denuded posterior vaginal wall was drawn against the internal margin of the perineum and a thick buttress made by union of the two surfaces. On the ninth day all sutures were removed and union proved to be complete. From this time on the patient made a steady recovery. When seen six weeks later, she was giving personal attention to her flower garden, and assured me that she was free from all pain and never felt better in her life. I should state that at the time of operating for the closure of the perineum an examination of the uterus was made. The cervix was nearly normal in size, and with the exception of the cicatrix of the bilateral incision was nearly normal in appearance. The probe then passed to the distance of three and a half inches. Since a visit to the patient near the close of May (1882) I have not seen her, but through her husband and her physician, Dr. Williams, I learn that her health and usefulness are restored. Under date of Feb. 10th, (1883) Dr. Williams writes to me as follows: "About July 1st, (1882) I examined the parts. Uterus much reduced in size and considerably raised in the pelvis. Smith's modification of Hodge's pessary introduced, which raised the uterus well up in its natural position and gave no pain or inconvenience. She claims to feel perfectly comfortable, much stronger, in fact nearly as well as ever. Menstruation performed with no inconvenience and normal in amount. From this time on she has been more or less troubled with malaria, which has reduced her in general tone, but does not influence the uterine trouble prejudicially. Oct. 6th, 1882, symptoms still good, uterus easily sustained in position, about normal in size or slightly enlarged. She is perfectly comfortable in every way, can walk a long distance, goes on shopping expeditions and attends to houshold duties with ease. Dec. 18th, pessary excoriates the vaginal wall, back of the posterior lip, causing an ulcer and accompanied with considerable leucorrhœal discharge. Removed the pessary and the discharge stopped in a short time. Feb. 5th (1883) examined the parts again; found uterus considerably prolapsed and somewhat congested, put in the pessary again, which seems to well sustain the uterus in position. While the pessary was out she had some little dragging down feeling in the pelvis at each menstrual epoch but none between. I think she may have to use the pessary for a long time or perhaps permanently, as the natural supports of the uterus do not seem sufficient to retain it in position. Even if this should be the case from a helpless, suffering invalid she is now useful and comfortable."*

The condition of prolapse here referred to by Dr. Williams is not in the same extreme degree as prior to the operation. The uterus is now retained within the vagina by the restored perineum. Support is likewise given to the pessary, which may be worn with advantage. Previous to the restoration of the perineum it was impossible to retain a pessary within the vagina though various patterns were used. The ulcerated cervix is cured and the congested and hyperplastic uterus has been greatly reduced in size so that the distress referable to their condition is removed. The patient is immensely improved in health and spirits by the operative procedures through which she has passed, and it may be fairly claimed has been redeemed from a condition of invalidism.

What conclusions may we draw from a study of this patient? First, I answer that her condition at the time she fell into Dr. Williams' hands was due to neglected treatment. A bilateral laceration and rupture of the extent witnessed in her case should have been closed by operative methods soon after the birth of her last child, for it was at this period that her health began to seriously suffer. Prior to this

*Since writing this paper I have had another opportunity of seeing this patient, June, 1883. She assures me she is enjoying excellent health, and virtually relieved of her former trouble.

the symptoms referable to her condition were not threatening. It was not until after the birth of her last child that involution of the uterus was arrested and prolapse became noticeable. The tone of the vagina was sufficient to retain the uterus *in situ* until additional weight was added by the arrested involution of the organ.

This case fully illustrates the condition of impaired health which will sooner or later overtake those unfortunate individuals who carry with them the neglected injuries of child-birth. It also admonishes the physician that these lacerated wounds of the cervix and perineum must be met with more than mere temporising treatment. Prompt attention to such lesions by an early operation far outweighs the Fabian policy of delay, strategy and experiment with washes, pessaries *et id genus omne*.

ILLUSTRATIONS OF MEDICINE IN MARYLAND IN "YE OLDEN TIME."

BY JNO. R. QUINAN, M. D., OF BALTIMORE.

II.

JURIES OF MATRONS.

"At a Provincial Court, held at Patuxent, September 4, 1656—present, Capt. Wm. Fuller, Rd. Preston, Ed. Lloyd, John Pott, Michael Brooke.

WHEREAS, Judith Catchpole, being brought before the Court on suspicion of murdering a child, which she is accused to have brought forth, the Court ordereth that a *jury of able women* be empanelled, and give their verdict whether she ever had a child or not." The sheriff accordingly summoned the following jury, viz.:

Mrs. Rose Smith (a midwife), Mrs. Belcher, Mrs. Chaplin, Mrs. Brooke, Mrs. Battin, Mrs. Canady, Mrs. Busey, Mrs. Brooke, Mrs. Elizabeth Claxton, Mrs. Elizabeth Potter, and Mrs. Dorothy Day," who returned the verdict that, having "searched the body of Judith Catchpole, they found that she hath not had any child," on which she was acquitted (Lib. 3, 1650–1657, p. 404).

Again, a jury of women was empanelled to search the body of one Mrs. Robins, to ascertain if she were pregnant; her husband having accused her of being so, though separated from his bed for more than nine months. The jury, in this case, only comprised six women, viz.: Margaret M. Banks, Dorcas Lawson, Barbara Johnson, Mary Wright, Ann A. Smith, and Jane Robinson.

They decide that "Elizabeth Robins is in a very bad condition, and in a condition not like to other women, and" (she) "confessed that she had taken savin once, boyled in milk, and in other times, strayned through a cloath, and at the taking thereof, not supposing herself with child, as she sayeth, takeing it for *wormes*," (and) "not knowing the vertues thereof, any other wayes;" (she) "further confessed, that she supposes herself to have a dead child within her; and, if a child, that the true begetter of it was her husband, Robert Robins" (Id. 1657, p. 384).

The next case, in which a jury of matrons was summoned, was, where the plea of pregnancy was made by one Mary Perry, who had been sentenced for a capital crime. This was in 1752. The petition for a stay of execution was made to the Council of Maryland, who report, "that it appears that Mary Perry, condemned to be hanged for felony, was found by a jury of matrons to be with child, but not then quickened, as by the jury's verdict on record appears; it is, therefore, the advice of this Board, that execution of saide Mary Perry be respited until she be delivered" (Council Proceed., Lib. M. 1738–52, p. 516).

The latest instances where a jury of matrons was summoned in Maryland, that I have thus far found, was in 1769. Jane Turner, convicted of felony, was respited on the verdict of a jury of matrons that "she was pregnant." She was finally pardoned (Council Proceed., 1767–1770, p. 43).

These Juries were summoned under the writ 'de ventre inspiciendo,' which requires the female to be examined by a jury of twelve respectable women, assisted by the sheriff," to whom the writ ran: "*In propria persona tua accedas ad præfatam R. et eam coram præfatis videri et diligenter examinari et tractari facias, per ubera et ventrem omnibus modis quibus melius certiorari poteris utrum impregnata necne*" (Register Brevium, Ed. 1687, fol. 227).

It would seem that while the custom of submitting cases involving the question of pregnancy, whether in civil or criminal trials, to the judgment of a jury of matrons, existed from time immemorial, the special form of procedure and the writ *de ventre inspiciendo*, as above quoted, were not adopted till the fifth year of Henry III., i. e. about 1221. This at least is the date to which Bracton, chief justice in this monarch's reign refers it, and Croke, in his

report of Willoughby's case (Croke's Eliz., 566) expresses the same opinion, as he says: "This writ and the proceedings thereupon, are grounded on Bracton, Lib. 2, fol. 69, and upon the writ in Reg. Brev. fol. 227" (see also Britton, fol. 165; Fleta lib. 1, cap. 14; Croke's James, 683; and Aiscough's case in Moseley's Rep., 391).

The English Courts report numerous cases, where, under this writ, juries of matrons have been summoned, including not only Willoughby's case, referred to above, but those of Rex vs. Wright, 1832; Reg. vs. Wycherly, 1838, and Reg. vs. Hunt, 1847.

The plea of pregnancy by a criminal, as a bar to execution, was recognized by the Romans. The Justinian Code (48, 19, 3) declares "quod prægnantis mulieris damnatur pœna differatur, quoad pariat." The same humanity towards the child has prevailed from time immemorial in England. In such case, says Blackstone (op. cit., c. 31) "If the jury bring in a verdict 'quick with child' (for barely with child, unless it be *alive* in the womb, is not sufficient) execution is to be stayed till the next session, and so from session to session until she be delivered or prove to have no child at all. But if she have once been reprieved and delivered, and afterwards become pregnant again, she shall not be entitled to a farther respite for that cause" (Bl. Com., c. 31, and 1 Hale, P. C. 349). One would suppose that the same humanity which dictated a respite for the sake of the *first* child, would equally apply to the second. Another strange anomaly exhibited in legal rulings is that by the law of real property, an 'infant *in ventre sa mere*' may take an estate from the moment of conception, and yet if not 'quick' previously, be hanged four months afterwards for the crime of its mother.'

The French Code (sect. 27) recognized the plea of pregnancy in such cases; the law itself originating as early as 1670. In 1795 they went still farther, and forbade a female, who plead pregnancy and in whom it was established, to be even *tried* for a capital crime till after her delivery (see Foderé, vol. 1, p. 321). We believe this, however, has since been repealed. As this whole procedure under this writ *de ventre inspiciendo*, and the empanelling of a *jury of matrons*, seems to have been derived from the common law, it would follow that unless it has been forbidden by express statute, of which I have met with no evidence, it might still be issued at the discretion of our Maryland Courts.* If it were resorted to, however, we feel sure that the enlightened character of our jurists at this day would summon not women but qualified medical men, and entirely ignore the error of the law, that 'quickening' fixed the date of the child's life.

Hospital Reports.

PRESBYTERIAN EYE, EAR AND THROAT CHARITY HOSPITAL.

MONTHLY REPORT FOR JUNE.

BY JULIAN J. CHISOLM, M. D.,
Surgeon in Charge.

The attendance at this free dispensary for the month of June was 2,478, of whom 322 were new patients, an average of 95 patients for each day of the month. During the month 76 operations were performed, of which 4 were cataract operations, 10 for squint, 3 enucleations of the eye-ball.

For the six months ending 30th of June, the medical attendance at the Presbyterian Eye, Ear and Throat Charity Hospital reached the very large number of 15,239, of whom 2,574 were new cases. This indicates a very marked growth over any preceding six months, an increase of fully 30 per cent. There was an average of 98 patients for each day; 542 operations have been performed during this period, of which 50 were for cataract.

The following case recently treated exhibits the danger to which both eyes are exposed when one is injured:

SYMPATHETIC OPHTHALMIA IN THE LEFT EYE OCCURRING THREE WEEKS AFTER INJURY TO THE RIGHT EYE.

F. M., aged 6 years, playing before his father's door, was struck in the right eye by a piece of stone carelessly thrown from the opposite side of the street. He was brought to the Hospital soon after the accident. There was a cut in the cornea at its inner border, through which a piece of iris

* I am informed by a legal friend, that in response to his inquiry for me, two of our most eminent judges concur in this opinion.

bulged. The wound was nearly perpendicular at the sclero-corneal juncture. It did not seem to be deeper than the outer coat of the eye. Sight had not been materially disturbed, and there was no blood in either anterior or posterior chamber. The pupil was clear, although distorted in shape, from the iritic protrusion. The hernia of the iris was not prominent It was rather a long fold of iris caught between the gaping lips of the corneal wound and not protruding enough to require removal by the scissors. A drop of a solution of the sulphate of eserine was applied to the eye, with the hope of drawing the iris back into the anterior chamber, and the constant use of cold water dressings enjoined. The child was seen daily for a week. He suffered no pain, very little injection existed, and the wound progressed well in healing. The iritic fold remained in contact with the cornea and commenced to cicatrize. After the first day's treatment the eserine drop was abandoned and a solution of the sulphate of atropia substituted. To the parents of the child the danger of the eye wound was clearly explained, and they were informed that should the eye be lost from the accident, it would be wise to have it removed, so as to prevent the good eye from taking on sympathetic inflammation.

The case progressed so favorably that during the second week a daily visit was not necssary. In the third week the eye was so nearly well that the case was dismissed with instructions to bring the child promptly to the Hospital if the eye gave any trouble whatever.

One month from the day of the accident the child was brought back to the Hospital for treatment. Five days before, the child had stated that he could not see well with the *uninjured* eye. As he did not complain of pain and the eye was only slightly injected, no notice was taken of its condition. Five days were allowed to intervene, when finding that the child could not stand the light, and really could not see to get about, he was brought to the Dispensary for inspection.

I saw at once that great changes had taken place in both eyes during his absence. In the right eye, the injured one, which was so clear when I had last seen him, the ciliary region in the neighborhood of the wound was deeply injected, and the cornea was hazy, with evidences of iritic complications. The *good eye* had also taken on sympathetic inflammation with muddy pupil and turbid contents in the anterior chamber. There was a general pinkish hue to the sclerotic, but with no deep congestion. Vision was very much blurred and light annoying. The child, always a very quiet one, had made no complaints, hence the neglect on the part of the parents to seek advice at the proper time, when destructive inflammation had commenced to develop in the injured eye and before any sympathetic trouble existed. There was now but one thing to be done, the prompt removal of the injured eye, with the hope that getting rid of this centre of irritation might have a soothing effect upon the inflammation, which had been excited in the good eye, and which seriously threatens permanent blindness to the child.

The parents took an additional day to consider the propriety of this operation and submitted to its performance on the day following.

Two weeks have now elapsed since the enucleation. The pupil in the remaining eye is fortunately not very much contracted but at the same time shows no disposition to dilate under a four-grain solution of atropia, which is daily applied. The eye can stand exposure to light and some useful sight is being regained. He now sees to walk by himself, which is a great gain in the last week.

Under no condition can this eye attacked by sympathetic inflammation become a good one, and in the future it is liable at any time to take on destructive attacks of recurrent iritis. All that can be hoped for is that the media will become comparatively clear, and that inflammatory attacks will not recur, to plug the pupil with lymph and destroy the comparatively useful sight, which for the present he possesses. Had the child suffered from pain the parent would have been induced to seek relief while there was still time to save the good eye from damage.

The case present several points of general interest:

First, that a sclero-corneal wound not involving primarily the deeper eye tissues may yet become a serious one destroying the injured eye and involving in time the good eye in destructive sympathetic inflammation.

Secondly, that in some cases these inflammatory processes are unaccompanied by pain.

Thirdly, that disastrous sympathetic inflammation may speedily follow the setting up of ciliary inflammation in the neighborhood of an eye wound.

Fourthly, that the adhesion of the iris to a corneal wound may become the cause of the most serious complications.

Fifthly, that perforating wounds of the eye near the sclero-corneal rim should always be regarded as dangerous, and that such cases should be watched with anxiety.

Sympathetic inflammation in a good eye four weeks from a primary accident, dent, and only one week from the appearance of a traumatic iritis, unaccompanied by pain in either eye or much congestion, is a very rare occurrence and worthy of note.

Correspondence.

LETTER FROM BERLIN.

Editors Maryland Medical Journal:

BERLIN, May 19, 1883.

GENTLEMEN:—The Royal University of Berlin is situated at the east end of the beautiful Unter den Linden street, almost immediately opposite the Imperial Palace, and was itself formerly the palace of Prince Henry, the brother of Frederick the Great. Three thousand students are said to be in attendance. Most of the medical lectures are held in special buildings, which are generally in the neighborhood of the University, but some, as the Pathological Institute, are at least a mile distant. The University clinics are mostly conducted in special hospitals, only a few squares distant. The Surgical clinic is under the direction of Prof. von Bergmann, the successor of Langenbeck, and is a model in all its appointments, with a beautiful, well-lighted and comfortable operating theatre.

In company with a number of other visiting physicians, amongst whom was Prof. Wagner, of Leipsic, I had an opportunity of going through the surgical wards, under the guidance of Prof. Bergmann. Of course nearly all the usual surgical diseases and accidents were well represented, with a large proportion of tuberculous bone affections, as is the case in all the hospitals which I have visited. There was a large number of cases of spina bifida, in its various forms, in the children's wards, and many children upon whom tracheotomy had been performed. Making and repairing noses and lips seems to be a favorite pastime with surgeons here, and remarkably successful results are obtained.

Two cases of more than usual interest were in the wards at the time of my visit. One was that of a woman suffering from echinococcus of the liver, which had opened externally, but its contents had not been completely evacuated, as Prof. B. was able to pass a long-handled wooden instrument, shaped like a mustard spoon, into the depths of the liver, and after twirling it around a few times, brought up a spoonful of the parasite. As he had been amusing himself and his class in this way for more than a month, one can understand something of the size of these tumors and the difficulty of eradicating them. The cyst in the liver was being scraped as explained above, and thoroughly drained, and treated antiseptically.

The other case was one of accidental gastrostomy, a space as large as the palm of the hand being deficient in the abdominal wall. A bougie passed from the mouth through the œsophagus was made to emerge at the abdominal opening. During peristalsis, the posterior wall of the viscus protruded through the fistula, showing its longitudinal rugæ of a bright red color. The opening was closed temporarily by a rubber bag, which was introduced empty and then inflated.

After visiting the wards the party was conducted to the amphitheatre, where the Professor arrayed himself in a long white gown, and began to prepare for the operation. This is probably the most rigidly antiseptic clinic in Berlin, and carbolic acid is the agent used. In the Charité, the favorite antiseptic is bichloride of mercury, and at the Augusta (if my limited observation was a correct criterion of their practice) iodoform as a dressing, but carbolic acid solution for irrigating the wounds, and cleansing hands and instruments.

The following is the mode of procedure employed in Bergmann's clinic: The hands of the operator and of all his assistants are first thoroughly scrubbed with a nail brush and soap, and then washed in a carbolized solution. Instruments, sutures and ligatures are also placed in a weak carbolic so-

lution. Sponges are not used at all, pieces of carbolized gauze being employed instead, and when soiled thrown away. The part to be operated on is also thoroughly scrubbed, and often shaved, and then irrigated with 2½ per cent. sol. acid. carbol. The spray is allowed to play over the part, from the time of its cleansing until the dressings are completed. The wound and a large area around it are covered with carbolized gauze, applied loosely, and upon the outside of this is placed a thick layer of cotton-wool, and then an ample impervious protective. More cotton is now placed upon and around the dressings and the whole is secured by gauze bandages. If it is desired to keep the dressings very firm, a layer of starch gauze is sometimes used. These dressings are undisturbed for six or eight days as a rule, and when a new dressing is applied, the same antiseptic precautions from the spray down are taken. The only case upon which Bergmann operated in my presence was one of non-union after resection of the ankle, the foot dangling like the free end of a flail, from the leg. He made two punctures in the sole down to the os calcis, and drilled that bone with an Archimidean drill, and drove long nickel spikes through these perforations into the tibia, thus firmly binding these bones together. All this was done under the rigid antiseptic system described above.

To one who is unaccustomed to the bulky dressings in use here, they seem cumbersome and needlessly voluminous, but one cannot fail to notice the large number of cases in which union is effected per primam; the low temperatures and the small amount of suppuration which occurs, even after severe wounds and injuries; and the almost complete absence of erysipelas and other septic diseases.

As the result of personal observation and of inquiry, I derived the impression that there is probably no better school in the world than that of Berlin for studying theoretical medical, and that the clinical advantages are good for an ordinary student; but the hospitals are far apart, and do not afford many opportunities for short courses to small classes, such as have made Vienna so justly popular with graduates seeking practical clinical instruction.

Yours,

R. WINSLOW.

Society Reports.

BALTIMORE ACADEMY OF MEDICINE.

STATED MEETING HELD APRIL 17, 1883.

(*Specially reported for Maryland Med. Journ.*)

The Academy was called to order at 9 P. M., Dr. Richard McSherry, Chairman pro tem.

Drs. A. G. Hoen and E. M. Reid were proposed for membership.

Recovery of Sight After Cataract Operation.—*Dr. Chisolm*, replying to a question as to whether patients operated on for cataract ever see, referred to the successful result of an operation done one year ago in which the patient was totally blind from double cataract. Both lenses were removed in this case.

Incontinence of Urine.—*Dr. McKew* reported two cases in which benefit was derived from the use of belladonna:

Case I.—A young girl, æt. 16, who had suffered from incontinence both day and night since early childhood. She lost her mother at an early age and was consequently neglected. She came under care two months ago, when the tincture of belladonna was ordered in ten drop doses every four hours. No result was observed until twenty drop doses were given. Two days after there was some return, but the medicine was continued and a month has now elapsed without a return of the wetting.

Case II.—A boy, æt. 5, with day incontinence. He was bright and intelligent and ashamed of it, and tried hard to stop it but in vain. The belladonna was ordered in three drop doses every four hours, increased to five, and then to eight drops, before any benefit was derived. Three weeks have now elapsed without a return.

There was no evidence of physiological action of the drug in these cases.

Fatal Hemorrhage Ensuing Upon the Lancing of a Strumous Gland in the Neck.—*Dr. Chew* related the following case, which occurred under his observation last week and which he said was unparalleled in his experience: A child had an enlarged gland on the side of its neck, apparently of a strumous nature, and accompanied by considerable febrile movement. With a view to preventing suppuration, if possible, quinine and iodine ointment were directed. Three days later evidence of suppuration was found, with considerable dyspnœa, considered to be due to pressure upon the trachea. The abscess was opened, when an immense amount of pus escaped, four to five ounces at least. There was slight bleeding. That night the bleeding was so great that

the patient became exsanguine and surgical aid was summoned. The abscess was now laid open freely, and, as free oozing of blood continued, the cavity was packed with iron-cotton. There being no relief, the cotton was removed and hot water was injected by means of a Davidson's syringe. This also failed. The cotton was replaced and as much pressure exerted upon it as could be made, but in spite of all, the patient died.

Dr. Michael, who had been called in to the above case, thought the child *in extremis* when he first saw it, and saw nothing else to do but to lay the cavity open freely, ligate any vessel needing it, or if the hemorrhage were due to oozing, apply styptics. The latter proved to be the case. He found that the abscess, which had pointed posteriorly to the sterno-cleido-mastoid muscle, passed across the median line, back of the trachea. In the incision which he made, onty two small arterial twigs were cut. The hot water employed was hotter than one could bear his hand in with comfort, and it was injected for five minutes. The hemorrhage came from small vessels in the abscess walls.

Dr. Tiffany had met with a somewhat similar case in a child, æt. 2, who had swollen cervical glands, consequent upon an attack of scarlet fever. One of the glands suppurated and was opened. Two or three days later the abscess was found distended and dark-colored, and on examining it the physician started a hemorrhage. Bandaging was resorted to, and afterwards Dr. N. R. Smith was called in and directed that pressure should be made. There was an extremely blue swelling extending from ear to clavicle, which was supposed to be due to a hemorrhage from the internal jugular. It was decided to open it, and accordingly, the child being held steadily, Dr. S. made an incision from ear to clavicle. Dr. S. then held the wound open whilst Dr. T., who assisted at the operation, removed the clots and placed his finger on the point from which the blood came; this was at the base of the skull and there was no possibility of tying anything. No doubt the internal jugular was involved. A graduated compress was applied and there was no further bleeding, although the child died within twenty-four hours.

It is a peculiarity of these strumous abscesses that the veins may open. Unless opened freely and the cavity examined, we cannot say in such cases as those reported, that the hemorrhage does not come from a vein.

Dr. Michael said there was no blood-clot in his case. The only gush of blood took place at the time the incision was made and consisted of dark blood and pus. The opening made was sufficiently large to see a large portion of the abscess. There was no stream of blood, but from all the surface exposed oozing took place. It required at least a minute for the blood to make its appearance from the bottom of the wound. The hemorrhage was too slow to have been from a vessel of any size. Further cutting would have exposed important structures.

Dr. McKew suggested that the hemorrhage was due to a loss of support to the vessels, and that emptying the abscess gradually might have obviated this.

Dr. Chew said a very fine opening was made by merely thrusting in a very narrow bistoury. He was surprised to see so large a discharge from apparently so small an abscess.

Dr. Chisolm said the result was clearly due to an idiosyncracy. How seldom do we hear of abscesses bleeding after being opened, although pressure upon them is quite common.

TRAUMATIC ANEURISM OF THE FEMORAL ARTERY; THE SAC OPENED AND A LIGATURE APPLIED ABOVE AND BELOW.—*Dr. Tiffany* reported the following case: A boy, æt. 18, was stabbed two inches below Poupart's ligament; he ran immediately to a drug store, where he fainted from loss of blood. Dr. T. saw him four months afterwards in consultation, when he found a swelling in the upper part of the right thigh, the size of the two fists. It imparted a thrill, had a scar over the centre, and held probably a quart of blood. The limb below was œdematous. The diagnosis was aneurism of the right femoral artery. Flexion, pressure, low diet, etc., having been tried without effect, the sac was laid open, the clots turned out, and the artery dissected out from the ragged tissue around it and ligated above and below the tumor. The wound originally made was found to involve the outer side and one-fourth the circumference of the artery. The vessel itself was not dilated in the least. The anastomotic circulation was perfect; on relaxing the hold on the lower end of the vessel the blood came from it as freely as it would have done from the upper.

NEW NEEDLE FOR CLEFT PALATE OPERATION.—*Dr. Michael* said in cleft palate the cavities of the nose and mouth are not separated. In the remarks he would make he would limit himself to cleft of the soft palate. Here it is only necessary to pare the edges of the opening, to unite them and to relieve the tension. He had operated on four cases, none of which required an anæsthetic. The paring should begin from behind so as not to obscure the progress of the work. The incision is made more easily with knife than with scissors. This step is easy. Next tension is to be relieved by cutting the tendon of the tensor palati muscle. The passage of the sutures is the most difficult part of the operation. Dr. M. has used wire or silk thread. The wire may

be simply twisted, or may be passed through perforated shot and then twisted. In using the silk, care is necessary in tying, as the knot may be loosened by the secretions of the mouth.

In a case which Dr. Michael operated on for Dr. McSherry, experiencing difficulty in passing the sutures, he bent an ordinary needle in a gas flame into the shape of a fish-hook. This acted very satisfactorily, and he has had some needles made upon this plan. He tried angular shaped needles, but found the fish-hook shape best. In the case of a lady from Virginia, upon whom he operated, the operation lasted forty-five minutes.

In another case there was only partial union although there was improvement as regards swallowing and voice.

In Langenbeck's operation three hands are needed about the mouth. The soft palate is very sensitive and as soon as it is touched it flies away.

Dr. Chisolm thought the plan proposed of passing sutures from behind forward an exceedingly good one. He had used Langenbeck's instrument in all his operations for cleft palate.

Dr. Tiffany had used Langenbeck's needle in his last two operations and thought it left nothing to be desired. By it the sutures are passed from above downwards and from without inwards.

THE MICHIGAN STATE BOARD OF HEALTH.

(*Specially Reported for Md. Med. Jour.*)

The regular quarterly meeting of the Michigan State Board of Health was held in the Board's office, at Lansing, July 10th, 1883, the following members being present: John Avery, M. D., of Greenville, President; Henry F. Lyster, M. D., of Detroit; Arthur Hazlewood, M. D., of Grand Rapids; Victor C. Vaughan, M. D., of Ann Arbor; and Henry B. Baker, M. D., Secretary.

Dr. Avery presented a communication from Ephraim Follet, of Sheridan, Montcalm Co., relating to the overflow of lands caused by obstructing a stream for the purpose of running logs. He also read his reply to the letter, in which he stated the legal remedy and the difficulty in securing the abatement of such nuisances.

The Secretary read his report of work during the last quarter, which showed that a successful sanitary convention had been carried on at Reed City, and arrangements had been made for a convention at Muskegon, August 23rd and 24th; that considerable correspondence had been had concerning the examination of plans for proposed buildings at various State institutions; that the report for 1882 had been distributed to various societies, libraries, etc.; that the weekly bulletin of health in Michigan had been regularly prepared and issued; that returns of the names and addresses of about 1,200 health officers had been received and filed; that a circular relative to the danger to be anticipated from smallpox, and one relative to the reporting of contagious diseases, with appropriate blanks, had been devised and distributed to all local boards of health; that the article entitled "Diseases in Michigan in 1882" had been compiled; that the accumulated letters of the office for the years 1873–1881 had been arranged and bound; that the compilation of the articles on "Meteorology in Michigan in 1882," and on "Weekly Reports of Diseases in 1882" was well in hand; that circular 55, relative to the work of health officers, had been revised to conform to the new legislation of 1883, and, if approved by the Board, was ready for publication.

The Secretary read a resumé of the recent work of other State Boards of Health.

The Board then proceeded to examine plans for proposed public buildings, under the law which requires all plans for State buildings to be submitted to the State Board of Charities, and to the State Board of Health. Plans were examined in detail as follows: For wings to the present School for the Blind at Lansing; for a proposed hospital at the Michigan Asylum for the Insane, at Kalamazoo; for a cottage hospital for the State Public School at Coldwater; and for a main building for the State Industrial for Girls, at Adrian, and made record of propositions, which were approved, and several recommendations.

Dr. Avery reported a visit to Fremont, Newaygo Co., to examine into a nuisance caused by an extensive tannery, where five hundred tons of hides are annually tanned. He had made recommendations which in his opinion would abate the nuisance, and it had been promised that his recommendations should be complied with.

On motion of Dr. Lyster, the State Board's Committee on Buildings, including ventilation, etc., was requested to prepare a report on the best plans and methods of construction of hospitals suitable for the various State institutions.

Reviews, Books and Pamphlets.

Experimental Pharmacology: A Handbook of Methods for Studying the Physiological Actions of Drugs. By L. HERMANN, M. D., Professor of Physiology in the University of Zürich. Translated with the Author's Permission, with Notes and Additions, by Robert Meade Smith, M. D., Demonstrator of Physiology in the Univ. of Penna. H. C. Lea's Son & Co. 8vo. Phila.: 1883. Pp. 201.

The leading title of this book is somewhat misleading, inasmuch as "pharmacology" is, in the common acceptation of the term, rather suggestive of the composition and preparation of drugs. "Experimental toxicology" will perhaps convey a more accurate idea of its contents, which deal with drugs or "poisons," as they are here termed, only so far as relates to the effects of these upon healthy animals. Formerly, and until of recent years, the empirical method, i. e., the observation of the effects of drugs at the bedside, was mainly relied upon for additions to our stock of therapeutic knowledge. But as the scientific side of medicine began to develope rapidly, it was found that more rational views of the actions of remedies could be gained by studying their effects in the normal organism, whilst valuable hints could thus often be obtained as to new and hitherto untried remedial agents. Hence arose almost a new science. Physiologists were not slow to see the advantages that would accrue to them by the utilization of the new method, not as an end, but as a means to the acquisition of knowledge of the normal functions of tissues and organs. In this way it came about that modern physiology has so much advanced the art of therapeutics and placed it upon a so much more exact basis. Experimentation upon man being, in the nature of the case, of very limited applicability, the lower animals and especially the dog, rabbit and frog, are chiefly utilized for this purpose. The book before us deals with the selection and modes of securing these animals for experimentation, the various instruments required in conducting experiments, as the myograph, cardiograph, sphygmograph, kymographion, myographion, manometer, tambour, tympanum, lever, time-marker, etc., and the methods of administering drugs, with their effects upon the various organs and tissues of the body. These subjects are fully illustrated by thirty-two engravings in wood.

The little book seems to realize very creditably the authors' design to supply the student with a manual that will enable him to conduct independent experiments bearing upon the physiological effects of drugs, and may be conscientiously recommended to those interested in this line of investigation. We may note, *en passant*, a slight discrepancy or two, at the bottom of page 122, in the description of the "Baltimore method" of isolating the mammalian heart.

E. F. C.

Editorial.

SUEING FOR A DIPLOMA.—A case so unique as to be unparalleled, we believe, has lately been brought before the Superior Court of this city. A young man, a member of the class of 1883, at the College of Physicians and Surgeons of Baltimore, who was among the rejected applicants for the diploma of that medical school at the end of the last session, petitioned the court to issue a writ of *mandamus* upon the Faculty that they shall issue to him a diploma, and claimed that its non-issuance had damaged his character to the extent of $2,000. Through counsel, the Faculty filed a demurrer, which set forth that the Faculty had the right to deny its diploma upon *any* grounds whenever it saw fit. That it was, so far as that went, the supreme tribunal, and that no court of *justice* could control such action. After argument before the court, the sitting judge decided in favor of the demurrer. An appeal was taken.

It, perhaps, may seem not exactly becoming in us to discuss the case in advance of the decision of the Court of Appeals upon the ruling of the lower court, so we will defer any remarks upon the legal aspects of the case. But it would seem to us, looking at the subject simply from an educational standpoint, and leaving the particular facts in this case aside, that the fact of a student of any school, college or university, appealing to a court of justice for satisfaction against such school, college or university, must strike at every element of our educational system. If it is in the power of a medical student to sue out a writ of mandamus upon a medical school, no matter if he has attended twenty sessions of that school, and oblige the Faculty, by mandate of court, to give him a diploma, every small free-school scholar, freshman, or third-class man, has the same right, and by authority of such court, must, whether worthy or not, be sent up higher. In

other words the schoolmaster, school-board, board of examiners (such as we have at our military and naval schools), and the various Faculties of our universities and seats of learning, must consider their action in any case subject to the revision of a tribunal not one whit more capable of deciding the point (and indeed we may truly say not at all as competent), and upon which tribunal no larger powers have been conferred by legislative action. The examining body of any institution is, we contend, so far as that individual body is concerned, whether it consists of one schoolmaster or twenty professors, final, and any decision arrived at by such body should not even be discussed by any outside party. The scholar when he enters any school is supposed to consider himself as subject to all the rules and decisions of his tutors, and, unless such rules conflict with good morals, personal health or national polity, has no redress. As well might he appeal from the decision of the Supreme Court of the United States.

Although an appeal has been taken we trust, in the interests of education and of the plaintiff, that the case will never be called.

WHY DOES NOT THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND ENFORCE ITS CHARTER?—A stranger, reading the "Act of Incorporation" prefixed to the printed copies of the Constitution and By-Laws of the Medical and Chirurgical Faculty of the State of Maryland, might reasonably ask: "Why does not this Society, representing as it does the Medical Profession of the entire State, exercise the privileges therein granted? For instance, I read in Art. iv, that the said Faculty is authorized to elect 'twelve persons of the greatest medical and chirurgical abilities in the State, who shall be styled the *Medical Board of Examiners* of the State of Maryland, * * whose duty it shall be to grant licenses to such medical and chirurgical gentlemen as they, either upon a full examination, or upon the production of diplomas from some respectable college, may judge adequate to commence the practice of the medical and chirurgical arts, each person so obtaining a certificate to pay a sum not exceeding ten dollars, etc.' And in Art. vi, I read, that 'no person, not already a practitioner of medicine or surgery, shall be allowed to practise in either of the said branches, and receive payment for his services, without having first obtained a license, certified as by this law directed, under the penalty of *fifty dollars* for each offense, to be recovered in the county court where he may reside, by bill of presentment and indictment, one-half for the use of the Faculty and the other for that of the informer.' Is not this just the sort of medical law which you need, and which other States have secured, or are striving to secure, in a more or less imperfect form, and with great exertion? Would it be possible for you to have a law passed at this time which would so completely meet the wishes of the medical profession as this, for it gives your State Society *absolute* control of the practice in the State, and does not hamper you with any reservations in connection with irregular practitioners. Why, then, do you not claim the rights and privileges which your charter plainly confers?"

No doubt the same thought will present itself to the minds of many physicians within our own borders.

It is a matter of record and well-known that for many years after the passage of the Act at the session of the Legislature of 1798-9, the above provisions were strictly carried out, without any serious opposition and with the result of increased respectability and public confidence in the profession throughout the State (Report of committee mentioned in Annual Oration of Prof. Richard Willmott Hall, 1815).

There is no record of the Legislature having ever revoked or altered the terms of the charter, and if it has, the highest legal authority in the State has declared (opinion of Court of Appeals in the case of the University of Maryland, 1838) that "the Legislature has no right without the consent of a corporation to revoke or alter its charter or take from it any of its franchises or property; they are alike beyond the reach of legislative power here, and the high prerogative of the crown of England; which may create but cannot at pleasure dissolve a corporation, or without its consent alter or amend its charter."

We shall throw some light upon this subject in our next issue.

NAVAL MUSEUM OF HYGIENE.—The Army Medical Museum and the Library of the Surgeon-General's Office must long have been eye-sores to the medical authorities of the navy. The advantage which these institutions—of world-wide celebrity and creditable not only to the service which founded them but to the nation as well—

gave to the army was very great. But in developing these, there was one field neglected, or possibly beyond reach, which was of surpassing importance and which is destined to take the lead in the medicine of the future. Surgeon-General Wales, U. S. N., with prophetic eye, saw the opportunity and embraced it, and to him is due the credit of having established the third museum of hygiene in the world.

One year ago, upon his petition, Congress appropriated $7000 for the renting of a building, and for the other expenses connected with the maintenance of such an institution, such as the transportation of contributions, preparation of models and drawings for illustrating the progress of sanitary science, etc. The plan designed by Dr. Wales, also embraced the establishment of a course of lectures by eminent sanitarians from this country and abroad, and a library of works upon sanitary science which shall be accessible to all interested in this subject. What has been accomplished during the year towards the realization of the wishes of the founder, is stated in a report just published by the *N. Y. Herald*. Among other things a large quantity of specimens have been collected illustrating every department of sanitary science, whether in relation to communities or individuals. Drainage and sewerage, water supply, lights, pavements, disposal of the dead, architecture, hospitals, schools, baths, tents, morgues, ventilation, heating, pipes, traps, fire-proof arrangements, furniture, stoves, wall-coverings, all the arrangements on board ship, clothing, waterproofs, uniforms, means of protection against fire, water and lightning, ambulances, litters, etc., etc., all receive or will receive their appropriate illustration.

In a short time a nickel-plated Ericsson caloric pumping engine will be set up in order to supply the motor force required to keep the various apparatus in motion. There is also being constructed in Brooklyn a model of a crematory, designed to exhibit the actual process of cremation, rats, cats and dogs being utilized in the experiment.

It is said that much assistance has been rendered at the museum in perfecting the plans of many of the residences recently erected in Washington, and the officers are always obliging in giving aid and counsel whenever consulted, so that what may be termed a *National Hygienic Kindergarten* is being gradually established at the Capital of the country, whose influences for good by instructing the people in practical sanitation and the preservation of health and life, cannot fail to be in the highest degree beneficial.

An important feature of the museum is the laboratory, where it is designed to submit to thorough tests all kinds of food and material.

Another important feature is the library, which now includes nearly 5000 bound volumes, of foreign and domestic works, reports of boards of health, society transactions, etc. This library regularly receives 117 periodicals devoted to hygiene and cognate subjects.

Some idea of the immense development of which the institution is capable, can be formed from an examination of the list of subjects given above. Already it is stated that the space in the building—a large residence at the corner of 18th and G streets, one square west of the State Department—is inadequate, and that the Naval Hospital Building will probably be utilized for the purposes of the museum. The extraordinary development of the work shows the great need there was for it, and must be peculiarly gratifying to its founder since it so completely justifies his wisdom in establishing it. At the same time it may be looked upon as indicating in some degree the vigor and greatness of our nation; it must gratify every one's national pride to see with what energy and success we take hold of great designs and push them forward to immediate success.

The museum is under charge of Medical Director J. M. Browne, U. S. N., who is assisted by surgeons Streets, Hanneberger, Griffith, and Dr. White.

W. T. Sedgwick, Ph. D.—It is with extreme regret that we have to announce the loss of this distinguished colleague from the Editorial Staff of our journal. He has accepted the appointment of Professor of Biology in the Massachusetts Institute of Technology at Boston and leaves at once to assume charge of the duties of the position, the organization of which rests with him, as it is one just created. The institution with which he connects himself has about 500 students and is well endowed. Dr. Sedgwick's accurate and conscientious work at the Johns Hopkins has established

his reputation as one of the leading biologists of America. We extend to our late colleague our congratulations and our best wishes for his success in his new field of labor.

Miscellany.

Subinvolution of the Uterus.—Dr. Clinton Cushing, of San Francisco, in a lecture on subinvolution (*Med. News*, June 2, 1883), considers premature assumption of domestic duties after childbirth one of the most frequent causes of this condition. He considers it a good investment of time and money for a woman raising a family to devote at least a month following her delivery to rest and quiet,and freedom from excitement of any kind. He advises that the puerperal patient should be impressed with the idea that a full month must be given up to rest and recuperation after confinement, and that a portion of each day after getting out of bed must be spent upon a lounge or couch for several weeks.

T. A. A.

Suture of the Musculo-Spiral Nerve Five Months after its Complete Division—Recovery.—A man æt. 30, was admitted to St. George's Hospital with paralysis of the right wrist, the result of a wound received five months previously. On his admission there was a scar of an extensive, irregular wound on the other side of the back of the elbow. The hand dropped completely when held with the palm downwards. He could pronate or supinate the forearm freely, with the elbow flexed, but could not extend the wrist, or flex the fingers in the slightest degree; and supination was impossible in the extended position of the forearm. There was decided loss of temperature over the outer aspect of the forearm, and sensibility had diminished in the same situation, as well as over the back of the wrist and hand. Pain was not complained of. The limb was much wasted, the forearm being at its widest point nearly one inch less in circumference than its fellow. The electrical reaction of the muscles was not tested.

The operation was performed by Dr. T. Holmes antiseptically. The lower end of the nerve was easily found under the scar; the upper one, which seemed to have retracted, was discovered by a little dissection. It terminated in a large bulb, larger than a pea; the other end was somewhat atrophied. The two ends were rather more than an inch apart. A little was taken off the lower end of the nerve, to refresh it, and a portion of the bulbous upper end was removed. The cut ends were sutured and the wound closed, which healed by first intention.

The patient left the hospital some days after the operation, and was not seen again for two years, when he had completely recovered, there being no perceptible difference in the two arms; sensation is perfect and all the movements of extension are performed as well on one side as on the other. He said that it was about a year before the improvement became obvious.—*Lancet*,May 26, 1883. H. J. B.

Meeting of West Va. State Board of Health.—The annual session of the Board was held at Martinsburg, on the 11th inst., present Drs. Moffett (Pres.), Carr, Carpenter, Richardson, Reeves (Sec.), and Late. The Secretary reported the successful *stamping out* of the outbreak of smallpox which lately appeared in the county of Mercer, and spread thence to the adjoining counties of McDowell and Wyoming, a result which is to be attributed to the excellent health law of the State and its energetic enforcement by the State and local boards of health. The Secretary also called attention to the fact that the present term of office (two years) of the county boards expires with this month, and in accordance with the amended act of 1882, it becomes necessary for the various county courts to nominate persons for the office to the State Board of Health, which confirms or rejects as it may deem best. The Secretary was directed to notify the counties accordingly and also to urge physicians to report to the county boards cases of acute contagious and infectious diseases as required by the law. Four applicants presented themselves for examination, of whom only *one*, Dr. Hoffman, of Keyser, was granted a certificate to practice in the State. The Board decided not to recognize the diploma of the *American Medical College*, an eclectic institution located in St. Louis. The next meeting of the Board will be held at Charleston, Kanawha Co.

Danger of Spreading Disease by Books.—The *Lancet*, quoting the alleged commu-

nication of yellow fever to an official in Paris, through a despatch from Brazil, says circulating libraries are common sources of peril. It would be difficult to imagine a more powerful medium for conveying disease than books. Organic particles carrying infection may lie for weeks, months or years between the pages of a bound book, to be dislodged by some susceptible person handling it. Measles, scarlet fever, diphtheria, ordinary "sore-throat," whooping cough, bronchitis, (perhaps phthisis) and other chest affections and some skin diseases, are most easily communicated by this means. Books cannot be disinfected without injury and hence should be destroyed after use by those suffering with the class of diseases mentioned. Despatches and letters come under the same category.

THE DISCOVERY OF THE ANÆSTHETIC PROPERTIES OF SULPHURIC ETHER.—The committee appointed by the Medical Association of South Carolina to investigate the claims of the original discoverers of the anæsthetic properties of sulphuric ether and the successful application of the same in surgical operations, presented a report at the recent meeting of the Association in Yorkville (*Med. News*, May 12th), in which they drew the following conclusions: 1. For more than fifty years the inhalation of sulphuric ether as an excitant has been common in some parts of Georgia, though not practiced in the colleges. 2. Dr. P. A. Wilhite, now of Anderson, S. C., was the first man to produce profound anæsthesia, which was done accidentally with sulphuric ether in 1841. 3. Dr. Crawford W. Long, of Athens, Ga., was the first man intentionally to produce anæsthesia for surgical operations, and this was done with sulphuric ether in 1842. 4. Dr. Long did not by accident hit upon it, but reasoned it out in a philosophic and logical manner. 5. Wells, without any knowledge of Long's labors, demonstrated in the same philosophical way anæsthesia by the use of nitrous oxide gas in 1844. 6. Morton, desiring to use the gas in dentistry, asked Wells to show him how to make it in 1846. 7. Wells referred Morton to Jackson, as the latter was a scientific man and an able chemist. 8. Jackson told Morton to use sulphuric ether instead of gas, as it possessed the same properties and was as safe and easy to get. 9. Morton, acting upon Jackson's suggestion, used the ether successfully in the extraction of teeth in 1846. 10. Warren, Haywood and Bigelow performed important surgical operations in the Massachusetts General Hospital. October, 1846, on patients etherized by Morton, and this introduced the practice throughout the world.

Dr. Wilhite, to whom credit is here given as the first man to produce profound anæsthesia, is the last and only survivor of those laying claim to the honor of this discovery. His claim is supported by his own affidavit and fully corroborated by the affidavits of Sam. B. Weir and Mrs. C. Weir, who saw a negro boy put to sleep with sulphuric ether administered by Dr. Wilhite in 1841.

LACERATED CERVIX UTERI.—At a meeting of the St. Louis Obstet. and Gynecological Society, held March 15, 1883 (*St. Louis Courier of Medicine*, June, 1883), the following discussion took place:

Dr. Barret.—"I want to say that there is no case of laceration which ought not to be operated upon, and if any gentleman has any reason to urge why it should not, I would like to have it brought out.

Dr. Ford.—I heartily agree with Dr. Barret in that regard, I would operate upon any and every case if I had a chance. My advice always is to operate; we then run no risk. The simpler the laceration is the more easily it is cured.

Dr. G. A. Moses—The last remark that Dr. Barret made I was very glad to hear. He says he would like to know of any case of laceration that ought not to be operated upon. I have often felt that every laceration ought to be operated upon, but we must define what we mean by a laceration. I suppose there is no case of parturtion unaccompanied by some degree of laceration of the cervix. Now, we have been taught that a laceration is not important, and operation is not indicated until it is accompanied by irritation or some pathological symptoms. A slight laceration, I don't suppose, is what Dr. Barret means.

Dr. Barret.—Yes, I do; I mean any laceration that is appreciable to the examiner when he makes the examination, if there is any laceration with deformity.

Dr. G. A. Moses.—Any deformity; I consent to this."

T. A. A.

GOODELL ON ADMINISTRATION OF ETHER.—One of the chief lessons I have learned from my experience during the year is to administer ether. Hitherto I have, in common with most American surgeons, given this anæsthetic by a closed cone in such a manner that the patient breathed her own air over and over again. I am now disposed to think that this is a very unsafe mode, and that to it is due, in large measure, the alarming prostration of the patient while undergoing the operation. For instance, among the 25 cases of last year, cases 70, 71 and 82, presented such profound symptoms of shock that the operation had to be suspended until hypodermic injections of brandy and of ether were made, and some degree of reaction had set in. In cases 70 and 71, it was indeed with great difficulty that the women were kept from dying on the table, while case 85 clearly died from œdema of the lungs. Now I do not find such alarming symptoms referred to in any report of cases by British operators. I am therefore forced to the conclusion, that either under the strain of rivalry they do not operate in very desperate cases, or their mode of administering anæsthetics is a safer one than ours. Fully impressed with this idea, I have lately been using Dr. Allis's improved inhaler and have thus far found it to act promptly, safely and economically.—*Louisville Med. News*, May 26.

OVARIAN CYST CURED BY INJECTION OF WINE.—*Dr. Pedrini* (*Gazz. Med. Ital. Lomb.*) gives the details of this case. The patient, thirty-nine years of age, was seized after a day's washing in cold water with acute pain in the abdomen; a few days afterward a small movable lump was noticed in the left ovarian region. The lump steadily and slowly increased for fourteen months, when it suddenly became much larger, threatening to prove fatal by asphyxia from the pressure it caused. The lungs were congested with diffused bronchial catarrhal sounds, and the lower limbs were œdematous. The patient was very emaciated. A large trocar was thrust in at the lower third of a line drawn from the umbilicus to the anterior inferior iliac spine; seventy-two litres of a serous citrine-colored liquid were gradually withdrawn. A litre of white wine was then injected through canula and allowed to remain for an hour. There was a sharp reaction and fever which for a week imperiled the patient's life. She, however, made a good recovery, and regained entirely her former good health, with no sign of the return of the tumor (after six years).—*N. Y. Med. Record.*

Dr. D. R. Shute has been appointed resident physician at the Washington Asylum, vice Dr. P. G. Wales, resigned.

Medical Items.

THE prevalence of "black" measles at St. Mary's Industrial School, near Baltimore (an institution containing nearly 500 boys), is announced by Dr. R. H. Goldsmith, the visiting physician. Ten deaths out of 21 cases occurred in four days—July 11th to 14th. The survivors have been transferred to a tent.=The Egyptian cholera is spreading, and has reached Cairo; cases are also reported at Malta and Majorca, an island near the Spanish coast.=Jos. Ruppel died of tetanus July 10th, from a wound in the left hand with a toy pistol July 2nd.=Prof. Jno. A. Octerlony has been elected to the Chair of Obstetrics in the University of Louisville, made vacant by the resignation of Prof. Theophilus Parvin, and Prof. Jas. Holland takes the Chair of Mat. Medica recently held by Prof. Octerlony in the same institution.=The *Polyclinic* is the title of a new journal issued monthly by P. Blakiston, Son & Co., and conducted by the Faculty of the Phila. Polyclinic and College for Graduates in Medicine.=Dr. A. J. Foard has brought suit against the City of Baltimore for $5000 for services rendered during the recent epidemic of smallpox, as one of the special vaccine physicians.=The Medical Society of London inaugurated its new building by a *conversazione* on the 2nd inst.=The last heard from "Dr." Hale was that he was at Toledo, under three several bonds of $150 each for selling secret remedies, practicing medicine without a license, and selling obscene literature. His trial, on the second charge, was set for the 17th inst.=A medical college for women has been instituted in Toronto, Canada.=The Boylston prize of $200 has been awarded to Dr. P. M. Braidwood, of Birkenhead, England, for the best essay on measles and allied diseases.=Prof. Huxley has been elected President of the Royal Society.=Dr. Jno. A. Lidell died in New York City, the 8th inst., æt. 59.=Harvard graduated 76, six being four-year students.=Drs. Jos. Leidy, R. W. Deaver, J. M. Mears, W. W. Keen, A. R. Thomas and L. W. Steinbach have been appointed a Board to distribute corpses to the colleges under the new Pennsylvania Anatomy Law.=Rush Medical College is to have a hospital.=Roswell Park, of Chicago, has been offered the Chair of Surgery at the Buffalo Medical College.

Original Papers.

CASE OF SPONTANEOUS RECOVERY OF SIGHT IN THE RIGHT EYE, AFTER A HALF CENTURY OF BLINDNESS.

BY E. G. WATERS, M. D., OF BALTIMORE.

(*Read before Balto. Med. Association*).

Mr. Blank, now over 70 years of age, gives the following history of his case:

In early youth, being fond of gunning, about the age of 12 years he discovered an inability to see objects when his left eye was closed. He was compelled in consequence to give up his favorite amusement. His sight in the right eye failed progressively, until at the age of 20 years only a faint perception of light remained. The sight of his left eye continued good until he arrived at 30 years of age, when it began likewise to fail. Hitherto he had been able to read medium-size print with the book or paper held close to the eye, indicating that he was then myopic.

Some thirty years ago he came to Baltimore to consult a Dr. Morong, who had attained to some celebrity as an oculist. This gentleman pronounced the left eye to be "good," meaning, probably, that it was not amaurotic, but that the right was in a hopeless condition. He recognized the presence of cataract, explained the nature of an operation by couching, dwelt on its special uncertainties in this case, and rather discouraged the operation. He prescribed a preparation of belladonna, which seems to have been used for some time with usual results, but which was finally abandoned, as no permanent benefit ensued. Mr. B. then consulted Prof. N. R. Smith, who advised him "to let these oculists alone," to have no operation performed, but to give his whole care to building up his general health, which at this time was much impaired.

At no time had either eye been subject to shock or physical violence of any kind.

Some ten years ago he consulted Dr. Chisolm, of this city, who did not seem to be satisfied as to the exact condition of the eye, explained that the science of diseases of the eye was yet in its infancy, seems not to have recommended an operation of any kind, but ordered a solution of atropine for the left eye, which was of some temporary benefit but was in a short time abandoned. The state of the right eye at this time appears to have been thought by the Doctor to be irremediable, as, after examination, no further attention was paid to it.

On the morning of August 12th, 1882, while lying in bed on his back, on passing his hand above his head he found that he could see it indistinctly with his right eye but when it was held in front of, or below the pupil, he could see nothing. It was necessary to turn the eye upward in order to see his hand. On the 15th of August, five days later, upon awaking in the morning, he found he could see the knobs on the bureau drawers, the pictures on the walls, and many other objects which had not been visible to him for many years, and the consciousness of this recovered power and blessing awakened at once a sentiment of gratitude to God, while it astonished, bewildered and confused him.

It will be noticed that this recovery of sight was not accompanied with or preceded by the slightest physical shock, local or general. The patient's habits are remarkable for quiet and repose, and a condition which for years had been a matter of preference, was confirmed by the presence of this great infirmity. He had been known to me personally and intimately for years. The obscuration in the pupils of both eyes had been often noticed and mentally remarked upon, and there could be no doubt that cataract was the cause in both. On approaching him some months ago as he walked leisurely up and down before his door, I saw that I was not recognized. Taking him cordially by the hand as was my want, his face irradiated at the first sound of my voice. "Ah! Doctor," he exclaimed, "I have *known* you for fourteen years, but this is the first time I ever saw you." He had not the slightest conception of the appearance of his friends, but knew them only by their voices.

As the society has already foreseen, this is a case of spontaneous luxation of the lens, a case of rare interest in several of its features already disclosed, but quite extraordinary in others yet to be added.

Not being able myself to see this gentleman in time to secure the necessary details for the preparation of this paper, I forwarded to my friend, Dr. Bayly, a series of inquiries, which he most kindly conducted, and to which he has since returned me the answers. In holding a light before

this eye in a darkened room, but one image can be distinguished, and that upon the cornea. (The Doctor, not having an ophthalmoscope, was obliged to avail himself of the catoptric test). The pupil appears black and clear, and when examined with a double convex lens of low power, nothing unusual could be seen—no appearance of the lens therein, or in the vitreous humor behind it. The examination was continued in strong daylight, the iris was observed to be strongly contracted, and the lids not having been closed over the cornea, there was no other *apparent* response to the stimulus of light. It was *very tremulous*, moving backwards and forwards like a curtain in a wind, but showing no bulging on its anterior surface, as though the lens was lodged behind it.

The glasses he now uses are *concave*, similar to those he has always used. Before recovering his sight he could distinguish day from night, and can now do so with the left or blind eye. In reading, he holds the book or paper about 16 inches from the eye. He reads only with glasses, but sees distinctly distant objects without them, reads with facility the signs across the street, and marks perfectly the outline of the Talbot shore, with its background of forest fringe, more than two miles away. He reads but little at a time, fearing to injure the eye, having found that very uncomfortable sensations follow this exercise when too prolonged. When he looks up he sees a dark round shadow of about 1¼ inches in diameter floating before his eye, but at no other times, but *muscæ* or similar objects are never visible. His sight is best in clear, bright days, but strong light is not essential to perfect vision. In looking down he cannot distinguish objects at his feet. No inflammation or unpleasant sensation whatever has accompanied this accident from the time of its occurrence to the present moment.

Several circumstances concur to put beyond dispute the correctness of the diagnosis that this is a case of luxated lens—the recovery of sight, coincidently with the disappearance of the opacity of the pupil, the catoptric test, the tremulousness of the iris, the inability to see objects at his feet.

The phenomenal features of his case are his ability to read ordinary print with *concave* glasses, and to see distinct objects with no glasses at all. When Dr. Bayly called to conduct this examination, he found him reading the *New York Herald*. That this eye was originally myopic, and probably to a marked degree, is highly probable, inasmuch as the other eye was certainly so, and although it is very common for myopes to experience an improvement of their sight as years increase, on account of the shortening of the antero-posterior diameter of the eye, or a similar contraction of the lens, or both; yet in these cases they are able often to dispense with the use of glasses while looking at objects not beyond the remote focal distance of their eyes, limiting their use to those that are more remote. The curious and contradictory fact in this man's case, however, is this, that using a concave lens he can secure a well defined image of minute objects at the distance of 16 inches, and that without the presence of the crystalline he becomes presbyopic, and sees readily distant objects without glasses.

The following considerations will make this anomaly more evident. If the power of accommodation in the eye depends, as Donders, Kramer and others are thought to have shown, upon the contraction of the ciliary muscle and the presence of the lens, then the loss of this body should necessarily destroy the power of accommodation, and convert the eye into a mere passive instrument, subject to the laws of light, like any optical machine of purely human contrivance. Upon this theory a concave lens should bring rays of light to a focus upon the retina of a myopic eye more speedily in the absence of the crystalline than if it were present. The focal visual distance for practical uses in regard to near objects would likewise necessarily be lengthened. For the defect of a myopic eye being known to consist in the premature convergence of rays to a focus, and that convergence being greatly assisted and precipitated by the presence of the double convex crystalline, its absence would prolong the rays, and either cause them without artificial dispersion to form a focus upon the retina, or necessitate only the use of a concave of low power to accomplish this result. Yet, while this would be true for objects placed between the remote and near focal distances of the given eye, from which highly divergent rays are made to issue, the rays from objects 60 feet away which are far less divergent, or of objects two miles away which are essentially parallel, should be

focused more or less anterior to the retina and form no distinct image at all.

In truth, the known facts in this case are so inconsistent with—in fact opposed to—the settled principles of optics, as to lead one to suspect that eminent physiologists have made a mistake when they refer the power of accommodation to the ciliary muscle exclusively, and make it pertain to the crystalline lens alone. The assumption that the power of adjustment may belong, if only in a limited degree to the recti muscles, may not indeed remove all the difficulties of this case, but it would serve at least to make them more intelligible.

Dislocations of the lens are by no means uncommon, and even those of spontaneous origin not altogether unknown. They have been observed to co-exist with cataract, and also to occur when the crystalline body was entirely pellucid. Most often the accident leads at once to irritation, inflammation and threatened disorganization of the eye, and under these conditions the lens requires to be removed. Otherwise, it may remain for years, especially when situated in the vitreous body, without demanding operative interference, one case being reported where it had so remained for 35 years, but in all such cases the eye is in the condition similar to that after extraction of cataract, and requires ordinarily the aid of double convex glasses.

Selected Article.

A MEMORANDUM ON THE INFLUENCE OF VACCINATION IN THE PREVENTION AND DIMINUTION OF MORTALITY FROM SMALL-POX.

Presented to the Parliamentary Bills Committee of the British Medical Association.

BY ERNEST HART, CHAIRMAN OF THE COMMITTEE

1. The introduction of vaccination was followed by a marked decrease in the small-pox death-rate; and, concurrently with the diffusion of vaccination, the small-pox death-rate has further progressively diminished.

Prior to the introduction of vaccination, small-pox was an almost universal disease. Continuously present in all large centres of population, it assumed epidemic proportions at intervals of two to four years, while the smaller towns and rural villages--except such as were exceptionally isolated—were, as a rule, visited by an epidemic of the disease once in every three to six years.* No class of society was exempt from its ravages; and while most fatal in the filthy homes of the poor, yet it spared not the palaces of kings nor the mansions of the rich.† So common, indeed, was the disease that it was rare for anyone to reach adult life without having passed through the attack.‡ The dread with which it was looked upon may readily be inferred from the eagerness with which inoculation was had recourse to towards the end of the eighteenth century. After the introduction of vaccination, the mortality from the disease underwent a marked diminution. How great this diminution has been in the case of London is shown by the following table:

Table showing the Small-pox Deaths per 1,000 Deaths from all Causes in London from 1631 to 1882‖

	Period.	Small-pox Deaths per 1,000 Total Deaths.	
Preinoculation Period.	1631–35	48	
	1651–60	59	
	1661–70	39	
	1671–80	66	
	1681–90	76	Inoculation occasionally practised
	1691–1700	53	
	1701–10	58	
	1711–20	81	
	1721–30	83	
	1731–40	77	

	Period.	S. P. Deaths per 1,000 Total Deaths
Inoculation Period.	1741–50	73
	1751–60	100
	1761–70	103
	1771–80	97
	1781–90	92
	1791–1800	93
	.....	.....
	.....	.....
	.....	.....
	.....	.....

	Period.	S. P. Deaths per 1,000 Total Deaths
Vaccination Period.	1801–10	67
	1811–20	41
	1821–30	33
	1831–40	23
	1841–50	16
	1851–60	11
	1861–70	11
	1871–80	19
	1881–82	17
	.....	.....

*Hillary: *Rational and Mechanical Essay on the Small-Pox.* London, 1735.

†*See* Burnet's *History of William and Mary*, pp. 136, 304; Walpole's *Letters* (April 2nd, 1750); Pepys; Evelyn; St. Simon; Besenval; Vehse, etc.

‡Hillary: *loc. cit.;* Haygarth: *Sketch of a Plan to Exterminate the Natural Small-Pox.* London, 1793.

‖Calculated from data in Marshall's Bills of Mortality and the Registrar-General's Annual Reports.

The table shows that the proportion of small-pox deaths to deaths from all causes, has undergone considerable diminution. It is, moreover, universally admitted that the total death-rate of the metropolis is now much lower than it was in the seventeenth and eighteenth centuries. Hence, as the small-pox death-rate has diminished in greater ratio, it is clear that the diminution in the small-pox death-rate must be enormous.

As regards England generally, it is equally certain that the mortality from small-pox is now infinitely less than in prevaccination days, although the absence of registration in the earlier period precludes any accurate statistical comparison. In registration times, however, the mortality from the disease has steadily declined, as the following table shows:

Mean Annual Death-rate from Small-Pox per Million living in England and Wales, 1838–79.*

		Compulsory Vaccination.	
1838–42	571	1855–59	199
1843–46	No Returns.	1860–64	190
1847–49	303	1865–69	147
1850–54	279	1870–74	433†
—	—	1875–79	82

Some idea of how much less is the present mortality from small-pox than the mortality during the last century, may be gathered from the fact that the average annual deaths from that disease during the seven years 1873–79, in England and Wales, were very slightly in excess of the annual average deaths during the eighteenth century in London alone; the population in the first case being about twenty-four millions, in the second, considerably less than one million.‡

2. There is no cause sufficient to explain this diminution in the small-pox death-rate other than vaccination.

It is maintained by some that the decrease in the mortality from small-pox is explained by the improved sanitary condition of the population. Improvement in this respect must undoubtedly have tended to diminish in some degree the death-rate by that disease, but other causes have been at work with an opposing tendency. The population of the country has grown denser, the facility of intercourse has increased a hundredfold, and the movement of the population is incalculably greater now than during the last century. All these latter circumstances necessarily increase the danger of diffusion of infectious diseases, and it is more than doubtful whether the sanitary condition of the people has yet attained such perfection as to neutralise their effect. Moreover, in the case of measles and whooping-cough,* there is not only no diminution, but even a slight increase in the proportion of deaths from these diseases to the total deaths; and if sanitation has had no perceptible effect on these diseases, it is absurd to credit it with a large effect on small-pox, whose contagion is stronger and surer than that of any other disease.

3. The manner in which, and the times at which, the diminution chiefly occurred, point clearly to the existence of a causal relation between that diminution and vaccination.

While showing a steady tendency to diminish, the mortality from small-pox underwent the greatest decrease in the periods immediately following the legislative measures for the promotion of vaccination. In 1840, the legislature made public provision for vaccination, and immediately thereafter came a large fall in the small-pox mortality. In 1854, vaccination was made compulsory in England and Wales, and, in the following years, a second marked fall occurred in the small-pox death-rate of these countries. In Scotland, where vaccination was not yet compulsory, the death-rate remained high, being 50 per cent. higher than that of England and Wales in 1855–59, and over 100 per cent. in 1860–64—there being no marked difference in the condition of the two populations other than the absence of compulsory vaccination in Scotland. The enactment of compulsory vaccination in Scotland was speedily followed, as in England, by a large diminution in the small-pox death-

*Taylor, P. A.: *Nineteenth Century*, May, 1882.

† The considerable increase in this quinquennium was due to the severe and widespread epidemic of 1870–73, at which time all circumstances combined to favour the occurrence and diffusion of a great epidemic. Compared with similar epidemics of prevaccination periods, this epidemic affords incontestable evidence of the value of vaccination. *See* Fraser: "The Epidemic of 1870–73, in Relation to Vaccination. *Sanitary Record*, April, 1883."

‡ Total small-pox deaths in England and Wales, 1873–79, 14,566. Annual average, 2,081. Total small-pox deaths in London (within the Bills), 1701–1800, 196,365. Annual average, 1,964.

*Guy: "Two Hundred and Fifty Years of Small-Pox in London." *Journal of Statistical Society*, September, 1882.

rate.* The remarkable sequence of events thus briefly described, amounts almost to a demonstration of the influence exercised by vaccination on the small-pox death-rate.

4. While a marked decrease has occurred in the total small-pox death-rate, a still greater decrease has occurred in the small-pox death-rate among children.

In prevaccination periods, the deaths from small-pox occurred almost exclusively among the very young. Thus, out of 622 total deaths from the disease in Kilmarnock in the 36 years 1728-64, 563 were of children under 5†; in Chester, in the six years 1772-77, of 378 deaths, 369 were of children under 10, and of these, no fewer than 335 were under 5,‡; in Warrington, in 1773, of 211 persons dead of small-pox, all were under 10, and 199 were under 5;§ in Carlisle, in the nine years 1779-87, of 241 deaths, 228 were of children under 5.‖

In epidemics of small-pox since the introduction of vaccination, a comparatively small proportion of the deaths occur among children under five, and this proportion has progressively diminished with the diffusion of vaccination. For example, out of 7,982 deaths from small-pox in London in 1871, only 2,945 or 39 per cent. were of children under five. Of 2,371 deaths from small-pox in London in 1881, only 620 or less than 22 per cent. were of children under five.¶

It is therefore clear that of the total small-pox deaths, the proportion occurring among children has been very much less since the introduction of vaccination than it was before that event. But the total postvaccination death-rate is much less than the total prevaccination death-rate, hence it follows that the small-pox death-rate among children has undergone an enormous reduction since the introduction of vaccination.

5. In epidemics of small-pox, the unvaccinated portion of the community suffers to a much greater extent than the vaccinated. This fact is well illustrated in the case of the year 1882, when small-pox was epidemic in London. During that year 2,371 deaths* were registered from small-pox. Of these, 524 were stated to have been vaccinated, and 962 unvaccinated, while regarding the condition of the others as to vaccination, no statement was made. It is tolerably certain that among the population of London, not more than 10 per cent. are unvaccinated, and if 10 per cent. be supposed to be doubtfully vaccinated, there will remain 80† per cent., presenting clear evidence of vaccination. If, then, the vaccinated and the unvaccinated had been equally liable to fatal small-pox, the former would have died at the same rate as the latter, and since 962 of the unvaccinated died, there would have died 7,696 among the vaccinated. But the actual number of deaths among the vaccinated was 524; hence it is clear that the vaccinated and the unvaccinated were not equally liable to death from small-pox.

Moreover, if the mortality among children be considered, the difference between the vaccinated and the unvaccinated appears still more striking. The deaths from small-pox during 1881 included 27 of vaccinated children under the age of five, and 368 of unvaccinated children under that age. If unvaccinated and vaccinated children had been equally liable to fatal small-pox, the vaccinated children would have died at the same rate as the unvaccinated, i. e. (taking the proportion of vaccinated and unvaccinated as previously stated), the deaths among the vaccinated children under five would have been 2,944. But the actual number was 27, and it is therefore obvious that unvaccinated children are liable to fatal small-pox in an enormously greater extent than vaccinated children; or, in other words, vaccinated children are to a large extent protected from fatal small-pox.

Statistics‡ of a similar nature might be multiplied indefinitely; and it may be laid down as a fact admitting of no question, that whenever small-pox attacks a commu-

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*See Dr. Carpenter's letter on "Small-Pox and Vaccination," addressed to the Right Hon. Lyon Playfair, April 23rd, 1883.

†McVail: *An Inquiry into the Prevalence of Small-Pox in Kilmarnock in the Last Century.* Glasgow, 1882.

‡ Haygarth; *loc. cit.*

§Percival: *Essays, Medical, Philosophical, etc.* Warrington, 1789.

‖Heysham; Works.

¶Reports of Registrar-General.

Vide Registrar-General's Annual Summary for 1882.

†This estimate is certainly well within the true proportion.

‡ *Vide* Bousquet: *Traite de la Vaccine*, Paris, 1883 (Statistics of Epidemic of Small-pox in Marseilles in 1828, prepared for Soc. Roy. de Méd.); Cross: *History of Norwich* (Statistics of Small-pox in Norwich in 1819); Thomson: *Small-pox* (Epidemic in Quebec, 1819-20,) etc. Compare also reports of Sanitary Commissioners in India, *e.g.*, Dr. Little's *Report on Vaccination in Berar* for 1881.

nity, the unvaccinated part of that community will suffer in enormously greater proportion than the vaccinated.

6. Among persons attacked by small-pox, the mortality is greater in the unvaccinated than in the vaccinated.

The difference in the mortality of the two classes is shown by the following tables, which require no comment.

1. Mortality from Small-pox among the Vaccinated, Doubtfully Vaccinated, and Unvaccinated.*

	Cases.			Deaths.			Mortality Per Cent.		
	Vaccinated	Doubtfully Vaccinated.	Unvaccinat'd	Vaccinated.	Doubtfully Vaccinated.	Unvaccinat'd	Vaccinated.	Doubtfully Vaccinated.	Unvaccinat'd
London Small-Pox Hospital (1836-67)†.....	10,398	263	2,920	790	106	1,043	7.59	40.3	34.9
Metropolitan Asylum Board Hospital‡.....	13,575	2,130	3,973	1,027	671	1,593	7.56	31.5	40.0

2. Mortality from Smallpox among the Vaccinated, Doubtfully Vaccinated and Unvaccinated, under 10.

	Cases.			Deaths.			Mortality Per Cent.		
	Vaccinated.	Doubtfully Vaccinated.	Unvaccinat'd	Vaccinated.	Doubtfully Vaccinated.	Unvaccinat'd	Vaccinated.	Doubtfully Vaccinated.	Unvaccinat'd
Metropolitan Asylum Hospitals*.....	1,291	359	1,512	56	102	745	4.33	28.4	49.2

7. Among the vaccinated attacked by small-pox, the severity of the disease is inversely proportional to the quality of vaccination.

The severity of small-pox is found to vary with the quality of the vaccine marks. It is found that the more closely the cicatrix resembles the typical cicatrix (*i. e.*, the cicatrix resulting from the performance of vaccination in the best-known way), the less severe is the disease. The fact has been

*In the statistics of the metropolitan small-pox asylums, the vaccinated are those who present marks, however imperfect, of a primary vaccination; the 'unvaccinated," those who present no marks, and in whose case it is admitted by the patients themselves, or their guardians, that they have never undergone the operation; the "doubtfully vaccinated," those who present no evidence of vaccination, but who profess to have undergone the operation, or have no knowledge as to whether they had ever undergone the operation. It is evident that the "doubtfully vaccinated" are really "unvaccinated."

†Marson: Evidence before the Select Committee on Vaccination, 1871.

‡These include cases admitted into the following asylums:—Deptford, 1878-81; Hampstead, 1876-78; Homerton Small-pox Hospital, 1871-82; Homerton Fever Hospital, 1876-77 and 1881-82; Stockwell, 1882. *Vide* annual reports of the several hospitals. For further figures consult report of Board of Health of the City of Philadelphia, 1872: papers on vaccination by Mr. Simon; etc.

*Homerton Small-pox Hospital 1871-80; Deptford Hospital, 1878; Stockwell Small-pox Hospital, 1882.

demonstrated by clinical experience, and is clearly illustrated by the following tables:

Classification of Small-pox Cases (Vaccinated) according to the Number and Quality of the Vaccine Cicatrices.

Table 1. Metropolitan Asylum Board Hospitals* (MacCombie).

	Marks.	Cases.	Deaths.	Mortality Per Cent.
Vaccination Imperfect	1	2,004	341	16.7
	2	2,476	279	11.2
	3	1,778	133	7.4
	4	949	46	4.2
Vaccination Good.†	1	1,095	70	6.4
	2	1,461	51	3.7
	3	1,095	41	3.7
	4	826	23	2.7

Table 2. London Small-pox Hospital (Marson) ‡

	Marks.	Cases.	Deaths.	Mortality Per Cent.
Vaccination Indifferent	1	1,555	353	21.43
	2	1,886	252	12.18
	3	1,161	65	4.77
	4	1,196	37	1.69
Vaccination Good.	1	1,059	31	2.75
	2	1,306	24	1.38
	3	992	14	1.01
	4	1,263	11	.07

Classification of Small-pox Cases (Vaccinated) under 10, according to the quality of the Vaccine Cicatrices.‖

	Cases.	Deaths.	Mortality Per Cent.
Good Vaccination	372	2	0.53
Imperfect Vaccination	651	49	7.52

7a. The value of vaccination is further shown by the almost absolute protection against small-pox afforded by successful revaccination in the adult, following efficient vaccination in infancy.

Revaccination affords protection to those, even, who are constantly exposed to the infection as the nurses and attendants on small-pox hospitals. During thirty-five years' experience in the London Small-pox Hospital, Mr. Marson never had a nurse or a servant contract small-pox, all having been revaccinated.* In the hospitals of the Asylums Board during the last twelve years, small-pox has been almost unknown among the revaccinated members of the staffs.† This immunity is not to be explained on the supposition that the majority of these attendants had previously suffered from small-pox, because only a very small portion of them were thus protected.‡ Nor is it to be explained on any hypothesis of "tolerance," because no such tolerance exists among unprotected nurses exposed to fever;§ and those members of the staff of small-pox hospitals who had not been successfully revaccinated, and who had not already had small-pox, contracted the disease.‖

Further illustration of the protective power of revaccination is furnished by our own army and navy,¶ and by the German as contrasted with the French army during the Franco-Prussian War.††

8. Vaccination does not, in the vast majority of cases, endanger the life of, or cause injury to, the individual submitted to it.

It has occasionally been alleged that the operation of vaccination may be the means of conveying the poison of syphilis to the

*Deptford, 1878–79, Fulham, 1877–78; Hampstead, 1876–78; Homerton Fever, 1876–77; Homerton Small-pox, 1871–78.

†"Good Vaccination" is defined in the Metropolitan Asylums Board Hospitals Report to mean "a superficial area of not less than one-third of a square inch of one or more cicatrices thoroughly well foveated."

‡ Marson: Evidence before Select Committee on Vaccination, 1871. In calculating percentage mortality, Mr. Marson has deducted those deaths occurring from superadded diseases; this is not done in the previous table.

‖ Metropolitan Asylum Hospitals, Homerton Small-pox, 1871–78; Deptford, 1878–81.

* Marson: Evidence before the Select Committee.

† Sweeting: *Memorandum on Vaccination*, presented to Metropolitan Asylums Board. Upwards of 20,000 cases of small-pox have been under treatment, during this period, in these hospitals.

‡ At Fulham, out of a staff of 295, only 42 had previously had small-pox; at Stockwell, 16 out of 340 had been patients at Homerton (during eleven years), 34 were selected from old patients: at Deptford, 20 out of 265; and on the *Atlas*, 3 out of 161. *Vide* Sweeting, *loc. cit.*

§ In the three great fever hospitals of London, during the ten years 1871-80, during which period only 2,177 cases of typhus came under treatment, no fewer than 78 members of the staffs contracted that fever, with a fatal result in 21 instances. At Homerton Fever Hospital, during the last winters, when typhus was somewhat prevalent in London, 14 members of the staff contracted the fever, of whom 2 died. *Vide* Reports for 1880, 1881 and 1882.

‖ *Vide* Sweeting, *loc. cit.*

¶ *Vide* Hart: *The Truth about Vaccination*, pp. 57, 58, 74 and 75.

†† Total deaths from small-pox in German army (where revaccination was rigorously enforced), 263; in the French army (where revaccination was neglected), 23,469. Cf. Colin; *La Variole.*

child submitted to it. That this risk may exist under exceptional combinations of circumstances may readily be admitted; but seeing that syphilis can be produced only by its own specific virus, the inoculation of that disease in the operation of vaccination is compatible only with the grossest carelessness on the part of the operator. In England, the risk, if it exist at all, is certainly infinitesimal; and in no single instance have the Government inspectors of vaccination been able, after the most rigid inquiry, to find one single case of syphilis after vaccination.*

In a small proportion of cases, the operation of vaccination is followed by erysipelas. When this occurs, however, it is in most instances, due to avoidable circum stances, and in no case is it directly dependent on the vaccine virus. Moreover, the cases in which it occurs are so exceedingly rare that no reasonable man would hesitate, on account of this risk, to have his child vaccinated.

9. The facts adduced in the foregoing statement demonstrate that, by conferring protection against the most virulent of all contagious diseases, vaccination annually saves thousands of infant lives; and that its inestimable benefits are obtained at the cost of an infinitesimal amount of suffering.—*British Medical Journal*, June 23rd.

Society Reports.

CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD MAY 18th, 1883.

(*Specially reported for Maryland Med. Journ.*)

The Society was called to order at the usual hour, DR. SAMUEL THEOBALD, President, in the Chair.

HYDROPS CHORII—PRESENTATION OF TWO BAGS OF WATERS.—*Dr. John Morris* described the following case, which he said was unique in his experience of thirty-seven years midwifery practice: Mrs. M. was seen in her fourth labor, April 27th, her former labors being normal. Abdomen enormously distended and suggesting a twin pregnancy. No œdema of feet or face. Pains irregular and ineffectual and unlike those of labor. Vagina filled with what appeared to be a large bag of waters, and presenting part not to be felt. It was supposed to be a breech or cross presentation. After several ineffectual efforts to determine the position, the membranes were ruptured; a large quantity of fluid escaped and the flow continued profuse throughout the labor. Still no presenting part. A small tumor began to form in the vagina and increased with each pain. It was cautiously forced down to the vulva, where upon examination it presented the appearance of a shining blue cyst without hair and unlike the scalp. The hand now passed in discovered the head in a normal presentation above the brim. The tumor, meanwhile, filled the vagina, appearing to end in a pedicle over the forehead of the child. Pressure upon the abdomen forced the head down to the vulva, the tumor in advance and resting on the bed. As the head emerged, the tumor burst leaving a caul over the child's face.

The existence of two distinct bags of waters is not mentioned in obstetrical literature.

Profuse colorless watery discharges during the last several weeks of pregnancy are not uncommon, and may amount to several pints daily; Dr. Montgomery reports a case in which they continued sixty-eight days, averaging five ounces daily, twenty-one pints being discharged in all. In Dr. Morris' experience these cases generally commence about the eighth month with a sudden discharge of waters, not followed, however, by pain or labor; the discharge continues some days, or recurs at intervals until term, generally ceasing when the woman is recumbent. The explanation given of these cases is that there has been a lateral laceration of the membranes, which some authorities think may heal up leaving the bag of waters intact at term. There is no doubt that the fluid in these cases is the liquor amnii, although some trace it to the fluid that normally collects between the amnion and chorion or chorion and decidua during the earlier months of pregnancy. Dr. David Davis attributes the fluid to a dropsy of the chorion, due to that membrane assuming a secreting function like the amnion. Dr. Morris maintained that his case showed that such might be the case, though doubtless only exceptionally. "The organic alterations of this membrane, especially a vesicular or hydatiform form of disease, are not uncommon and are mentioned by all authorities, but a normal, healthy secretory action of the chorion going on throughout the whole term of pregnancy is a condition," he believes, "heretofore undescribed."

Dr. Mackenzie related a case which had come under his observation while house physician in Bellevue Hospital, New York. A middle-aged woman was brought to the "Emergency" connected with that institution in the second stage of labor. The vagina was completely occupied by a large globular sack,

**Vide* Stevens: *British Medical Journal*, December 1879, p. 956.

filled with fluid and smooth to the touch, beyond which the presenting part could not be determined. As the labor had become tedious and showed no dispositlon to advance, the membrane was ruptured. A gush of fluid followed the puncture, which saturated the bed-clothes and the patient's night dress. Some time later, as the labor had remained stationary, a digital examination was made and a second bag of water discovered, through which the head of the child could be felt. After waiting some time, this was ruptured, and the amniotic fluid allowed to escape. The second membrane was apparently composed of two layers, in moderately close apposition, but separated by fluid. After the second puncture the labor went on to a rapid and easy termination. Dr. M. said that similar cases had been recorded, but the literature of the subject showed them to be extremely rare.

In connection with the question of difficulties in obstetrical diagnosis, Dr. Mackenzie referred to the following case, which he had attended in the same institution: A woman, who for many years of a married life had enjoyed the negative blessing of no children, was finally brought to bed with her first child. The bag of waters ruptured spontaneously soon after her entrance into the ward. Upon digital exploration the well-dilated os was found to be occupied by a tense, globular, smooth tumor filled with fluid, which projected into the vagina. The finger could be passed up between the sack and the utero-vaginal wall and the presentation (breech) discovered; but the origin and attachment of the mass could not be made out. As the labor was progressing favorably it was decided not to interfere in any way with its progress. Later, when the sack lay on the perineum, inspection showed its walls to be composed apparently of very attenuated skin, reduced in fact almost to a membrane. This, which was born first, was immediately followed by the breech and the rest of the body, flexion of the chin by the finger introduced into the mouth being necessary in the delivery of the head. The bag proved to be the sack of an enormous spina bifida, which had descended in advance of the breech. The child was about the average size, but badly formed, presenting numerous malformations of the joints. Death occured three or four days after birth from spinal meningitis.

AMERICAN OTOLOGICAL SOCIETY.

SIXTEENTH ANNUAL MEETING, HELD AT HOTEL KAATERSKILL, CATSKILL MOUNTAINS, JULY 17TH, 1883.

(*Specially Reported for Md. Med. Jour.*)

In the absence of the President, Dr. J. O. Green, of Boston, the Society was called to order by the Vice-President, Dr. J. S. Prout, of Brooklyn. At the morning session twenty members were in attendance, and there were besides several physicians present by invitation.

After the transaction of the usual routine business, including the election of several new members, *Dr. Seely*, of Cincinnati, read an interesting paper giving a description of

A CASE OF PRIMARY EPITHELIOMA OF THE AURICLE.

The growth was thought to have been caused by the bite of a rabbit. The entire auricle (which was shown to the Society) was removed by the thermo-cautery. The wound was dressed with boracic acid, and healed promptly. The growth had not returned.

Dr. Knapp, of New York, remarked upon the rarity of epithelioma occurring as a result of traumatism.

Dr. Seely did not agree with him upon this point, and instanced the occurrence of epithelioma of the lip from the irritation caused by pipe smoking.

Dr. J. A. Andrews, of Stapleton, Staten Island, read by title a paper on

THE INTERMITTENT PERCEPTION OF SOUND AS CONVEYED THROUGH THE AIR AND THE CRANIAL BONES.

He also read a second paper on

THE RECOGNITION OF BRAIN COMPLICATION IN AURAL AFFECTIONS,

in which he gave the results of autopsies made in five cases of death from brain complication secondary to suppurative inflammation of the middle ear. In one of the cases, an abscess was believed to have existed in the brain for twelve years prior to the fatal attack. The propriety of examining the optic nerves ophthalmoscopically in all cases of otitis media exhibiting symptoms indicating cerebral involvement was especially insisted upon.

Dr. Seely stated that he and his assistants had made ophthalmoscopic examinations in all such cases for a long time, but with negative results.

Dr. Strawbridge, of Philadelphia, had not only examined the optic nerves, but also the condition of the urine in all cases of this character. As to the eyes he obtained negative results, but he found albumen in the urine in a considerable percentage of cases.

Dr. Kipp, of Newark, thought that when meningitis was present, optic neuritis was very frequently found.

Dr. Andrews had examined the urine in all of the cases described in his paper, and had not found albumen any instance.

The paper was discussed further by Drs. Seely, McKay, Kipp, Merrill, Bartlett Knapp and Sexton.

Dr. R. J. McKay, of Wilmington, read a description of

A CASE OF ACUTE DESQUAMATIVE INFLAMMATION OF THE EXTERNAL AUDITORY CANAL; OTITIS MEDIA, MASTOIDITIS, AND CHRONIC MENINGITIS.

Double optic neuritis was present. Small doses of calomel combined with morphia were administered, and recovery took place slowly.

Dr. C. H. Burnett, of Philadelphia, read a paper giving a detailed account of

A CASE OF MASTOID DISEASE FOLLOWED BY PYÆMIA,

in a man 30 years of age. The mastoid process was trephined, and temporary improvement resulted, but symptoms of pyæmia subsequently made their appearance, and the patient died two weeks after the operation. Autopsy revealed no evidences of cerebral disease, but numerous abscesses in the liver and several in the lungs, also a fistulous opening between mastoid cells and external auditory meatus.

Dr. Burnett's paper and the preceding ones by Drs. Andrews and McKay, were discussed together.

Dr. Strawbridge remarked upon the frequency with which some aural surgeons feel themselves called upon to trephine the mastoid process. He had treated nearly four thousand cases of suppurative inflammation of the middle ear, and as yet had never had occasion to open the mastoid. He had had but one fatal case, and that was of a child six months old which had died the day after it came under observation. It was worthy of remark how frequently in the published cases of trephining of the mastoid, when the cellular structure was opened, no pus was found.

Dr. Knapp held that even when no pus was found the operation might be of service. He thought it should be performed, even though the tympanal membrane be intact, in those cases in which prolonged pain referred to the side of the head and mastoid region gives evidence of chronic inflammation of the mastoid cells. He had had three fatal cases, in which he thought the result might have been different had the mastoid been trephined.

Dr. Sexton, of New York, had treated a large number of cases of inflammation of the middle ear during the past fifteen years, and had very rarely found it necessary to open the mastoid. He thought too much importance was attached to *pain* as an indication for the operation.

Dr. Theobald, of Baltimore, stated that his experience coincided with that of Dr. Strawbridge. He had never found it necessary to trephine the mastoid, though he had had cases in which there were meningeal complications. Active constitutional treatment, especially the liberal administration of calomel and the application of leeches, had proved effectual in his hands. He thought five out of six of the cases which are operated upon would do as well without the operation, if treated in this way. There are cases, however, in which the use of the trephine is indicated, and the case related by Dr. Knapp was one of these.

Dr. Kipp's experience had been different; he had found it necessary to open the mastoid, and would rather do so unnecessarily than have his patient die for want of the operation.

Dr. Burnett would not operate simply to relieve pain, but to give exit to pus. He thought the cases with intact drum-head in which the operation is indicated, extremely rare. He regarded the operation, however, as free from danger.

Dr. Bartlett, of Milwaukee, thought the supervention of pyæmia was the greatest danger to be feared in cases of mastoid inflammation. He had not had occasion to use the trephine, but depended upon poulticing and the administration of quinine. He did not think the sulphide of calcium indicated.

Dr. Jones, of Chicago, had met with but few cases in which opening of the mastoid was called for, but in all of these he had found pus.

Dr. Holt, of Portland, in about 2,000 cases of ear diseases, had seen forty cases of mastoid inflammation, three of which proved fatal. He had used leeches and performed Wilde's incision, but had not trephined. One of the fatal cases did not come into his hands until the period for operation had passed.

The Chair, Dr. Prout, mentioned that Southall, of Prague, had stated he had never met with a case in which perforation of the mastoid was required, and that he had expressed, moreover, a willingness to go to Halle to examine with Schwartze (the great advocate of the operation) any one of the numerous cases in which he (Schwartze) felt called upon to operate, but that his offer had not been accepted.

Dr. Burnett, though not a special advocate of the operation, thought Schwartze's statistics showed that it was attended with but little risk, and that we should be prepared to perform it when in intra-mastoid inflammation cerebral symptoms made their appearance.

Dr. Knapp thought in some cases the indications for the operation were plain. When a previously existing aural discharge suddenly ceased, and the mastoid became tender and painful, and a chill occurred, it should be performed. When there existed a small fistulous opening in the mastoid, it should be enlarged, and necrosed bone, if present, removed.

The morning session was brought to a close by the reading of a paper by *Dr. Holt*, in which was given the history of a case of

TERATOID TUMOR OF EACH AURICLE.

The tumors seemed to have been caused by the irritation from earrings. Before coming into Dr. Holt's hands they had been removed, and had returned seven times.

EVENING SESSION.

Dr. Prout in the Chair; twenty-three members present.

Dr. Sexton exhibited a patient whom he had treated for inflammation of the mastoid cells, the tympanal membrane at the same time being intact. A fistulous opening occurred in the mastoid bone, and remained open for some time. Calcium sulphide was administered, and ultimately a recovery took place. The case was discussed by Drs. Gruening, Kipp, Theobald, Burnett, Webster and Bartlett. *Dr. Gruening* mentioning in the course of the discussion that he had trephined the mastoid sixty times, and *Dr. Theobald* calling attention to the contrast between Dr. Gruening's experience and that of Dr. Strawbridge; Dr. Strawbridge, with an experience extending to nearly four thousand cases of inflammation of the middle ear, having stated at the morning session that he had never trephined the mastoid, and had had but one case, that of an infant six months old, terminate fatally.

Dr. Holt next read a paper upon

OBSERVATIONS ON THE HEARING POWER IN DIFFERENT CONDITIONS,

in which he gave tabulated results of examinations made of the hearing power of a large number of machinists and boiler-makers. The most important result of his observations being that in no case of partial deafness did he find the hearing power actually better in a noise; though many of those examined supposed they could hear better under such circumstances, carefully conducted tests showed this not to be the case, but that the improvement was only relative.

The next paper was by *Dr. Kipp*,

ON THE ASSOCIATION OF AURAL DISEASE WITH SIMPLE SPARKLING SYNCHISIS OF THE VITREOUS HUMOR.

Four cases of middle ear deafness and two of nerve deafness (one of the latter of traumatic origin), which were associated with sparkling synchisis, were described. The association of the two conditions was possibly accidental.

Drs. Little, Webster and Knapp, who discussed the paper, took this view of it.

A paper by *Dr. Todd*, of St. Louis, who was not present,

ANOMALOUS SEBACEOUS GLAND IN IMMEDIATE NEIGHBORHOOD OF THE AURICLE,

was read by title, and referred to the Publication Committee.

Dr. Sexton then read a paper upon

THE SIGNIFICANCE OF THE TRANSMISSION OF SOUND TO THE EAR THROUGH THE TISSUES,

in which he spoke of the unreliability of the tuning fork as a means of diagnosis. Discussion followed, participated in by Drs. Burnett, Holt, Andrews and Kipp.

Dr. Sexton also exhibited a number of interesting photographs illustrative of a variety of aural diseases; also a modified ear syringe, and a curette for the removal of foreign bodies from the ear.

Dr. Knapp read a description of

AN OBSTINATE CASE OF DESQUAMATIVE OTITIS MEDIA,

which, after various plans of treatment had been tried in vain by himself and others, was finally cured by the instillation of a solution of boracic acid in alcohol. Discussed by Drs. Theobald, Sexton, Jones and McKay.

This finished the regular business of the meeting, and after the election of officers for the ensuing year, as follows: President, Dr. C. H. Burnett, of Philadelphia, Vice-President, Dr. J. S. Prout, of Brooklyn, and Secretary and Treasurer, Dr. J. J. B. Vermyne, of New Bedford, the Society adjourned.

Reviews, Books and Pamphlets.

The Practitioner's Ready Reference Book. A Handy Guide in Office and Bedside Practice. By RICHARD DUNGLISON, M. D. Third Edition. Thoroughly Revised and Enlarged. Philadelphia: P. Blakiston, Son & Co. 1883. 8vo. Pp. 529. Price $3.50. Cloth.

Every physician in active practice has frequent need to refer to his books for information upon various subjects coming to his attention.

The difficulty under these circumstances of finding readily what one wants cannot be a solitary experience. One has to look in one work for one thing, and in another for another and often is rewarded by either not finding at all what he is looking for or finding it very imperfectly treated. The desirability of having some book of reference, then, in which all the subjects—upon which information is likely to be desired in haste or which are important and not otherwise readily accessible—are collected, is, we take it, self-evident. Dr. Dunglison, who possesses an hereditary talent for this sort of work, which he has evinced by numerous excellent compilations, has undertaken for us the task, and we are called to pronounce upon it in the work before us, the first edition of which appeared in 1877.

To convey an idea of the practical nature of the information which it contains we have but to glance over the list of contents. Among the many subjects enumerated we here find the metric system, solubility of medicines in various fluids, the relation of the different thermometric scales with rules for converting each into the others, rules of medical etiquette, list of incompatibles, rules for examining the urine, a collection of selected prescriptions, treatment of poisoning, directions for restoring the apparently drowned, the use of disinfectants, what to do in various emergencies, how to make poultices, apply blisters, etc., how to prepare stained sections, how to prepare food for the sick, the relative digestibility of various articles of diet, how to conduct post-mortems, the average size and weight of the various organs, etc., etc.

When we turn to the body of the work and examine the method of treatment of these various subjects, we find it full and accurate. The author does not confine himself to his own descriptions but selects his material wherever it best fulfills his design; thus we have the authoritative utterances of those most qualified to write upon the subjects under consideration. For instance, Heath is quoted on the diagnosis of tumors of the groin, Playfair on diameters of the pelvis, Bartholow on hypodermatic medication, Pavy on food, Oldberg on metric prescriptions, Banting on diet for corpulence, Prof. John Wood on trusses, etc. The advantage of this plan in a work of this sort will, we think, be duly appreciated.

The extensive diagnostic tables will prove of exceeding use by giving at a glance the salient points of diseases liable to be confounded. The doses (pp. 103 and 140) of the officinal preparations of the last pharmacopœia (1880) are valuable because they are entirely omitted from the last edition of that work, and because of the many changes which it has undergone in the late revision. We are glad to see Howard's method of resuscitating the drowned introduced (p. 314) as we regard it as the most simple, rational and available one in use. It should be printed in large type, framed and hung up in all the hotels and bathing houses at the sea shore; if this were done, many lives, we believe, might be saved, which otherwise will be lost. The use of injections of acetic acid for shrivelling cancerous tumors (p. 341) is somewhat obsolete. We should hesitate to use five drops of nitrite of amyl (p. 343) for inhalation in infantile convulsions. We should also hesitate to inject equal parts of water and sol. ferri perchloridi into the trachea just below the thyroid cartilage "to dissolve the membrane in croup" and "as a substitute for tracheotomy." Chloral subcutaneously in puerperal convulsions (p. 344) is quite superfluous, since we have the rectum, if the patient is unable to swallow, besides being very painful and causing much local mischief. In fact the whole article upon "directions for the use of the hypodermic syringe" (p. 341–345), taken from the *Nat. Med. Review*, is faulty and might be omitted with advantage.

A tablespoonful dose of turpentine for spitting of blood (p. 405) is altogether novel. A page of illustrations of the most common urinary crystals, tube casts, etc., would be an effective addition, it seems to us, to the section on the examination of the urine (p. 278).

We turned with especial interest to the section on the treatment of poisoning, but we hardly think the author has given us the best and most modern presentation of this important subject that he might have given. For instance: no mention is made of jaborandi and its alkaloid pilocarpin, of nitrite of amyl, benzine, nitro-glycerine, nitrous oxide gas, resorcin, carbonic acid gas, turpentine, etc. Apomorphia is not once alluded to as an emetic, nor dialysed iron as an antidote for arsenic. We don't know where the author gets the statement that the antidote for arsenic is not reliable when the poison has been taken in a solid form and such a statement is contrary to

reason. In cases of *irritant poisoning* the disposition to vomiting should not be encouraged (p. 292) yet in the table following we find under almost all "irritants" emetics advised. In poisoning by curara (p. 295) the same treatment is recommended as for nux vomica, but at p. 302, subcutaneous injection of strychnia is given as the antidote. The suggestion of a rubber tube as a substitute for the expensive, cumbrous and seldom-ready stomach-pump (p. 291) is good. The author directs that the tube should be about three yards in length and half an inch in diameter; the patient is made to swallow twenty to twenty-five inches of this, when by holding the free end above his head, water may be poured in through a funnel and made to return by lowering the end; thus the stomach is quickly washed out and the antidote introduced, the principle being that of the syphon. Jaborandi is barely mentioned in the table (p. 293) as an antidote for belladonna poisoning although it is spoken of further on. Now nothing is clearer or better established than the direct physiological antagonism between these drugs, whereas the use of morphia in a patient already suffering from the *depression* of an overdose of belladonna is of more than doubtful propriety. We would suggest to the author that he will find some good hints in Murrell's little book—"What to do in Cases of Poisoning," and he ought by all means to introduce Murrell's "Antidote Bag."

As we had occasion recently to take exceptions to the style in which the work was done by this firm (in the notice of Biddle's Mat. Med.) we take pleasure now in saying that this book is not open to any such censure. We have been particularly struck with the entire absence of errors of typography and orthography, showing that the volume has been subjected to very careful proof-reading. E. F. C.

Editorial.

WHY THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND DOES NOT ENFORCE ITS CHARTER.—Nothing could apparently be more simple and explicit than the language of the Chief-Justice quoted in our last. The charter and franchises of a legal corporation, he tells us, are unalterable and inviolable except by the consent of the corporate body itself. But the court professed to find in the exclusive control of medical practice within the State an exception to this rule. There are some powers, we are told, which the Legislature cannot give away irrevocably, even if it would, and this is one of them. The regulation of the internal police of the State, the passage and revocation at pleasure of sanitary laws, as circumstances may require and experience may teach, and the adoption from time to time of such regulations as are deemed best calculated to protect the lives and health of the citizens from the effects of ignorance and incompetence without regard to regulations previously in force are pronounced inalienable legislative rights. The right to appoint an examining board *apart from a corporation*, to require that all should come before it for license under penalty in case of refusal, and afterwards to adopt other means or to do away entirely with all restriction, is declared unquestionable. The embodying of the examining board feature in the act of incorporation of 1799 was (so it is said) simply a general police regulation,designed for the attainment of a public end, viz., to shield the community from the effects of ignorance and unskillfulness in the medical profession. It is difficult to suppose that the Legislature intended to part with the whole political power of the State upon this subject and to transfer it entirely to the corporation of the Medical and Chirurgical Faculty. The privileges in question were not of the nature of a franchise or property, but of a duty imposed and the funds to be derived from fees and penalties were simply "an incident of a public regulation."

Such is the language of this celebrated opinion—covering so many interesting legal points—delivered by Chief-Justice Buchanan at the December term, 1838, of the highest tribunal of the State, the Court of Appeals, and endorsed by three of the six judges, the three others retiring from the trial of the case on account of their peculiar relations towards one of the parties to the suit.

The effect of this decision was a most disastrous one to the Medical and Chirurgical Faculty, and has unquestionably proved disastrous to the cause of medicine itself within the State. For some years there had been a growing tendency, fostered no doubt by a feeling of doubt as to its legality, to relax in the enforcement of the regulation of the charter relating to licenses. The statement of the court that the power to confer degrees possessed by the colleges, carried with it the right also to admit to practice, opened the doors to graduates of colleges within the State and amounted practically to a direct repeal of so much of the act of 1799 as provided for the payment of $10 for a license to practice from the board of examiners and imposing a fine

for practising without such license. The result is that a highly useful and necessary law which the State gave us at the suggestion of some of the wisest and most far-sighted of our physicians eight-four years ago has long since ceased to bear its legitimate fruit and we are left in the position that there is no check upon anyone within the borders of the State, or who may come to us from without, from exercising the freest and most untramelled right to trifle with the health and lives of our people.

The opinion of the judges—whilst in the main striking us as admirable and just—seems fairly open to question on some points, as for instance in their confounding the conferring of a degree with the right to practice. But we cannot at present deal further with this subject nor with the manifest lessons there are in it for the Medical and Chirurgical Faculty of Maryland and ourselves *Obsta principus.*

Miscellany.

On Cases of Bacilli in Scarlet Fever. —*Lancet*, March 3rd, 1883. *George F. Crooke*, M. B. Ed., Resident Medical Officer Leeds Fever Hospital, relates five cases of scarlet fever characterized by the early appearance in the nasal discharge, and, later, in the sero-purulent exudation from the inflammatory tissue of the neck, of bacilli, which he describes as "leptothrix-like filaments, some curved, and others bent at an angle, varying in length from $\frac{1}{1000}$ in. to $\frac{1}{10000}$ in., breadth about $\frac{1}{10000}$ in.; some show rod segmentation very distinctly, in others small spore-like bodies are visible, and scattered all about the field are numbers of those spores or cocci. I have never yet found a well-marked zoogloea peculiar to the micrococcus; but these cocci, or, I think, spores, are scattered mostly singly or in very small groups all over the field. I have not been able to determine whether there is a distinct sheath. What I took, with dry objectives, to be a sheath, I believe now to be due to diffraction lines. With an excellent Zeiss $\frac{1}{8}$ oil immersion, and still better, with an equally good $\frac{1}{16}$ oil immersion recently forwarded to me by M. Prazmowski, of Paris, I was able in a few of the bacilli, to make out a faintly stained basis substance of a mucoid character, in which the doubly stained rods and cubical spores were seen to lie. I am not yet prepared, however, to undertake to distinguish this bacillus by its microscopical appearances from every other bacillus, for we know that the various bacilli which of late have been figured and written about, viz., the anthrax bacillus, the bacillus subtilis, leptothrix, the bacillus of pneumo-enteritis of the pig, all resemble each other in general characters, their differences being mainly as to size and character of spores. * * * What I do lay stress upon is the apparent microscopical identity of the bacillus found in the nasal discharge of the patients with that found in the lymph from the inflamed glands and tissues of the necks of two of them. * * * The only check observations I have as yet been able to make, are in connection with enteric fever and coryza. In the sputum of the former I found a few filaments of leptothrix, which resembles very much the bacillus from the scarlet fever cases, but is certainly larger; in the nasal secretion from typhoid, I could get nothing but the ubiquitous micrococcus in zoogloea formation. In coryza, I found cocci in the nasal discharge (of the acute stage), but no trace of bacillus. Examination of urine in these cases gave only negative results.

T. S. L.

The Etiology of Diphtheria, the Nature of its Contagium, and the Phenomena of Sudden Death occuring in it, Re considered.—By *Edward Woakes, M. D., Lancet*, March 17th, 24th. Dr. Woakes claims attention for his peculiar views on the grounds, first, because though briefly summarized, they represent the outcome of many years' careful observance of the disease, under circumstances not unfavorable to its study; secondly, because he has brought to bear upon the solution of the problems at issue a principle new in its application to such questions.

The principles upon which the chief points attempted to be established in this communication rest, may be briefly stated as follows:

1. The afferent fasciculi of a given sympathetic ganglion (which are usually found accompanying the sensori-motor nerves, being contained within their sheaths) are in reflex relationship with the efferent vasomotor nerves furnished to the arteries from the same ganglion.

2. That the medium of this reflex relationship is the particular ganglionic centre with which the afferent and efferent fibrillæ alike communicate.

3. That afferent impulses transmitted through a sympathetic ganglion take effect upon the walls of the blood vessels supplied by it with vaso-motor nerves, and by enlarging or contracting the calibre of these vessels, produce alterations of nutrition, or of function, in the areas to which the vessels so innervated are distributed.

4. That in this way the sympathetic ganglia constitute centres for correlating widely separate tracks of tissue, bringing them into mutual interdependence in regard of such operations as come within the sphere of their functions.

5. By means of their correlating faculty the sympathetic ganglia are found to be largely instrumental in determining the localisation of morbid symptoms.

These principles appear to have been the outcome of observations leading him to conclude that exposure to cold, wet and other climatal condition is capable of developing diphtheria independently of a specific contagium particle. And this especially in certain families characterised by "a softness of texture approaching to flabbiness." The *modus operandi* of these predisposing causes is ingeniously explained. The climatic influences referred to produce an exhausting effect due to an expenditure of vital energy necessary to resist them, especially in young subjects "who need all their vis vitæ for the uses of their own economy." The disposition of certain families to part with nerve force is due to "inherited mobility of vaso-motor centres;" and the localisation of the processes brought into play by these proximate causes is due to the fact that the exhaustive drain "takes effect chiefly on those nerves and nerve-centres which are concerned with the nutritional functions," that is, the vaso-motor nerves and their centres. The exciting cause is best understood by the study of cases of independent origin free from exposure to contagion. Take for instance a growing child exposed to exhausting climatic influences; imagine him exposed to a chill so that in that or some other way he takes cold. "A draught of cold air, impinging on the unprotected surface of the patient, imparts a shock to the afferent sympathetic nerves accompanying the cutaneous branches of the cerebro-spinal nerves to the skin. This is conveyed along the afferent channels to their centre, whence it is reflected efferently to the correlated vessel nerves with which the centre associates them, as a wave of vessel dilatation. Under the circumstances detailed, of already exhausted vaso-motor force, this last shock implies a more or less complete paresis of vessels distributed to a particular area. Assuming that the foregoing afferent impulse be received by that portion of the upper cervical ganglion which supplies the nervi molles to the external carotid and its branches. The efferent response, so far as it implicates mucous tissue, will be manifest in the naso-pharyngeal region by ordinary catarrhal exudation, the usual precursor of diphtheria." The substance of Dr. Woakes' theory is found just here in the assumption that diphtheria differs from ordinary catarrh only in "the degree of pre-existent vaso-motor paralysis. For if the process ends as catarrh, it implies that the patient was previously in ordinary health as regards his nerve power, when the rebound from a state of vessel dilatation to one of equilibrium is rapid and complete."

A more advanced state of vessel paresis is shown in "phlegmonous sore throat, where œdema is the prevailing symptom." "Whether this point of passive congestion with œdema can be exceeded is a question only of inhibitory resource. If this latter be exhausted * * the extreme stage of the process is reached and plastic exudation results," with an "astonishing germinative activity of cell elements"; the incursion of the transudation corpuscles into the sub-epithelial layers exciting to rapid growth the connective tissue corpuscles, "and also some very special cell strata abounding in the pharyngeal walls." Crowding toward the surface, these rapidly growing germs are arrested by the as yet intact basement membrane; here getting incorporated with the limiting membrane, they present the characteristic diphtheritic pellicle. Finally, the contagium of diphtheria is not an extraneous germ necessarily introduced from without, but a "definite tissue element normally present in the body, a constituent part of it, but altered as regards its capabilities by the newly acquired conditions under which it is thrown off," owing its power to develope a diphtheritic membrane when transplanted, to the degree of vaso-motor paresis in the new subject rather than to anything peculiar in itself.

The explanation of the symptoms of sudden death occasionally witnessed in the

disease is shown to depend on a similar paresis of the nutrient vessels of the cardiac branches of the vagus, as was seen to occasion the local lesions in the throat when affecting the vessels of this area. In consequence of the engorgement of the circulation, within the nerve sheaths, and the jugulation thereby of the contained fibrillæ, the latter are unable to transmit inhibitory impressions to the heart, which accordingly ceases to beat after a continuance of rapid action has exhausted its inherent vitality.

T. S. L.

TRACHEOTOMY IN CASES OF CROUP AND DIPHTHERIA.—*Dr. H. Lindner, London Medical Record*, May, 1883.—*Dr. Lindner* reports 106 cases in which tracheotomy was performed in hospital and private practice by himself or under his direction. In one case death occurred on the operating table, and in another the operation was done to prolong life until the arrival of parents without hope of further benefit. Of 101 remaining patients 63 died or 62½ per cent., and 38 or 37½ per cent. recovered. In 76 cases where obstruction to respiration was the prominent feature 44 or about 55.7 per cent. were fatal. In 22 cases where this symptom was subordinate to those of intense general infection, all died. In the second year the mortality was 888 per cent.; in the third year the recoveries were 55 per cent. The proper time for operating, the author thinks, is when well marked retraction of the scrobiculus cordis is first observed. A later period renders the prognosis unfavorable, an earlier is unnecessary since patients may still be expected to recover without the operation.

In all but five cases superior tracheotomy was performed, and in but one was the incision below the isthmus of the thyroid gland. In two the isthmus was divided with considerable hemorrhage. The superior operation is thought especially advantageous in very young persons in whom the thymus still exists and is well developed. Chloroform is advised in all operations except where asphyxia is great, Dr. Lindner holding it to be, not only not dangerous but advantageous. In the after treatment of his earlier cases he trusted chiefly to inhalation of a two per cent. solution of lactic acid. Latterly he has used only pure steam. "In some of his recent cases Dr. Lindner has practiced aspiration, which he regards as a very efficacious means in the after-treatment of patients subjected to tracheotomy, and of service when croup has extended below the bifurcation of the trachea, and attacked the mucous membrane of the bronchi and their division. By this means the air passages are cleared of accumulated secretion, which is the cause in many cases of still impeded respiration after tracheotomy, and which cannot be ejected spontaneously. Of nine cases of tracheotomy in which aspiration was subsequently tried, eight were successful—a striking result. Dr. Lindner points out that several of these were really severe cases, and five of the patients had bronchial croup."

The tube was removed as soon as the air passages appeared sufficiently free, and if the breathing continued easy after temporary closure of the wound, and the voice was clear and strong it was left out.

Dr. Lindner regards apomorphia as a valuable agent in the treatment of diphtheria, which, he thinks, occasions serous effusion beneath the membrane facilitating its separation. It should be given in large doses.

T. S. L.

Medical Items.

Mr. John Marshall, F. R. S., has been elected President of the Royal College of Surgeons of England.=Typhoid fever is again on the increase in Paris.=Dr. John C. Dalton, well-known as the author of one of the most popular text-books on physiology, has resigned the Chair of Physiology in the Col. of Phys. and Surg., New York. He will be succeeded by Dr. Jno. G. Curtis, the adjunct professor.=The St. Louis Medical Society formally repudiates the resolutions offered by Dr. Pollack before the Am. Med. Ass. in its name, and declares its fealty to the existing code.=Dr. Charles W. Chancellor, Secretary of the Maryland State Board of Health, sailed from New York for Antwerp on the 21st inst.=The British Medical Association will meet at Liverpool on the 31st of the present month and the sections will continue Aug. 1st, 2nd and 3rd.=Pasteur proposes to investigate the nature and source of the Egyptian cholera, and asks the British Foreign Secretary for facilities for doing so.

Original Papers.

LEFT LUMBAR COLOTOMY AND THE POSITION OF THE DESCENDING COLON.

BY L. Mc LANE TIFFANY, M. D.,

Professor of Surgery, University of Maryland.

Lumbar colotomy is so often done at the present time, and directions for operating are so clearly laid down in all text-books, that a single case scarcely offers food for comment. The following instance, however, when considered with others which I have reported (*Am. Journ. Med. Sci.*, cxlviii, p. 413; Trans. Med. and Chir. Fac., Md., 1882, p. 90) suggests strongly that the usual theoretical line for the colon is not in all instances quite accurate, namely, the anterior border of the quadratus lumborum muscle. Indeed, if I rely on my own experience exclusively, I should expect to find the gut always posterior to the above line. I have had occasion to do lumbar colotomy four times always through the left loin; all the patients have been greatly relieved and have recovered from the operation. All the patients suffered from obstruction of the rectum by cancer, the lumbar anus being established as a palliative measure.

In every case the quadratus lumborum was freely divided, twice because the gut came into view peritoneum intervening, and twice because the gut was felt to be posterior to the edge of the muscle. In one case I found it necessary to hook the colon forwards with my finger from the kidney so as to make it present at the wound. It may be that when the rectum is obstructed the descending colon becomes heavy with retained excrement, and so moves nearer the spinal column by its weight when in the usual colotomy position, but I am greatly inclined to think that the colon generally lies under cover of the quadratus lumborum rather than at its edge. It is always agreeable to find one's opinion supported by authority, though of minor importance, in addition to the living body, and this Braune does in his Topographical Atlas, edited by Bellamy, plate xvi, with accompanying text, in which the extra-peritoneal portion of the descending colon is made to look backwards towards the spinous process of the fourth lumbar vertebra, and corresponding advice about operating is given. Again a no less excellent anatomist than Harrison Allen says of the quadratus lumborum that it is to be "incised in colotomy," a statement by the way to which exception is taken in a recent review.

Case.—Patient stout, aged 35 years, mother of three children, the youngest three years old. The history obtained was that Mrs. —— had suffered from disturbance of the bowels, more or less pronounced, during the past eighteen months; sometimes diarrhœa sometimes constipation existed; gradually defecation became more difficult, and was effected only with much straining; tenesmus was developed, blood and pus were noticed in the stools, and pain became very great. Dr. Aronsohn, of this city, when the patient applied to him for treatment, made a rectal examination, recognized cancer and asked me to see the sufferer. Sept. 14th, 1882, I found a rectum surrounded with cancer, epithelioma in all likelihood, not involving the sphincter ani but extending along the bowel beyond the reach of the finger. About three inches from the anus the lumen of the rectum was so much diminished as not to admit more than the tip of the index finger. Through the vagina there could be felt a hard tumor, oblong in shape, occupying the place of the rectum; uterus not over movable; no enlarged glands to be felt in the groins. Extirpation of the growth was not thought to be indicated, owing to its extent and probable attachments, so palliatives were made use of, namely, simple nourishing food, rectal injections, and opium, with colotomy in the future, if pain became unbearable or obstruction pronounced. June 4th, 1883, I again saw Mrs. M. with her physician, Dr. A. Complete obstruction had existed three or four days, and the pain was intense. It was thought best to do left lumbar colotomy the following day. Nothing of moment took place during the operation. It was done in the usual way by oblique incision the centre of the incision corresponding to a vertical line drawn half an inch behind the middle point between the anterior and posterior superior iliac spines. The patient was very stout, notwithstanding the length of time that the rectum had been diseased, and the wound correspondingly deep. A more than usually thick subperitoneal layer of fat existed; cutting through this at the anterior edge of the quadratus lumborum, I saw the gut very soon, moving freely with respiration. I was able also to pinch up and move from the gut the overlying tissue at the bottom of the wound and therefore judged that I had peritoneum between the gut and my knife. I then divided the quadratus lumborum transversely to the extent of an inch or an inch and a half, cut through the subjacent connective tissue, came upon gut, rolled it forward so as to bring the postero-lateral aspect to the wound, recognized a couple of transverse creases by sight, also a contained bit of feces by touch and finished the operation in the usual manner by passing my stitches and then opening the intestine. A great deal of fecal matter flowed at once. A pad of oakum with great cleanliness constituted the after treatment. All went well, and convalescence from the operation calls for no comment.

ILLUSTRATIONS OF MEDICINE IN MARYLAND IN "YE OLDEN TIME."

BY JNO. R. QUINAN, M. D., OF BALTIMORE.

III.

DRS. ALEX. HAMILTON AND UPTON SCOTT, AND "THE TUESDAY CLUB," 1745—1755.

In the Library of the Maryland Historical Society may be seen a very unique and curious MS. volume—written on foolscap—and containing some 500 pages with many portraits and comic illustrations (drawn and shaded apparently with India-ink), entitled,

"*Records of the Tuesday Club,*

containing the first decade of the transactions of that Society, comprehended in 239 sederunts, viz.: from May, 1745 to May, 1755, inclusive, with the head of the Honorable, the President, and the principal officers and members, and also figures of the most material transactions of the Club.

Volume I,

with an appendix of the Club music, composed by Seignor Lardini; the most favorite songs used in the Club, and a list of all the members, both regular and honorary, of the Club since its first establishment, with an index.

Begun the Year 1745.

(CLASPED-HANDS).

Concordia Res Parvæ Crescunt."

On the opposite leaf, is a frontispiece representing the Club gathered round the table in council, discussing tobacco and the flowing bowl.

This Club was framed in strict accordance with Johnson's definition of such societies, "a meeting of good fellows, conducted with some conditions." It originated with Dr. Alex. Hamilton, of Annapolis, and Jonas Green (Editor of *Maryland Gazette*), and only ceased its meetings with the Doctor's death. He was the life and soul of the whole thing. Indeed, both he and his brother (?) Dr. John H. Hamilton, who resided and practiced in Calvert county, Md., were noted in their day for their skill and wit. In the *Maryland Gazette*, of Dec. 14, 1748, appears this stanza:

"The healing Art two H—ml—tons can boast,
Excelled by none, equalled by few at most;
The elder shines in goodness and in skill,
The younger* what? oh, he has wit at will."

Dr. Alex. Hamilton must have migrated from Scotland to America about 1700, and settled at Annapolis. He married in 1747,—Margaret, daughter of Hon. Daniel Dulaney, of Maryland, and died 1756. He was the medical preceptor of both Drs. Thomas and Phineas Bond, who distinguished themselves as the founders of the Penn'a. Hosp. and Academy of Sciences of Phila.

In 1751, he brought out a work in defence of Dr. A. Thomson's method of preparing the body for small-pox—and answered the objection of Drs. Mead, of London, and Drs. Kearsley and others of Philadelphia to the formula of Dr. Thomson, who was himself a Maryland man and an eminent and successful inoculator in America.†

This copy of the records of the Tuesday Club, was, it would seem, given by Dr. H's widow to Dr. Upton Scott, who loaned the book to the old Library Company, of Baltimore, the predecessor of the present Md. Hist. Soc., and by another letter posted on the fly leaf, we learn, that it was after Dr. Scott's death, donated to the same Institution in 1824 by James Carroll, who describes the work as "a kind of farcical drama of mock majesty, played off for a length of time, many years ago, by a sett of Annapolitan wits, on an elderly gentleman of considerable wealth and good standing in society; he being their lord, or king, with his chancellor, secretary, attorney-general, poet-laureate, champion, etc., and the good old man all along unconscious of being the subject of their merriment. There were in the Club two gentlemen of great humour, Dr. Hamilton and Jonas Green; the former, his lordship's secretary and orator, and the latter, poet-laureate, by whose pen it was all put together."

Another autograph letter, pasted in the fly-leaf, is from the pen of the late venerable Dr. Upton Scott, the first President of

*Alex. H.

†See "Introduction of Inoculation and Vaccination in Maryland," *Maryland Med. Journ.*, June 1883. Dr. Thomson was also a visitor to this Club.

the Med. and Chir. Faculty, a copy of which, addressed apparently to the Librarian of the old Library Company, is as follows:

"28TH AUGUST, 1809—ANNAPOLIS.
MY DEAR SIR:
* * * * * *

In consequence of the desire which you express to have the History of the Tuesday Club displayed in your Library, I send you three volumes of that work as a loan, at your command, for the benefit of your Library, until the first day of May next. As the third volume is still in Sheets, I beg you will get it bound in any manner you may think most suitable, when the expense shall be reimbursed, on my being informed of the amount.

The merit of this Work is submitted to its Reader, but I cannot be silent on that of its author, Dr. Alexander Hamilton, an eminent and learned Physician, in the enjoyment of whose friendship I was truly happy until his Death.

He was a man of strict Honor and Integrity, of a friendly, benevolent disposition, and a most cheerful, facetious Companion amongst his friends, whom he never failed to delight in the Effusions of his Wit, Humour and Drollery, and in which requirement he had no Equal.

He founded the Tuesday Club, of which he might be considered the Life and Soul, as it expired with him, having never assembled after his death. Although his jokes were occasionally somewhat indelicate, and he frequently chaunts the pleasures of the Bowl, no man exceeded him in temperance and purity of Morals.

You will find him truly depicted by himself in the character of 'Loquacious Scribbler, Esq.'

To this gentleman I brought a letter from his cousin, Dr. R. Hamilton, Professor of Anatomy and Botany in the University of Glasgow, whose lectures I had several years attended, to which, on my arrival in America in 1753, I was indebted for a very kind, friendly reception, and our intimacy gradually increased without the least interruption during his life. I was early invited as a visitor to the Tuesday Club, and soon afterwards elected a *long standing* Member thereof, and am now, I believe, the only survivor of that Institution, at whose merry meetings in my younger days I found much amusement.

Many years after Dr. Hamilton's Death I received this Work as a present from his Widow, who was a Lady highly worthy of my esteem and regard. I cannot, therefore, obtain my own consent to part, within my lifetime, with the property of what I consider a sacred Relick and Memorial of a Deceased Friend.

In testimony of the esteem in which I hold your Library, I here send "Lewis' Commerce of Arts" as a present, which I hope will be acceptable, as I cannot find from the old Catalogues that it hath a place on your Shelves.

With every regard,
I am your friend and
Most obdt. servant,
U. SCOTT."

The Tuesday Club here referred to, is the oldest club in the United States, the writer in the last "Century" to the contrary notwithstanding.

The copy of the proceedings in the Maryland Historical Society's Library is only the first volume, but there are two other volumes in the possession of Judge Dobbin.

Clinical Notes.

From the Out-Patient Department of the University Hospital.

BY WM. B. CANFIELD, A. M., M. D.,
Chief of Surgical Clinic, Univ. of Maryland.

TWO CASES OF EPIPHYSEAL SEPARATION.

CASE I.—A male child, seven weeks old, was presented for treatment. The mother could not give a clear history, as she was accustomed to go out to work every day, leaving the baby in charge of her young daughter.

She thought, however, that the child had accidentally fallen from the arms of its older sister.

The day before coming to the dispensary the mother noticed that the child could not use its right arm as it should, and when handled about the right shoulder cried as if in pain.

Carefully examining both arms they were found to be practically of the same length. The diagnosis was between a dislocation and a fracture. As the head of each bone moved normally in its respective glenoid cavity, a dislocation was excluded. Now grasping the right arm at the elbow and forcibly rotating while the fingers of the operator's other hand were on the head of the humerus, independent motion could be felt between the head and shaft of the humerus.

A diagnosis was made of fracture of the humerus through the line of the superior epiphysis.

A displacement or separation of the epiphyseal extremity is not uncommon in young persons and may be considered as an ordinary fracture.

In the treatment, care is necessary; for although there is not enough displacement to prevent perfect union, still any bandage or splint applied too tightly is apt to affect the tender skin of an infant.

The arm was well padded with cotton above and in the axilla, and a small piece of pasteboard softened in warm water was moulded to the arm and held in place by a bandage sewed together.

At the end of two weeks the splint was removed and the child was free from pain on motion, although the arm was a little stiff from confinement. No motion could now be detected between the head and shaft. The case was discharged well.

CASE II.—A boy, twelve years old, fell and struck his arm at the elbow.

There was much swelling and pain there and the motion was limited. There was also numbness for a short time in the parts of the hand supplied by the ulnar nerve. Three weeks after receiving the injury he came to the dispensary for treatment, because he had such small amount of motion at the elbow.

At this time there was little or no pain and no numbness in the hand.

The anatomy of the normal elbow joint is not easy to keep in mind unless the corresponding parts of the injured and well arms are examined at the same time with each hand.

In this boy at the right elbow there could be felt between the olecranon and internal condyle a callous thickening, which did not exist in the left arm. The groove for the ulnar nerve was partially filled up.

A diagnosis was made of fracture of the internal condyle. Whether there was a true fracture or epiphyseal separation makes little difference; for the treatment is the same.

As regards the development of the humerus and particularly of this internal condyle: Ossification in the internal condyle of the humerus commences about the fifth year, but it does not usually become joined to the shaft until the eighteenth year. From the position of the internal condyle and the large number of muscles attached there, it is peculiarly liable to injury by a fall or by the muscular force exerted in an attempt to save oneself from a fall, or in striking out and missing an opponent. In the case recorded much benefit has resulted from friction and the use of a dumb-bell. A case similar to this was reported from this department in the MARYLAND MEDICAL JOURNAL for May 12th, 1883.

A case of this kind was reported to the *N. Y. Med. Record* in June, 1883, and was referred to by that journal as a very rare form of injury. In the two cases presented in this report the bone affected in each was the same—the humerus; in the infant the upper end and in the boy the lower end.

In comparing the upper and lower end we notice that the union of the epiphyses with the shafts of these long bones is dependent upon the direction of the nutrient arteries. In the upper limb the nutrient arteries enter the long bones and travel in a direction towards the elbow, so that the epiphyses at the elbow become united to the shaft before the epiphyses at the extremities; while in the lower limbs the nutrient arteries pass in a direction from the knee so that the upper epiphysis of the femur and the lower epiphyses of the tibia and fibula become united to the shaft before the epiphyses at the knee.

GREEN-STICK FRACTURE.

CASE III.—A child, 20 months old, was brought to the dispensary. The mother said that five days before, it had fallen out of bed, and since that time its right thigh had been very painful. On examination the left femur is normal while the right is bent forwards and the child shrinks with pain when touched there. The femur is slightly movable at this point, and by firm pressure can be partially straightened.

Taking into consideration the appearance of the limb, the painful point at the convexity and the history of its having occurred from an injury, a diagnosis is made of green stick or partial fracture of the shaft of the femur at its middle part. A Hamilton's double thigh splint was prepared for the child, but here the case ceases to be interesting, for the mother die not return with the child to have the splint adjusted.

LIPOMA.

CASE IV.—A colored man, 45 years old, first noticed a small lump on his left shoulder about seven or eight years ago, when it was very small and grew slowly. Now he says it seems to grow faster and it is large as a small cocoanut. There is no pain caused by its presence. It com-

menced at the upper part of the shoulder above the deltoid, and now he says it is sliding down, having changed its site gradually. He has been a brickmaker and oyster-shucker in the past ten years of his life, but in neither occupation was he accustomed to carry heavy weights on his shoulder. He cannot remember that any of his family has had a similar tumor. Examination reveals a tumor distinctly lobulated, and so pedunculated at the lower end that the fingers could be pressed under it on each side and touch each other. The diagnosis is fatty tumor in the connective tissue over the deltoid. The only tumor that shifts its place is a lipoma. It may be met with in any part of the body, but is most commonly found on the neck and shoulders. Most cases occur without apparent cause; but in this man the cause could be traced to constant pressure and friction of the seam of his shirt. The patient was put under the influence of ether and the tumor was easily removed. A large granulating wound was left which healed kindly and the man was discharged well.

ATONIC GOUTY ULCER.

CASE V.—The number of ulcers occurring below the knee is very large, and this department has its share. The treatment is necessarily more or less routine in character.

The *syphilitic* ulcers are usually let alone and heal up from the exhibition of the iodides and the bichloride of mercury.

The *irritable* ulcers improve under the local applications of carbolized oil on oakum with the internal use of tonics and an occasional purgative.

The *indolent* and *varicose* ulcers include a large number which have been best treated locally. The various methods of treatment by the use of stimulation as by caustics, iodoform, scarification or bismuth, etc., are all of use; but the most successful procedure and mode most agreeable to physician and patient is that of strapping the ulcer with strips of adhesive plaster, on top of which a bandage of unbleached muslin is closely applied from the toes to the knee. This should be changed every third or fourth day. Each strap following its own course should be applied evenly to the limb, overlapping the preceding strap by at least one-third its width, taking care that there is no wrinkle. If there is much secretion from the ulcer small traps are cut in the plaster.

The following case is of especial interest: A man, 48 years old, presented himself with an ulceration of the sole of the foot with discharge of sanious pus. He had had this for some time. The joints of his fingers and toes contained large chalky concretions, and on his feet he had those peculiar hammer-toes. The dorsum of his right foot was hot, glazed and painful. He said he had had rheumatism or gout before, but thought his sore foot was a "stone-bruise."

He gave a clear history of gout. His treatmeut was to keep his foot clean and free from the discharge and internally he was given the following:

℞	Sod. Salicylat.	ʒvi
	Tr. Colchici,	ʒvi
	Aquæ, q. s. ad	ʒvi

S. Tablespoonful in water after meals.

In a week he returned greatly improved, and in the following week his ulcer had entirely healed.

Correspondence.

SURGERY IN VIENNA—PROF. BILLROTH'S CLINIC.

Editors Maryland Medical Journal:

VIENNA, JULY 8, 1883.

The surgical clinics of Vienna are amongst the most famous in the world, and the amount of operating performed is simply stupendous, and yet the facilities for studying surgery are perhaps less than are those of any other department in the University.

There are two general surgical clinics conducted respectively by Profs. Billroth and Albert, each of whom has 90 beds in the hospital. Prof. Dittel has the genito-urinary surgery, and gives lectures upon those subjects, but they are not so popular as are those of Docent, Dr. Ultzmann, at the Poliklinic. Every stranger, if he is surgically inclined, soon wends his way to Billroth's clinic. Here a series of surprises awaits him, some of which will be agreeable and many the reverse. The clinic is advertised to begin at 9 A. M., so we hurry to the amphitheatre and find we have ample time to look around before the entrance of the Professor. The operating room is long

and narrow with the benches rising in tiers upon each side, and a few good seats immediately in front of the operator. The operating arena is paved with asphalt, and contains two tables, whilst on each side are stands, drawers and cases containing the various instruments and dressings used.

For some time previous to the arrival of the Professor, or, as he is often called, the Hofrath, white-coated assistants are busy laying out instruments and preparing for the work of the day. About twenty minutes past nine there is a stir, and a stout, middle-aged man, with a long grayish beard, clad in a black gown, enters the room, followed by a host of assistants. The students simply rise in their seats upon the entrance of the Professor, and do not indulge in the hilarious cheering which is common under similar circumstances in America. If the natural modesty of the stranger has led him to take a seat somewhat in the background, he is soon painfully aware of the fact that he can see nothing whatever of the operation, nor hear anything of the lecture. This is due to several facts: the lecture-room is one of the most wretched in construction in existence, and only 20 or 25 students who have the front seats have any chance at all; but the greatest cause of the difficulty is due to the immense number of assistants who throng the clinic. There are 14 regular assistants, often several visitors, and always from one to three students within the railing; and, as all of them must see, it leaves but a slender chance for anybody else. Often, as if to add still more to the confusion, several patients are presented at the same time, and in some instances two, and even three, operations and dressings may be going on at the same moment. The difficulty in hearing the remarks of the lecturer is due to the indistinct tone in which he speaks in part, and also to the noise made by students who are constantly coming and going during the two or three hours during which the clinic is held. If the stranger has had the fortune to secure a good seat, he will be amply repaid for all the time spent at this clinic. The number and variety of cases operated upon is marvelous. One can scarcely attend a single morning there without seeing one or more remarkable operations. Frequently a special variety of cases is selected for operation upon the same day; thus, one morning recently, the first two patients presented required excision of the second and third branches of the fifth nerve, for inveterate neuralgia; the next four cases were epitheliomas of the lower lip, which required removal and plastic operations for the restoration of the lip. On another day, two cases requiring resection of the ribs were operated on; and so I might go on enumerating various cases, as herniæ, bronchocele, extirpations of glands, operations upon diseased bones, etc. Scrofulous or tuberculous glands are promptly removed and are not allowed to attain a large size. Caries of bone is also treated vigorously by the use of a sharp spoon, an instrument similar in shape to the dermatological curette, which will efficiently remove the diseased parts, but will not injure the healthy bone. A few days ago, he removed with gouge and chisel all of the tarsus, except the astragalus and os calcis, and also a portion of the fifth metatarsal bone.

Billroth usually chooses Saturday or Sunday morning for his abdominal surgery, which is done in a small room in one of his wards, and but few students have an opportunity to witness them. About two weeks ago he resected another pylorus for cancer. I saw the patient five days later, and found her with a normal temperature and no pain. She was able to retain small quantities of milk, but had in the first two days vomited five times. A case of total extirpation of the uterus is also doing well.

In the treatment of wounds, every attention is paid to cleanliness and drainage with antiseptics. The operator and his assistants must have their hands thoroughly washed and disinfected just previous to the operation, and they must wear clean gowns each day. The spray is not used, but the patient is thoroughly scrubbed with a nail brush and then shaved, at the seat of operation, and subsequently is irrigated with a 2½ per cent. carbolized solution. All instruments are placed in a similar solution, also ligatures, sutures and drains. During the operation the wound is frequntly irrigated, and the hands of the operator often rinsed in carbolized water. Sponges are of course rigidly disinfected. Bleeding is carefully guarded against either by the use of the elastic bandage or by placing forceps upon the vessels as they are cut. Sometimes twenty or more forceps may be

seen hanging from a wound at the same time. All vessels, even very small ones, are ligated with carbolized silk, and the ends are cut off close to the knot. The silk used for ligatures is first boiled three hours in a 5 per cent. carbolic solution, and is then wound upon a spool and kept in a solution of the same strength. The drainage tubes are likewise kept in an antiseptic solution. After thoroughly cleansing the wound and introducing as many drains as may be needed, the edges are carefully coapted. If it is a large wound with sufficient integument, a row of deep sutures of silver wire, which pass through leaden shields and are then shotted, is used, and the edges of the flaps are then united with silk. Even in harelip, rupture of the perineum and similar delicate operations, silk is exclusively used for sutures. Just before the final dressing is applied, a stream of carbolized water is run through the drains. Now a few layers of iodoform gauze are applied on and around the incision, or, in an open wound, directly upon the raw surfaces, and over this a great mass of carbolized gauze. Generally a thick pad of absorbent cotton is placed upon the outside of the gauze, and then a sheet of wet mackintosh, the whole dressing being retained by gauze bandages. If the dressing is to be made especially secure, an additional bandage of gauze, impregnated with starch, and applied when wet, is used. The dressings are very voluminous; for example, after the excision of a tumor of the neck, the whole head, neck and thorax will be enveloped. If we follow the patient into the wards, we generally find his subsequent history to be one of progressive convalescence. Little or no fever supervenes, and septicæmia and erysiyelas are almost unknown, and when the dressings are removed in eight or ten days the incisions are usually healed. The sutures are then removed, the drains shortened, and a somewhat lighter dressing applied. Thus, most cases only require two or three dressings during their whole after treatment.

After the conclusion of the regular clinic, an enormous number of out-patients are treated by Dr. Woelfler, the first assistant, and, as but few students attend at this time, it is possible to come in close contact with the patients, and in many cases to examine them. If one is so inclined, he can spend the whole morning, from 9 A. M. to 1.30 P. M., at Billroth's clinic, but he must lay aside any innate modesty which he may have had upon his arrival, or he will see nothing but the heads of the legion of assistants. He must also have the determination not to be pushed aside by the native students, who deliberately elbow you out of the way and then say "pardon." One of them, who did not even ask pardon, shoved a Baltimore gentleman (not the writer) out of the way, whilst he was examining an ear, and grasped the speculum himself. When the Baltimore man recovered from his surprise, he managed to ejaculate a few plain Anglo-Saxon sentences, which were more forcible than polite, and catching the intruder by the shoulder he gave him a spin which sent him in an opposite direction, and caused him to change his mind about examining that patient at that particular time; whilst the man from the Monumental City calmly returned to the peaceable pursuit of viewing the drum membrane.

Yours sincerely, R. WINSLOW.

Society Reports.

AMERICAN OPHTHALMOLOGICAL SOCIETY.

NINETEENTH ANNUAL MEETING, HELD AT HOTEL KAATERSKILL, CATSKILL MOUNTAINS, JULY 18TH AND 19TH 1883.

(*Specially Reported for Md. Med. Jour.*)

Thirty-eight members attended the recent meeting of the American Ophthalmological Society in the Catskill Mountains, a larger number than had been present at any previous meeting; and an unusually long list of interesting papers, which gave rise to intelligent discussion, was presented during the three sessions in which the Society was convened, and which were presided over by the President, DR. HENRY D. NOYES, of New York.

The first paper presented to the meeting, after reports of committees and other routine business had been disposed of, was one by *Dr. Hasket Derby*, of Boston,

INFLUENCE ON THE REFRACTION OF FOUR YEARS OF COLLEGE LIFE.

In the absence of Dr. Derby, the paper was read by Dr. Miles Standish. The eyes of a number of students were examined, with especial reference to their refractive condition, at the beginning of college life, and again, after

four years, at its termination. The important point brought out by the paper was, that the percentage of myopic eyes found at the second examination was considerably greater than at the first, though the ages of the students at their entrance to college ranged from sixteen years upwards, Donders and others having taught that myopia very rarely makes its appearance after the fifteenth year.

Some discussion followed; and the suggestion was made that the increase in the percentage of hypermetropia which the second examination also showed, must have been only apparent. Atropia not having been used at either examination, there would be cases in which hypermetropia, entirely latent at the first examination, would, after four years, become in part manifest.

Dr. Murdoch, of Baltimore, next presented to the Society several new eye instruments which he had devised, and read a paper describing their use and the advantages claimed for them. They included a recent modification of his eye speculum and ophthalmostat, a combination in one instrument of Græfe's cataract knife and Wecker's iris scissors, and a similar combination of a cystitome and David's curette, also a bandage susceptible of being used for the closure of one or of both eyes, and so devised as to exert equable pressure without being cumbersome.

Dr. Gruening, of New York, considered the roller bandage better than any other, because it was the only one with which it was possible to obtain perfect immobility of the eyes.

Dr. Theobald, of Baltimore, thought the idea that any bandage could be applied, after a delicate operation, such as iridectomy or extraction of cataract, so as to render the eye immovable, was chimerical. The pressure which it was permissible to exert under such circumstance could not possibly prevent the movements of the eye.

The next paper was a description of

A CASE OF TUBERCLE OF THE IRIS,

by *Dr. Schell*, of Philadelphia, which was followed by one by *Dr. Wadsworth*, of Boston,

A CASE OF TUBERCULOSIS OF CILIARY MUSCLE AND IRIS.

These two papers were discussed by Drs. Prout and Gruening, and by Dr. Webster, who spoke of a case under observation of supposed tubercular disease, in both irides, in a man 30 years of age.

A paper upon

INTRA-OCULAR TUMORS,

by *Dr. Coggin*, of Salem, who was not present at the meeting, was read by title and appropriately referred.

Dr. McFarland, of Oxford, N. Y., next gave

A PERSONAL EXPERIENCE WITH PRISMATIC GLASSES.

He had worn for many years prisms with bases inward, prescribed for him by Dr. H. D. Noyes, and had obtained very great comfort from them, gaining binocular vision which he had not enjoyed before owing to a high degree of insufficiency of the internal recti muscles. He now wore split glasses, with plain prisms in the upper half, and convex sphero-prismatic lenses below to correct his presbyopia as well as the insufficiency.

Dr. Wadsworth, of Boston, with the aid of diagrams, gave an original explanation of

THE APPARENT CURVATURE OF SURFACE PRODUCED BY PRISMS.

The President had read an explanation in Græfe & Saemisch's handbook of this phenomenon, but did not remember whether it was the same as that given by Dr. Wadsworth.

Dr. S. M. Burnett, of Washington, by invitation of the Society, read a description of a case of

TUBERCLE OF THE CHOROID

in a young mulatto girl. There was a family history of tuberculosis.

Dr. Spalding, of Portland, presented a paper describing

A CASE OF SYMPATHETIC NEURO-RETINITIS.

A woman had one eye destroyed by a blow from a cow's horn. The eye was not examined by a physician for some time after the injury. When the case came into Dr. Spalding's hands, eleven weeks after the accident, there was a sympathetic neuro retinitis in the opposite eye. The case was discussed by Drs. Prout, Middendorf and Schell. In answer to a question by Dr. Theobald, Dr. Spalding stated that he did not consider the neuro-retinitis in the second eye as the result of extension of inflammation along the *optic nerve* from the injured eye.

Dr. Webster, of New York, read a paper giving a detailed account of

THIRTY-FIVE CASES OF CATARACT EXTRACTION

done by himself at the Manhattan Eye and Ear Hospital. Of these, seventeen were done without anæsthesia, eighteen under the influence of ether; in six a preliminary iridectomy was performed. Vision=$\frac{20}{cc}$, or better, being

regarded as the standard of succcess; there were twenty-seven successful operations, in two of which Vision=$\frac{20}{XXX}$, two partial successes and six failures, and in one case sympathetic inflammation occurred in the opposite eye as a result of the operation upon the other. Discussed by Drs. Heyl, Theobald, Strawbridge and the President.

The next paper was by *Dr. Seely*, of Cincinnati,

NOTES ON OCULAR THERAPEUTICS.

The yellow oxide of mercury he had found always contained more or less bichloride of mercury, and it was the presence of this salt in larger proportion in some preparations of the yellow oxide which caused them to irritate the eye. A solution of bichloride of mercury (1 gr. to 16 oz.) had been found very useful in catarrhal conjunctivitis. Eserine had been found effectual in diminishing tension, and had taken the place of paracentesis. It was the remedy *par excellence* in corneal inflammation. Discussed by Drs. McKay, Kipp, Hay, Gruening and Knapp. The last named had given eserine a thorough trial in the treatment of corneal ulcers, and had not obtained favorable results from it.

EVENING SESSION.

Dr. Mittendorf, of New York, read a paper on

THE TREATMENT OF DETACHMENT OF THE RETINA,

The histories of three cases were given which were treated successfully by the hypodermic injection of pilocarpin, supplemented by the administration of infusion of jaborandi. The treatment was kept up for from thirty to forty days, the patients during this time being confined closely to bed. Discussion followed, participated in by Drs. Webster, Andrews and Theobald.

Dr. Little, of Philadelphia, read a description of

TWO CASES OF CONGENITAL ECTOPIA LENTIS.

Dr. Stevens, of Albany, read a paper upon

THE EMPLOYMENT OF NITROUS OXIDE GAS IN SURGICAL OPERATIONS.

He had been in the habit of employing this agent as an anæsthetic in minor operations upon the eye, and also for more important operations such as tenotomy of the recti muscles, iridectomy, and enucleation of the ball and had found it most satisfactory. It could be obtained now compressed in iron bottles, so that its use is not attended at present with the inconvenience it formerly was. The paper was discussed by Drs. Knapp, Strawbridge, Buller and the President. The President stated that he had employed occasionally nitrous oxide gas as an anæsthetic in his office practice for the past ten years, and found it convenient to keep a supply of it always on hand. The objections to its use were the venous congestion, and the muscular rigidity which it produced. *Dr. Buller*, formerly house surgeon at Moorfields Hospital, London, stated that it had been tried at that institution, and abandoned because it had not been found satisfactory.

The next paper presented was by *Dr. Heyl*, of Philadelphia:

A CONTRIBUTION TO THE OPERATIVE TREATMENT OF GLAUCOMA,

which contained suggestions that had the merit, at least, of originality.

Dr. Hay, of Boston, then made some

ADDITIONAL REMARKS ON THE ASTIGMATIC PENCIL,

and exhibited two ingeniously contrived models in illustration.

Dr. Kipp, of Newark, gave a description of

TWO CASES OF SARCOMA OF THE CHOROID,

and exhibited the eyes, which had been enucleated.

Dr. Theobald, of Baltimore, read a paper giving an account of

TWO CASES IN WHICH TRITURATION OF THE CORTEX WAS PRACTISED, WITH PRELIMINARY IRIDECTOMY, TO HASTEN THE DEVELOPMENT OF SLOWLY RIPENING CATARACTS.

In one case, owing to hemorrhage into the anterior chamber, the trituration was imperfectly performed, and the cataract underwent but slight change; in the other the lens, which contained much clear cortical matter before the operation, became entirely opaque in about two weeks after its performance.

Dr. Gruening stated that he had resorted to this procedure recently in two cases with very satisfactory effect. In one case the cataract ripened so that he was able to extract it successfully in three weeks, and in the other the lens became opaque within four days of the operation.

Dr. Kipp caused a lens to become opaque in four or five days by trituration, but the opacity subsequently diminished.

Dr. Middendorf had operated upon five cases, and in one of these had lost the eye from inflammation consequent upon bruising of the iris.

Dr. Knapp had operated upon one case without influencing the ripening of the cataract.

Dr. Wadsworth had had a similar experience.

Dr. Buller, of Montreal, stated that eight or nine years ago some of the surgeons at Moorfields Hospital were in the habit of practising a similar procedure, but that it had not attracted much attention at that time.

The President had done the operation ten times, and had subsequently performed extraction upon nine of his cases. He had a severe iritis in one of the cases, and slight iritis in two others. All of the extractions were successful. At the conclusion of the discussion of this paper the Society adjourned until the next morning.

THURSDAY, JULY 19TH.

MORNING SESSION.

The first paper read was by *Dr. Theobald*, a description of

VASELINE CERATE, A CONVENIENT BASIS FOR OINTMENTS INTENDED FOR APPLICATION TO THE EYELIDS.

Vaseline itself melts at so low a temperature that it is not suitable for external application to the lids; combined with yellow wax in the proportion of one part of wax to four of vaseline, it forms a cerate of convenient consistency and one that, owing to its slight affinity for oxygen, may be kept for a long time without becoming rancid.

The next paper was by *Dr. Knapp*,

BLINDNESS FROM RETINAL THROMBOSIS IN CONSEQUENCE OF FACIAL ERYSIPELAS.

which was followed by one by *Dr. Carmalt*, of New Haven, describing

CHANGES IN THE REFRACTION OF AN EYE RESULTING FROM A BLOW.

Dr. Bartlett, of Milwaukee, then read a description of

A FURTHER MODIFICATION IN CATARACT EXTRACTION.

the modification suggested being the performance of a double iridectomy.

Dr. Gruening, of New York, presented a paper upon

BLEPHAROPLASTY ACCORDING TO THE ENGLISH METHOD,

meaning by this the transplantation of skin from one part of the body to another without the retention of a pedicle. A case of ectropion from cicatricial contraction following a burn from kerosene oil operated upon successfully by this method was related. A piece of skin was dissected from the upper arm, and united by sutures to the wound caused by the reposition of the everted lid. This was covered with goldbeaters's skin, and a dressing of vaseline and borated cotton added. On the twelfth day the sutures were removed, the flap having united. The central portion of the flap at this time was anæsthetic, but its periphery exhibited sensibility. A limited slough subsequently took place, and the flap underwent considerable contraction, but the final result was entirely successful. Stress was laid upon the importance of removing all fatty tissue from the piece of skin to be transplanted as well as from the surface to which it is to be attached; also upon the great importance of preventing bleeding from taking place under the transplanted skin. To avoid this the sutures should be inserted into the edges of the wound, and the bleeding caused by their introduction should be allowed to cease, before the transplanted piece is put in position. Every precaution should be taken to prevent suppuration; and the flap should not be too large, as it is important that in applying it it should not be puckered.

Drs. Wadsworth and Kipp each reported a case successfully operated upon by the same method.

Dr. Green, of St. Louis, thought stitches should be avoided, and recommended the use of collodon, reinforced by shreds of cotton, instead.

Dr. McKay, of Wilmington, reported a case of

LOSS OF AN EYE FROM SEWER GAS POISONING AFTER CATARACT EXTRACTION.

Irido-choroiditis supervened and typhus fever developed. The patient finally recovered, but the eye underwent atrophy. The gas had escaped from a water-closet and found its way into the patient's chamber.

Dr. McKay also read an account of

A CASE OF SYMPATHETIC NEURO-RETINITIS OCCURRING DURING PREGNANCY.

The patient died a few days after parturition from exhaustion. Anasarca was present, and albumen was found in the urine.

Dr. Howe, of Buffalo, gave the history of

A CASE ILLUSTRATING THE DIFFICULTY OF THE DIFFERENTIAL DIAGNOSIS OF GLIOMA.

An eye was enucleated under the belief that glioma was present; upon examination, however, none was found, but complete conical detachment of the retina existed and the vitreous was reduced to a yellowish opaque mass. The ophthalmoscopic appearances presented by this mass were much like those exhibited by a gliomatous growth. Other cases in which a similar mistake was made had been reported to the Society before.

The President remarked that "he had been there himself."

The next paper was by *Dr. Holt*, of Portland.

COMMOTIO RETINÆ FROM THE EFFECT OF AN INDIRECT BLOW.

A young man at college was struck upon the brow and orbital margin by a large piece of coal. The next day vision was reduced to perception of light, though the ophthalmoscope revealed no appreciable change in the media or in the fundus of the eye. By the twelfth day after the receipt of the injury vision had improved to $\frac{6}{xxi}$; but after further improvement it went back again to $\frac{4}{lx}$. Ultimately there was a restoration of normal vision, recovery, however, being very slow. Discussion followed, the *President* remarking that many cases of impairment of vision following blows upon the head which were formerly regarded as due to "commotio retinæ," were now looked upon as dependent upon fracture of the walls of the orbit extending through the sphenoidal fissure or optic foramen and implicating the optic nerve.

A paper by *Dr. Bull*, of New York, who was not present,

THE CENTRAL ORIGIN OF CERTAIN PARALYSES OF THE OCULAR MUSCLES,

was read by title.

This concluded the list of papers, and after several verbal communications had been made the Society went into executive session for the election of officers. Upon nomination by the business committee, the officers of the previous year, President, Dr. H. D. Noyes; Vice-President, Dr. W. F. Norris; and Secretary and Treasurer, Dr. R. H. Derby, were all re-elected. After which, having decided to hold its next annual meeting at the Hotel Kaaterskill, the Society adjourned.

Editorial.

THE DECADENCE OF THE FRENCH.—A great deal has recently been said and written about the degeneration of the French people. No doubt much of this is purely sensational and in due time will be made to appear so. It is not uncommon for nations to undergo periods of retarded growth, which may be due to purely accidental and temporary causes. The sudden and crushing defeat which the French sustained in their last war with Germany produced a condition of mental depression and despair which is well-known to promote the development of vice and excess.

But with all that can be said in their favor, there are still evidences of actual race degeneration too pronounced to be ignored and which they themselves are beginning to appreciate. Some of these are indicated in a recent review of prostitution in France, by Professor A. Malherbe, of Nantes, a subject, by the way, upon which the French seem particularly fond of writing. The evils complained of are referable in large degree to a neglect of the natural family relation. This neglect has doubtless several causes; a prominent one is the unwillingness or inability of young people of both sexes to marry. The men are debarred by inability to assume the expense of a family until they have reached an advanced period of life, by the demands of an exacting military service, by the custom which prohibits marriage with a mistress, by the indissolubility of the marriage tie, or by the free gratification of passion which prostitution, so general in that country, offers. Much of the blame is due to the habits of luxury which prevail in the cities. The women, on the other hand, debarred from lawful marriage, are readily induced to eke out their scanty earnings by becoming the mistresses of the men. It is almost needless to say that morals are exceedingly lax; prostitution indeed seems to be regarded with an almost affectionate tenderness, as though it were a blessing rather than a curse. Marriages consummated at a late period, when the sexual functions—perhaps already exhausted by previous excess—are naturally on the decline, are consequently often sterile. According to M. Després, one-third of the marriages in the cities and ten to fifteen per cent. of those in the rural districts, are without

issue, and population is said to be actually in danger of retrograding. In a large proportion, precautions are taken to limit offspring in order that fortunes may not be divided and thus lead to loss of family wealth and prestige; this occurs especially in the cities and among the wealthy peasants.

Co-operating with this sterility is an excessive mortality among the new-born children of the poor, who, strange to say, do not seem to try to limit their offspring. This mortality, according to M. Després, is to be attributed to syphilis in the father, but it is more likely due to bad nouishment and other unfavorable domestic surroundings.

Do these evidences of decay indicate that the French are an effete race and destined to ultimate extinction among the nations? We would not go so far as this but we must confess that they do not allow us to take a very hopeful view of their future. Whether the people are capable of self-reformation,whether some great reformer will rise in answer to the need, or whether the evils are beyond remedy, time alone can tell. The advantages of diversity of national elements and of frequent infusion of outside accessions, to which some other modern nations—as England, Germany and America—owe their continued vigor and development, are denied to the French by the circumstances under which their destiny has placed them.

Declination of an Honor.—We learn that Dr. John S. Billings has declined the offer of the professorship of Hygiene in the Johns Hopkins University recently made him. The reasons which he assigns for doing so are that he cannot give up his position as surgeon in the army and superintendent of the National Medical Library, which he would be obliged to do if he accepted the position in question. He has consented, however, to deliver a course of lectures on Hygiene in the institution during the coming winter. Although the honor thus given up is one of the highest to which an American physician can aspire, it will be doubtless considered a subject of congratulation by the profession that Dr. Billings has concluded to persevere in the important work for which he has exhibited such remarkable talent and which promises to be of such advantage to the profession in the future.

The Journal of the American Medical Association.—The eagerly-looked-for first number of this new weekly periodical publication of our National Medical Society has at last appeared, bearing date June 14th, 1883, and we must confess to our disappointment in it both in regard to its contents and its mechanical execution. The contents embrace the following departments: Original articles, medical progress, editorials, correspondence, medical society items and miscellany.

The title on the first page is not particularly pleasing and we would like it much better if it were printed in plain, large type, such as is used in all the other leading journals. We are surprised to find the Minutes of the Association under the head of "original articles." These minutes prepared and signed by the Secretary, Dr. Wm. B. Atkinson, of Philadelphia, represent only the work done in general session and are briefer than we would have expected, occupying only twelve pages. The other "original articles" are Dr. Atlee's presidential address, a paper on "Tonsillotomy Without Hemorrhage," by Dr. Jarvis, of New York, also read before the Association, and two papers by Drs. H. Gradle and E. Andrews, both of Chicago. The abstracts under "Medical Progress" are of sufficient variety and well prepared. The editorials are the most disappointing of all; we might have expected at least one leading article but we have only scraps. The correspondence embraces a letter written by Dr. Shoemaker, of Philadelphia, not particularly fresh nor interesting, and a short communication from Washington, relating to the formation of a Medical Benefit Society. Some brief notices of medical societies and three or four items bring us to the end. There are thirty-two pages, double column, of reading matter and six of advertisements, including the title page. The advertisements are chiefly of medical schools. The size of the journal is a little less than that of the *Medical News*. The paper and type are unexceptionable, but we find a number of errors indicating careless proof-reading. We are surprised that it was not dated July 7th rather than July 14th; the former being the first Saturday was the beginning of the month and also of the second half of the year. There would have been required only one

additional issue to effect this. We suggest yet that it would be well to consider the first number as dated July 7th. It was a strange oversight to commence in the middle of the month. The date at the top of the pages is only "July, 1883," without the day of the month as though there were but one issue in the month.

We have felt bound to speak thus plainly and with some degree of censure of this number because it comes below what might justly have been expected, and because it is a *first* number, and for that reason should have been one of special excellence. The editor's apology—that the working force of the journal was not fully made up—does not seem to us to justify the conspicuous shortcomings in the editorial department. Of the future excellence and success of the work, however, we entertain no kind of doubt, and we now most cordially welcome it into the ranks of medical literature and wish it Godspeed.

Vaccination in Parliament.—For some time past there have been evidences in England of the existence of an organization having for its object the systematic distruction of the public confidence in vaccination as a protection against small-pox. It was not difficult to find recruits for such a movement, since there are always in every community dissatisfied elements who readily embrace any notion which is at variance with the public sentiment. Composed of odds and ends of society, of unthinking men and women this heterogeneous yet active mass was led by Mr. P. A. Taylor, Member of Parliament. Not satisfied with opposing the laws which render vaccination compulsory, the wisdom of which upon technical, if no other grounds, might be legitimately discussed, they maintained that vaccination itself was a fraud and a delusion, that it did not prevent small-pox but introduced other diseases and thus increased the general mortality. The decreased mortality from small-pox was attributed by them solely to improved sanitation. This opposition culminated in the introduction in the House of Commons, on the 19th of June, by Mr. Taylor, of a motion—"that in the opinion of this house it is inexpedient and unjust to enforce vaccination upon those who regard it as unadvisable and dangerous." This gave rise to a discussion lasting several hours, in which the merits of vaccination were very fully presented by able advocates. Sir Lyon Playfair then proposed an amendment—"that in the opinion of this House the practice of vaccination has greatly lessened the mortality from small-pox, and that laws relating to it with such modifications as experience may suggest are necessary for the prevention and mitigation of this fatal and mutilative disease." On a division, the amendment was carried by a vote of 286 to 16.

This result is justly regarded as a very satisfactory one in England. The effect of the resolution, as the *Brit. Med. Journ.* well shows, would have been to "let the compulsion remain for those who need no compulsion and would let the idle, the careless and the fanatical shelter themselves behind 'conscientious objections' for their neglect to carry out a measure imperatively required in the interests of public health."

We published in our last issue a "Memorandum on the Influence of Vaccination in the Prevention and Diminution of Small-Pox," prepared by Mr. Ernest Hart for this occasion and distributed among the Members of Parliament previous to the discussion above referred to. It presents in a very brief and available form unanswerable proofs of the efficacy of vaccination drawn from official statistics and no doubt assisted materially in settling the doubts of some members of the House.

It is, however, scarcely to be expected that this result, or any amount of proof which may be adduced, will have any effect upon individuals who are incapable of being convinced by anything.

But the doubters are not all confined to England or to the laity. Even in the medical profession there seems to be a growing tendency to distrust the efficacy of Jenner's great discovery. If there be any doubters among the readers of this journal we hope that a careful reading of Mr. Hart's excellent paper will re-establish their confidence and place their convictions upon a more enduring basis.

A Model Astray.—The great Virchow, it seems, has gotten his back up—to use a slang but expressive phrase—because of his having been called to account by the Aertzte-verein-bund of Germany, for an alleged breach of ethics. The offense consisted in his giving a certificate of approval to the vendor of a certain pill called the

"Pillula Helvetica," which certificate has been published and distributed with others far and wide. He takes offense at the remonstrance of the Bund, withdraws from it and appeals to the profession for a justification. He does not deny having sent the letter of approval, but says he had no idea of its publication and that this was done without his sanction. Prof. Virchow must be more unsophisticated than we supposed him to be. What other use could he imagine that the owner of a proprietary medicine would make of his certificate? What possible value could it have for him except in so far as it helped him to dispose of his wares? It is not enough to say that the composition of the pill was not concealed, for any statement by the owner on this point would have no value unless confirmed by chemical analysis. Nor does it appear that Prof. Virchow has used any means to have the obnoxious publication suppressed, although he acknowledges his disapproval of it, and although he has received numerous communications on the subject during the several months that have elapsed since it was written. Prof. Virchow must be aware that men in his position are examples for the rest of the profession, and a little sober reflection, we would think, ought to convince him that he has placed himself in a false position.

Precautions Against Yellow Fever.—The anticipated arrival of vessels infected with this disease in the lower Chesapeake and even in the harbor of Baltimore has led to the adoption of the most vigorous quarantine measures by the local and national authorities. At the suggestion of Surgeon-General J. B. Hamilton, of the Marine Hospital Service, who has succeeded to the functions of the late National Board of Health, a sanitary council was held on the 28th ult. by representatives of the Boards of Health of the various cities and towns interested, and it was decided to establish a quarantine station near Cape Charles, at the northern end of the mouth of the Chesapeake. The infected vessels, which had been strictly isolated since their arrival were accordingly ordered thither. A revenue cutter has also been stationed at the mouth of the bay with a medical officer on board who has instructions to board all foreign vessels arriving, and if any contagious diseases be found to send them to the quarantine station.

The selection of a quarantine site so remote from the great centres of population on the shores of the Chesapeake and its tributaries, gives assurance of immunity from danger provided the watch for infected vessels be strictly maintained. We have also an additional safeguard in the local quarantines which are not at all superseded by the above arrangements.

The utility of quarantine measures has undoubtedly received a powerful impetus from the recent proofs afforded of the truth of the germ theory. The negative proof which some adduce against it can readily be offset by positive evidence of its necessity, and as no one can predict beforehand that any place possesses immunity from the infection, however perfect its sanitary condition may seem to be, it is clearly the part of wisdom to neglect no precaution against its spread. But doubtless the anxiety on account of the cholera has also much to do with the vigor with which the precautionary measures referred to have been taken.

We cannot let the opportunity pass without an allusion to an awkward mistake made by the type-setter, whose business it was to correct the proof, by which we were placed at great disadvantage as to our Latinity in our editorial of the 28th ult. We hope the reader has been charitable enough to give us the benefit of a doubt and to correct in his own mind the typographical error which marred the conclusion of our article.

Miscellany.

A Case of Acute Gangrene of the Vulva in an Adult, with Remarks.—*Dr. Herman* read a paper with the above title before the Obstetrical Society of London, June 6th (*Lancet*, June 23rd, p. 1091). He related a case of a woman, aged 37, who, without clearly discoverable cause, had an acute gangrene of the skin of both labia, the perineum, and margin of the anus, and the mucous membrane of the lower part of the vagina and urethra. The gangrene was apparently the result of acute inflammation. Dr. Herman, after a study of all the published cases that he could find of similar gangrene of the vulva in adults occurring independenly of venereal phagedæna, found they might be divided into four classes: 1. Those occurring in patients suffering from acute diseases, viz., the specific fevers and cholera. 2. Epidemic gangrene, which had occurred in hospitals only, beginning as isolated round or oval sloughs on the inner surface of the labia, the process usually stopping with the separation of the sloughs, though sometimes going on to extensive destruction of the parts. 3. Acute gangrene occurring independently of contagion and beginning with acute inflammation of the external genitals, more superficial than noma, and not spreading like erysipelas. 4. Spreading gangrenous cellulo-

cutaneous erysipelas. He did not think there were grounds for a positive conclusion as to whether the differences between these classes were essential differences in the morbid process or merely minor differences due to the circumstances of origin, but he thought probably the latter was the case.

T. A. A.

THE PARASITE OF MARSH FEVER.—Dr. Laveran, of the Val-de-Grâce, in a communication to the Paris Hospital Society (*Union Med.*, June 12th and 14th), states that the observations which he formerly made in Algeria as to the presence of well-defined parasitic organisms (which he describes at length) in the blood in marsh fevers have been fully confirmed by subsequent researches. Their pathogenic character has been proved by a large number of facts which enable him to come to these conclusions: 1. These parasitic elements exist always in the blood in cases of impaludism; and even when the examination of the blood of the living does not always exhibit them, they are still always to be found at least after death in the capillaries of the spleen. 2. They are always found in direct ratio with the severity of the case. In individuals who succumb through some complication in simple intermittent they are found only in small numbers in the liver and spleen; but in those who die from pernicious fever they exist in large numbers in all the organs and vascular tissues. 3. They precede a paroxysm of the disease, and when they are found in the blood we may almost certainly predict that a paroxysm is about to occur, although no elevation of temperature or other morbid sign exists. 4. These elements are never found in diseases unconnected with impaludism. 5. These elements disappear rapidly under treatment by quinine. —*Med. Times and Gazette*, June 23, 1883.

MEDICAL EDUCATION IN THE EAST.—The last annual report of the Medical Department of the University of Tokio shows the actual number of students as follows: Medical students, 169 (course conducted by German professors); those following the same course in the Japanese language, 760; pharmaceutical students, 71, making a total of 1,000. The number of graduates was as follows: Medicine, 31 (German course); course in the Japanese language, 171; pharmacy, 133. At the same time there were abroad in foreign countries 94 students of medicine and 32 of pharmacy, mostly in Germany.—*Cor. to Phila. Med. Times*, July 14.

CASE OF STRAMONIUM POISONING.—*Dr. C. F. Bevan* reports the following case in the *Med. Chronicle*: A boy, æt. 12, ate three-fourths of a one-ounce package of the dried leaves, after which he appeared dull and fell asleep. An hour later he was extremely drowsy, pulse 125, temperature 101° F. in axilla, and surface of a uniform bright red from head to foot. Lips, tongue and fauces very dry and swallowing very difficult, the constriction and spasm of the muscles of deglutition suggestive of hydrophobia. Pupils widely dilated and insensible to light; vision defective and inaccurate, everything appearing green. There were delusions of hearing and other cerebral disturbances, accompanied by boisterous laughter. Speech incoherent, intellect impaired, generalsensibility greatly blunted. When recumbent the arms were thrown around wildly; when he attempted to walk his movements were like those of a person under the influence of alcohol. When he remained quiet there was subsultus tendinum. Urine high colored and frequently voided. An emetic brought up a large quantity of the weed; the stomach was then thoroughly washed out by means of a stomach pump. Bicarbonate of sodium was given freely, and in two hours three-and-a-fourth grains of sulphate of morphia were administered hypodermically only slightly diminishing the dilated pupils. He was not allowed to rest until consciousness returned and the redness disappeared. The next day he had no recollection of what had occurred. It was a week before the pupils became normal.

ACTION OF THE THYRO-CRICOID MUSCLE.—In an able article (*Arch. of Laryngology*, July, 1883, Supplement) *Dr. F. H. Hooper*, of Boston, gives the results of some experiments performed in the Harvard Medical School, in conjunction with Prof. Henry P. Bowditch. The object of these researches was to determine: (1) the action of the thyro-cricoid muscle, and (2) the action of the expiratory blast of air. The author comes to the following conclusions: (1) the cricoid cartilage is the most movable part of the laryngo-tracheal tract; (2) the thyro-cricoid muscle, according to its physiological action, should be described as *arising* from the thyroid cartilage, and *inserted* into, and giving motion to, the cricoid; (3) the air-blast, in virtue of the mechanism herein set forth, is a direct and important longitudinal tensor of the vocal bands.

J. N. M.

How to Act Towards Irregulars.—If a physician be sent for to meet one or more irregular practitioners in consultation upon a difficult or critical case, must he decline the meeting? Certainly not. He *may* go. And perhaps if his sense of moral rectitude and justice be very high he may decide that he *must* go. But he will most certainly decline consultation when he gets to the meeting. He will make clear his readiness to see the patient if that be desired, and to do the very best he can for him; but he will distinctly decline to do this jointly with those whose avowed or tacit principles of action are so antagonistic to his that one side only can be the right. If the patient or friends insist in the name of humanity, and for the sake of a beloved child or relative that he should remain in joint management, and assist by his counsel and experience, is he then justified in such consultation? No; for if he cannot make the patient and friends understand that the presence of either the regular or the irregular practitioner must, in the nature of cause and effect, be detrimental to the interests of the patient, then he must withdraw by force of his own principles of probity and honor, and submit to popular adverse criticism, and even newspaper misconstruction and abuse, if need be. But first he will earnestly strive to convince the patient that either course of treatment is surely better for him than any admixture of incompatibles.

If at the request of a patient or friends a regular practitioner takes charge of a case, and an irregular practitioner is, by the family, retained in attendance, even if visiting the patient at the same hours, or present at the treatment,is this a consultation? Not if there be no holding council to deliberate upon the case—no acknowledgment of a joint responsibility, no admission to professional fellowship and equality, nor any admixture of treatment. The irregular is then not a consultant but a spectator, or may even be a nurse.—*Squibb's Ephemeris.*

Death of Dr. Judson Gilman.—As we go to press we have received intelligence of the death of Dr. Judson Gilman, an esteemed member of the Profession and the efficient Treasurer of the Medical and Chirurgical Faculty of Md. Dr. Gilman died at his residence in this city, on Wednesday evening, August 1st, after a brief illness. He was 65 years of age. He leaves a widow but no children. His loss will be deeply lamented by a wide circle of friends. An obituary of the deceased will appear in our next issue.

Medical Items.

Dr. Thomas Dwight has been appointed Parkman Professor of Anatomy in the Harvard Medical School. He has been discharging the duties of the position since the resignation of Prof. O. W. Holmes last year.=A memorial tablet has been placed upon the house in which Skoda lived in Vienna, and the street has been called after him.=Mr. Spottiswoode, President of the Royal Society of England, died June 27th of typhoid fever, æt. 58.=The success of the German edition of Da Costa's Medical Diagnosis, published last November by Hirschwald, in Berlin, is said to be greater than that of any recent medical work, and a second edition is in preparation.=Dr. G. Halstead Boyland has resigned the Professorship of Surgery in the Baltimore Medical College on account of ill-health, and will go South. Dr. G. Glanville Rusk, of Baltimore, has been elected to fill the position and has accepted the same. Dr. Rusk is said to be a bold and skil'ful operator.=Dr. H. P. C. Wilson sailed for Europe from New York on the 21st ult.=Mrs. George Rabine, of York, Pennsylvania, æt. 40, gave birth on the 22nd ult, to four boys, only one of whom lived.=Dr. N. G. Ridgely died at his residence, in Baltimore, July 4th, æt. 42. He leaves a wife and six children. He was a son of Commodore D. B. Ridgeley and served in the Confederate army during the late war.=The measles which prevailed in a malignant form at St. Mary's Industrial School near Baltimore two weeks ago is reported to have nearly subsided=The American Medical College Association is reported to have collapsed—which we take to mean that there was no quorum present at the meeting which was to have been held at Nashville, June 20th.=The cholera is still confined to Egypt. It seems to be on the decline in Cairo. A few cases have occurred among the English soldiery.=Prof. H. Newell Martin, of Johns Hopkins University, has been appointed Croonian Lecturer of the Royal Society of England for the present year, a paper presented to the Society by him and entitled "The Effect of Changes of Temperature on the Beat of the Heart," having been pronounced worthy of that honor. The amount of money involved is trivial but the distinction is very great. It is not customary to "deliver" the lecture.=Dr. L. S. McMurtry has retired from the editorial management of the *Louisville Medical News* and is succeeded by Dr. H. A. Cottell, formerly one of its editors.

Original Papers.

CHRONIC FOLLICULOUS SORE THROAT.

BY D. J. REINHART, M. D., OF BALTIMORE.

(*A paper read before Balto. Med. Association April* 9, 1883).

Your attention is invited to the consideration of Chronic Follicular Sore Throat, a disease which, from its frequency with us, possesses particular interest to all.

"The most usual form of chronic sore throat, at least in the United States, is essentially a chronic inflammation of the follicular glands of the pharyngeal mucous membrane of the nasal fossæ, palate, base of the tongue, epiglottis and larynx; and frequently associated with irregular plastic fibrinous exudation into the sub-mucous connective tissue and plastic hypertrophy of the mucous membrane and its contained glands" (Cohen, p. 180).

In studying the history of our cases we learn that the development of the disease has been slow. At first there is a sensation of dryness in the throat with more or less inclination to cough and expectorate. The sensation is peculiar and similar to that produced by the presence in the pharynx of a pin, hair or any such irritating foreign substance. The voice grows hoarse as the disease progresses and is at times nearly suppressed. In persons who habitually use the voice this symptom is marked in its exacerbation. Impaired hearing occurs in some cases; also difficulty in swallowing, associated with gastric disturbance. The frequent efforts to expectorate the mucus which accumulates in the throat produce a condition of general discomfort and usually result in great mental despondency from nervous exhaustion. Respiration becomes irregular, a symptom which appears to owe its origin entirely to nervous disorder.

The disease attacks all classes of society, therefore we may expect to trace its origin to various causes. The crowding of many persons in apartments poorly ventilated is doubtless a prolific source of the disease. Mechanical and chemical emanations from various manufacturing processes produce many cases. The liability to "take cold" by individuals who occupy overheated apartments and subject themselves to frequent and great changes of temperature no doubt in many instances causes the disease. I have had reason to attribute some of my cases to the salting of streets by railway companies during the snows of winter. The presence of salt in the melting snow prevents the drying of shoes, hence cold feet and attendant evils. The decomposition of the salt and its combination with matter upon the roadway very probably give rise to ammoniacal gases which produce irritation of the mucous membrane lining the nasal, pharyngeal and laryngeal passages. These can be justly charged with aggravating, if not actually causing, the disease. The frequent and rapid ingestion of hot and cold food and drinks invites pharyngeal congestion. The regurgitation of food during gastric disorder contributes some cases. The accidental or voluntary abuse of drugs gives rise to the disorder. The excessive use of tobacco is popularly believed to be a frequent cause. "The appearance of the parts affected in this disease is characteristic though varying in individual instances. In most cases there will be found irregularly studding the pharynx quite a number of small projections, hemispherical in outline, elliptical or irregular, sometimes translucent, colloid sacs, but usually opaque, varying in size from the bulk of a pin-head to that of a small pea though not very often acquiring the latter dimensions, especially in cases comparatively recent. They are more deeply red in color than the surrounding tissue which itself is congested sometimes to a dark red, sometimes to a bluish-red and sometimes to a yellowish-red, and it is sometimes streaked irregularly with dilated blood-vessels. These prominences are sometimes isolated and sometimes more or less irregularly clustered. They are more apt to be in clusters at the lateral angles of the pharynx though frequently enough so on the posterior wall also. These prominences comprise enlarged or hypertrophied glands or groups of glands enlarged probably by an arrest of their secretion, the outlet to which has become blocked by the swollen condition of their mouths, and thickened by augmentation of conective tissue. The large glands at the base of the tongue are likewise hypertrophied in many instances" (Cohen, p. 184). The ordinary transparent exhalation which bathes the mucous membrane in the healthy condition is replaced by discolored mucus which is often adherent here and there in viscid

clumps or strands. In some parts of the membrane as yet uninvaded by the diseased action, the normal exhalation will have become collected into minute drops, which appear like groups of vesicles similar to those which sometimes precede ordinary membranous sore throat, and are often mistaken for herpetic vesicles.

The tonsils and the uvula are not greatly changed in appearance or condition in the early part of the disease, but become affected later, the uvula in some cases becoming greatly elongated. The larynx shows a condition of hyperæmia with congestion of the vocal chords immediately after exercise, but this condition disappears after rest of the parts.

When the inflammatory process has invaded the post-nasal section a catarrhal discharge accumulates behind the uvula and upon the upper portion of the posterior wall of the pharynx; it is dislodged by hawking and is offensive in odor. The recognition of chronic folliculous sore throat is very easy to one who has become familiar with the disease, and the history of a case readily confirms the diagnosis. A person unfamiliar with cases of diphtheritic disease is liable to mistake those cases where vesicles appear for cases of diphtheria, but a soft sponge applied to the parts will easily remove the accumulated mucus and satisfy the inquiry in regard to its character. In cases of sore throat which have occurred as sequelæ of specific diseases a history of the individual case will prevent mistakes and indicate a proper plan of treatment.

The course of the disease is essentially chronic. It is hard to dislodge entirely, and untreated, it may continue for years with its attendant annoying symptoms but not producing serious constitutional troubles.

The treatment of the disease is many times unsatisfactory from the indisposition of patients to submit to prolonged and tedious applications, especially after the annoying symptoms have been partially relieved. The treatment required is constitutional and local. A careful inquiry should be made in regard to all the functions of the system and tonics should be administered; an occasional change of remedies will prevent patients from objecting to their administration. I have derived much benefit from a combination of buinia, strychnia and ferri pyrophosphat., and a combination of elix. ammon. valerianat and elix. ferri pyrophosphat.

I use the spray douche to cleanse the nasal passages and the throat, employing a sol. of glycerine of carbolic acid in dist. water. Afterwards use a sol., gr. v argenti nitras to ℥i aqua dest., as spray, and a sol. of argenti nitras gr. 40 to ℥i aqua dest., applied with brush. The application of the galvanocautery and actual cautery is advocated but objected to on grounds of complicated processes and tendency to produce alarm.

NOTES ON A CASE OF GANGRENA ORIS (?) IN A MAN OF TWENTY-FIVE, AND A CASE OF TRANSIENT ALBUMINURIA IN MALARIAL FEVER.

BY H. J. BERKLEY, M. D.

I.—GANGRENA ORIS (?) IN A MAN OF TWENTY-FIVE.—John B——h, æt. 25, was admitted to the hospital, December, 1882. The previous history of the patient as given by himself, was as follows: Eight days before a gum boil had formed at the base of the first two molar teeth on the left side, which after several days had ruptured, giving exit to a small quantity of matter. Shortly afterwards the teeth on that side began to ache and the cheek became swollen; he then had first one tooth and then the other extracted, but without relief. Very soon after the extraction he noticed a fetid odor about his breath and a nasty taste in the mouth, but paid no attention to them, besides occasionally rinsing the mouth out with a carbolized wash.

Sunday evening, the 17th, a small, round black spot on his cheek attracted his attention, but gave him no concern as the toothache had now ceased. By Monday, when he awoke, the cheek tissues had sloughed entirely through, making an opening of the size of a silver quarter dollar, through which the saliva freely flowed, and through which air could be blown. Monday evening he applied at the Asylum. At this time he had a large, angry, foul-looking and very foul-smelling ulcer, with grayish margins, with heavy, loose shreds of dead tissue hanging therefrom, situated about midway between the border of the masseter muscle and the angle of the mouth. The surrounding tissues were as hard as a board with infiltration, especially so beneath

the maxillary bone, while the cervical glands were also greatly indurated and swollen. Examination of the interior of the mouth showed the mucous membrane of the gum and cheek to be involved. Saliva flowed in considerable quantity through the opening, the secretion seeming to be considerably augmented. He was immediately placed on tr. ferri, m xxx every three hours and dressings of strongly carbolized oil applied to the necrosed surface. Good food and a small quantity of stimulant were added.

Tuesday morning the sloughing had progressed nearly one-and a-half centimetres towards the oral angle and about the same backwards; the newly ulcerated surface, like the old, looking grayish with shreds of sloughing tissue hanging from the part. The fetor is considerable. There is no noteworthy constitutional disturbance; the pulse is only increased a few beats (85), while the temperature and respiration are normal. In the evening the edges of the wound were strongly cauterized with the stick nitrate of silver, and the carbolized dressings reapplied. The surface of the inferior maxilla can now be seen at the bottom of the cavity for a length of about two c. m., with the periosteum slightly inflamed.

On Wednesday morning the sloughing had extended to within two or three mill. of the red part of the lip, and seemed likely to destroy the orbicularis oris muscle entirely. The diseased surface was strongly recauterized in the afternoon, and the dressings replaced. The iron has been kept up unceasingly. The patient complains of weakness to-day, and otherwise shows a trifle more constitutional disturbance than yesterday.

Thursday the sloughing had ceased almost entirely, but the same treatment was continued. A diarrhœa of some severity has begun but it was not thought proper to check it. By Friday morning all sloughing had ceased, and under the applications the ulcer began to assume a more healthy aspect. The bone seen at the base of the ulcer has become blackened, and is evidently dead. The ulcer, which now extends from the edge of the masseter muscle to the angle of the mouth, measures in its greatest length 5 c. m., and in its corresponding breadth 4 c. m. The tissues beneath the maxillary bone and the glands continue as indurated as at first. In a few days (after Friday) the ulcer had taken a healthy appearance, and the process of granulation and filling up began, but was purposely retarded on account of the dead bone at the bottom. This necrosed bone became gradually detached till on January 27th it was removed. It consisted of a thin shell of the outer portion of the jaw-bone with the whole of the alveolar process—limited to the necrosed part—attached, in length about two c. m.

The patient says his father died of consumption when he himself was 13; his mother, of "dyspepsia," with considerable cough and great emaciation. He has led a wandering life, principally as a sailor, but more latterly has served as a bartender. Has drunk hard at times. Has no history of syphilis nor physical signs of lung trouble. There is slight anæsthesia of the half of the lower lip on the side affected, and over part of the chin; on the muco-cutaneous surface the points of the æsthesiometer have to be extended one and a half centimetres before giving two contact impressions.

At the time of his discharge (at his own request) in the first part of February, all that remained of the ulcer was a small opening near the angle of the mouth, about one c. m. in diameter, which was still granulating tolerably well.

II. Transient Albuminuria in Malarial Fever.—Paul Frey, a German, aged 28, was seen for the first time on February 9th, 1883, when he gave the history of having suffered with chills for several months, and having had swollen feet for the last two weeks.

Present state, February 10th: The patient is a tall, spare man, of a very dark yellow complexion, thou h he is exceedingly anæmic. The conjunctivæ are not jaundiced. The heart and lungs are healthy on auscultation. Neither the spleen nor liver are enlarged or tender to pressure. The legs are œdematous as far up as the knee, are glazed and pit deeply on pressure with the finger. The morning urine was examined—it was deep yellow (Vogel's scale), clear, of specific gravity 1020, contained about one-third albumen and numerous tube casts of the hyaline and epithelial varieties, and was acid in reaction. The patient was then placed upon infusion of digitalis, half ounce, three times daily, and ten grains of sulphate of cinchonidia as often.

At the end of ten days the œdema of the limbs had entirely disappeared, while the man's general health had materially improved. Re-examination of the urine at the end of two weeks showed it to be without a trace of albumen, of sp. gr. 1018, acid, and under the microscope no tube casts could be discovered. The patient had only three chills after February 9th, all well-marked rigors though occurring at irregular intervals. Urine again examined March 3rd; was yellow, clear, sp. gr. 1018; no albumen, no tube casts, acid in reaction.

Correspondence.

BALTIMORE, August 5, 1883.

Editors Maryland Medical Journal:

DEAR SIRS:—In the JOURNAL for July 28th there appeared a report of a "Case of Spontaneous Recovery of Sight in the Right Eye After a Half Century of Blindness." There are a few points which are to me so incredible as to cast grave doubts on the accuracy of the observations which led to the publication of the history of the case.

First, I find great difficulty in believing that ten years ago Dr. Chisolm or any other oculist could have had any difficulty in being "satisfied as to the exact condition" of an eye with cataract. If there is one thing which can be diagnosticated with certainty it is surely cataract. The difficulty is quite as great in believing that Dr. C. explained at that time that "the science of diseases of the eye was yet in its infancy." But these are the statements made by the patient and we all know the unreliability of such statements.

That a Mr. Blank was for many years more or less blind in his right eye and can now see there seems to be but little doubt.

Dr. Waters thinks it was a case of cataract, and that the happy result was due to "spontaneous luxation of the lens." This is certainly the most plausible explanation and if correct the case is, as the Doctor says, one of rare interest, but even then, must not the cataract have been an uncomplicated one; and is it not rather remarkable that such an one should have been passed over as irremediable by competent oculists?

Again, I find it hard to believe that a healthy retina, choroid, or optic nerve could remain capable of performing its functions when unused for fifty years; and that either of these structures could have been diseased and returned to its normal condition with a cataract in front of it is to me inconceivable.

Finally, that under any circumstances an eye should require a *concave* lens for reading and still retain perfectly distinct vision I cannot believe.

"In truth the" *reported* "facts in this case are so inconsistent with (in fact so opposed to) the settled principles of optics as to lead one to suspect," not "that eminent physiologists have made a mistake," but that all the facts in this case have not been correctly given.

In fine, Messrs. Editors, the case is so phenomenal that I can only conclude that there must have been some mistake—or a miracle.

Very truly yours,

HERBERT HARLAN.

246 Madison Ave.

LETTER FROM WASHINGTON.

WASHINGTON, August 7, 1883.

Editors Maryland Medical Journal:

Washington possesses more numerous and varied attractions than any other American city, New York even not excepted. Whatever one's pursuits or taste, they are sure to find objects of interest and congeniality here. The wealth of the Nation is centred upon its Capital and everything that art can do to render it beautiful and attractive is done. The wide and clean streets, the parks and squares, yards, trees and flowers, make of it almost one great pleasure garden, and a visitor might well exclaim: "Happy are those whose fortune has placed them here!" The lovely weather—so unlike the usual midsummer of our climate—heightens the charms of the place and gives to it the semblance of one continual spring.

A review of the points of more especial interest to the physician would take in the Army Medical Museum, the great Library of the Surgeon-General's office, the Naval Museum of Hygiene, the Toner collection of the Capitol Library, the Hospitals, Colleges, Medical Departments of the Army, Navy and Marine Hospital services, the societies, local professional items, etc.

The Library of the Surgeon-General's office will always prove a source of unfailing interest and pleasure to the physician of literary taste.

Here one will find the treasures of the ancients united with the best productions of modern medical genius. Among the former I was shown a manuscript volume, folio, of the year 1349, written in Latin by Bernardi di Gordonio. It is in an excellent state of preservation There are also a number of curious old works in print of the 15th and 16th centuries. A fac-simile of an Egyptian work, dating 1200 years before Christ, upon papyrus, with a translation by a German scholar, also excited my curiosity.

The works here are arranged alphabetically, and there are many of these alphabetical series. Every available space is crowded with the books from floor to ceiling, in some places two rows deep. If the library continues to grow it is difficult to see where the future additions are to be placed, and something will have to be done or the work must be curtailed. It will be recollected that resolutions were adopted at the recent meeting of the American Medical Association, at Cleveland, urging upon Congress the need of a fire-proof library building for this collection. Several State Societies have expressed themselves to the same effect, and the Medical and Chirurgical Faculty of Maryland should take similar action. The inadequacy of the present quarters—formerly Ford's Theatre, the same in which President Lincoln was assasinated—are due to the fact that so much of the building is required for the work of the Surgeon-General's office. Of the three floors the second alone is used for the Library, and even that is encroached upon by the numerous clerks and records and by specimens of the Army Medical Museum. Notwithstanding all this, the system is so good that one is quickly supplied with any book or pamphlet he may call for.

Dr. Billings, whom I found busily engaged in preparing his lectures on Hygiene for the ensuing winter's course of the Johns Hopkins, informed me that the fourth volume of the Index-catalogue is now in the hands of the binder and will be ready for distribution by the end of the month. It carries the work to *Fiz.* With the fifth volume the appropriation will be exhausted, and the work will cease until Congress provides further funds for carrying it on.

The subject of quarantine is exciting equal interest here as in Baltimore. The selection of Fisherman's Inlet, on the Atlantic Coast, just north of Cape Charles, to which the Bay pilots object so much, was not made without due deliberation, and it is not likely, from what I learned at the office of the Supervising Surgeon-General of the Marine Hospital Service, to be changed for another. Capt. Evans, of the Revenue Marine Service, reports having buoyed out a channel from five to seven fathoms deep, which would seem to provide for the largest vessels that may come to our ports. The quarantine between the Capes will be hereafter maintained by the "Woodworth," a small steamer or tug, belonging to the Marine Hospital Service. Vessels will be boarded by skiffs. In answer to a suggestion of the difficulty of effectually guarding so long a distance (Cape Henry and Cape Charles are eighteen miles apart) with one vessel, Dr. Hamilton said he appreciated this, and hoped before long to have two vessels engaged in the work. Dr. Hamilton evidently means business in this matter of quarantining. He points with commendable pride to the results of his Texas cordon last year, and insists upon the ten days detention plan as essential. He looks upon the English ports as "infected" because this detention of persons and baggage from infected ships is not there insisted upon. The warmest partisans of the National Board of Health cannot claim that the hands into which the duties formerly devolving on that body have fallen are inactive or incompetent for the task.

By the way, the following, passed by Congress March 3rd, 1883, is the law under which the Surgeon-General of the Marine Hospital Service, is acting in this matter: "The President of the United States is hereby authorized, in case of a threatened or actual epidemic, to use a sum not exceeding $100,000 out of any money in the Treasury, not otherwise appropriated, in aid of State and local boards or otherwise in his discretion in preventing and suppressing the spread of the same and maintaining quarantine at points of danger."

The Garfield Hospital scheme seems to be assuming a definite form, as I learn upon the best authority that a site has been purchased at the head of 10th street, and a pavilion will be erected at once thereon.

The woman medical movement seems to be in its incipiency here. There have been two female graduates of the Howard University (which makes no distinction either of color or sex), practising here for a year or two past; very recently two others, Drs. Annie E. Rice and Jeannette J. Sumner, graduates last spring of the Woman's Medical College of Philadelphia, have settled here and have opened a free dispensary for women and children on Tenth street. The reasons assigned for doing this (according to the prospectus) are, first, that in Washington there is no hospital or dispensary (under the control of the regular school) where women as physicians and surgeons can practice their profession; second, many women prefer the attendance of "physicians of their own sex." Considerable opposition has been manifested against this intrusion of females into the profession here, but it is not of that sort that is likely to amount

to anything, and will doubtless soon die out as the novelty of the innovation wears off.

The requirements for practice here are that the candidates shall register their names at the Health Office, in doing which they must exhibit a license from "some chartered medical society," or a diploma from "some medical school or institution." Failure to comply with this law is punishable with a fine of $25 to $200. I have reason, however, to believe that this provision is not enforced with strictness, and it is reported that one-tenth or even more of the physicians here are quacks; indeed it has not been long since that the notorious Hale had out his sign here. The necessity for further medical legislation is acknowledged by leading members of the profession.

The following recent changes are announced: In the Med. Dept. of the Univ. of Georgetown, Dr. Samuel C. Busey, Prof. of Practice of Medicine, has resigned and is succeeded by Dr. J. W. H. Lovejoy, late Prof. of Materia Medica. Dr. Jas S Beale has been transferred from the Chair of Anatomy to that of Surgery to fill the vacancy created by the death of the late Prof. Ashford. Dr. G. L. Magruder has been appointed Prof. of Materia Medica and Dr. Frank Baker Prof. of Anatomy. In the National Med. College, Dr. H. C. Yarrow, of the Smithsonian Institute, will deliver a course of lectures next season on Skin Diseases, and Dr. W. W. Godding, Supt. of the Government Asylum for the Insane, one on Mental Diseases. Dr. Leon Friedrich has been appointed Asst. Demonstrator of Anatomy in the same institution. Dr. Kolipinski has been appointed Resident Physician at the Children's Hospital vice Dr. Shute transferred to the Washington Asylum.

Yours, etc.,

E. F. C.

Society Reports.

BALTIMORE ACADEMY OF MEDICINE.

STATED MEETING HELD MAY 1st, 1883.

(*Specially reported for Maryland Med. Journ.*)

The Academy was called to order at 9 P. M. by the President, Dr. JAMES CAREY THOMAS. Drs. E. Miller Reid, A. G. Hoen and Herbert Harlan, being reported upon favorably by the Ex. Committee, were unanimously elected to membership. (Dr. Harlan's thesis on "THE OPHTHALMIA OF SMALL POX" was published in this journal June 16th. EDS.).

RESORCIN IN DIPHTHERIA.—*Dr. Wm. Lee* said he had recently had ten cases of diphtheria in the vicinity of Perkins' Square, the oldest subject being six years, in which he had found the following prescription very efficacious, a small quantity of the powder being placed upon the back of the tongue every half hour: ℞. Resorcin., gr. x; acid tannic., ʒ i; acid salicylic., ℥ ss; acid boracic., ʒ ij; sulph. flav., ℥ ss. M. It is remarkable how rapidly the membrane becomes softened by it. An emetic is also useful because swallowing of the membrane causes irritation of the stomach. He objected to mopping the throat, which he thought did more harm than good by abrading the tonsil. He also gives the resorcin internally, as: ℞. Resorcin, gr. xxiv; aquæ, ℥ vi. —M. S. Tablespoonful every four hours, for an adult. It acts as a tonic, but he also gave whiskey and food. The cases were very malignant. In one the throat trouble disappeared, ear-ache set in and the child died of otitis media.

Dr. Chisolm said he had never known of a death from middle-ear disease without involvement of the brain.

Dr. Miles had seen cases of diphtheria die with the appearances of Landry's paralysis, i. e., a paralysis involving progressively throat, legs, upper extremities, spinal cord.

IMPROVED METHOD OF USING SPONGE-TENTS.—*Dr. Browne* exhibited an improved method of using sponge-tents, by which the risk of inducing septicæmia is reduced to a minimum. Instead of covering them with goldbeaters' skin, which cracks as the sponge dilates and allows contact of the latter with the uterine walls, he puts the tent into a thin rubber bag; being thus introduced into the cervix he injects water into the bag. Thus employed the tent can be left in longer and can be used often, whereas in the goldbeater's skin it can be used but once.

BRIGHT'S DISEASE WITHOUT OTHER SYMPTOMS THAN THOSE REVEALED BY THE OPHTHALMOSCOPE.—*Dr. Chisolm* reported the case of a gentleman, æt. 52, who for two or three days has had defective vision. He is the very type of health except that both retinæ exhibit the typical appearances of Bright's disease. There is no albumen nor sugar in his urine.

VICARIOUS MENSTRUATION.—*Dr. Jas. A. Steuart* reported the case of a healthy young woman who had a hemoptysis sufficient to cover the bottom of a basin. Her period had come on the night before and she had then gone out and gotten her feet wet. The hemorrhage lasted three days and was accompanied by retention of urine, which failed to be relieved by hot water and other treatment, necessitating the use of the catheter thrice daily. One-half pint of blood was estimated to be lost altogether. There were no signs of lung trouble.

Dr. Uhler mentioned a case where hemorrhage from the lungs took place at three consecutive periods, but there was also a simultaneous menstrual flow.

The President made some remarks upon "the great strength of narcotic alkaloids prepared by homœopathic chemists."

STATED MEETING HELD MAY 15TH, 1883.

The President, DR. JAMES CAREY THOMAS, in the Chair. Drs. John N. Mackenzie, W. W. White and F. W. Pearson, candidates for membership, being reported upon favorably by the Ex. Committee, were unanimously elected.

On motion, Dr. Mackenzie was requested to read his admission thesis "ON NOSE COUGH AND THE EXISTENCE OF A REFLEX SENSITIVE AREA IN THE NASAL MUCOUS MEMBRANE," at the next meeting.

OBSTRUCTION OF THE INTESTINE BY A GALL-STONE.—*The President* made the following remarks: "Some months ago I exhibited to the Academy the lower portion of the ileum of a child which had been entirely constricted by a band of lymph which totally occluded the lumen of the intestine; to night I relate the history of a case of obstruction of the intestine caused by the gall-stone which I here show you. The history of the case is as follows: On the 10th of May, 1883, Dr. Pole was summoned to see Mr. G., aged 69, a retired butcher, who had suffered, as he supposed, from colic brought on by eating greens when constipated. He had already been purged by three of Hance's pills, which had acted freely. His pulse was 72. Dr. Pole gave ¼ gr. morphia and repeated ⅛ gr. morphia until his pain was relieved; then on the 11th gave three co cathartic pills, which failed to act at all. On the morning of the 12th of May the pain returned, and he began to vomit a large quantity of stercoraceous matter. Large enemata, administered whilst he was on his hands and knees, had failed to do more than bring away a few lumps which had remained in the large intestine. Failing in his efforts, Dr. Pole then administered ½ gr. belladonna every hour and I saw him. His pulse was 78, respiration 20 and temperature normal; abdomen flat at sides and swollen in the centre, with some resistance to the hand on the right side; moderate tympanites. With rectal tube large enemata were administered and opium, ½ gr., was added to the treatment. On the 14th his condition was unchanged, but he grew restless and uncomfortable, and on the morning of the 14th his pulse was 100, respiration 28, temperature normal; vomiting incessantly yellowish fluid; no jaundice; tongue deeply furred; countenance anxious. Ordered ⅓ gr. podophyllin and ½ gr. aloin alternately. At 2½, vomiting continuing and pain great, administered another large enema with rectal tube. No effect. Ordered ½ gr. opium every hour until relief of pain. This quieted him, and about 6½ A. M. he had two feculent stools, with great relief; pulse now 78, respiration 28, temperature normal. Had no further medicine, and at 11½ to-day the gall-stone which I exhibit, was passed per rectum. It is a large stone, being one and three-eighths in. in length in long axis, and one inch in its short axis; weight two hundred grains.

The specimen was submitted to Prof. H. Newell Martin for examination, who returned the following reply:

MAY 23, 1883.

Dear Dr. Thomas:—I found on warming the concretion which you left with me, that it became soft and cheesy and quite eas to cut. I return you most of it imbedded so as to show the cut surface.

Chemical examination of the part removed showed it to be very rich in cholesterin and also to contain much bilirubin. I feel no doubt that the mass is biliary calculus. Yours very truly,

H. NEWELL MARTIN.

CASE OF ASCITES SIMULATING OVARIAN CYST.—*Dr. H. P. C. Wilson* reported the following case: A woman, æt. 24, married but never pregnant, was admitted to the hospital April 16th. She was examined and pronounced to have an ovarian tumor; Drs. Chew and Salzer having previously made the same diagnosis. Her abdomen was enormously distended and she was very feeble. There was no hardness about the tumor. A time was appointed for operation, but the patient was so feeble he had to desist. Forty quarts of fluid (ten gallons) were drawn off with trocar and canula. The resonance in the lumbar region was perfectly clear. The tumor was rounded and perfectly oval with distended veins on its surface, and the character of the resonance was not changed by change of position. It seemed as though the distension was so great the intestines did not come to the surface. The uterus was 2½ inches in depth and of normal size. No solid tumor could be detected on careful vaginal examination with the finger.

The patient was let alone for two weeks and two days. She was then put on the table for operation. She was so feeble that Dr. Howard said she could not survive. Whiskey was injected into her arm. On incising the peritoneum presented a sac-like appearance. It was incised and 26 quarts of fluid drawn off. It then became evident that there was no sac. The ovaries were found to be normal. There was no cyst of the broad ligaments. The liver appeared to be lobulated. There was no evidence of disease of heart or kidney.

The patient had been a very delicate child and had consequently drunk a great deal of whiskey since her childhood. There was a good deal of nausea succeeding the operation and the pulse could not be counted. The patient never rallied from the effects of the exploratory incision but died on the fourth day of shock. The temperature never went over 98.4° F. A *post-mortem* could not be obtained. The fluid, which was of an amber color, was not examined.

Dr. Wilson said that he had removed a single ovarian cyst which weighed forty-eight pounds.

Dr. Chew said that the opinion he had given in regard to the case was not positive, but that "the balance of probabilities pointed to ovarian disease rather than to ascites." In a woman under such circumstances he would not be positive. When he first saw her, the heart sounds were clear, and there was no dropsy nor albuminuria. There was perfect dulness in the median line of the abdomen but resonance in the left lumbar region low down. The woman said she thought she had had a tumor in her left side. Absence of heart and renal disease and of signs indicating the use of alcoholic drinks pointed to ovarian dropsy. Even after tapping, Dr. Wilson said he could elicit nothing but ovarian dropsy.

Excluding syphilitic cases, 99 in 100 cases of ascites are from the use of alcohol. Niemeyer relates the cases of two girls aged 11 and 13 who become ascitic from the use of schnapps from an early period of life. Dr. Chew had seen but one case of ascites not due to cirrhosis of the liver. The exception was a young woman treated at the Baltimore Infirmary in whom on *post-mortem* a syphilitic liver was found.

The absence of adhesions and evidences of peritonitis in the above case shows that it was a pure dropsy.

Dr. I. E. Atkinson thought the pathology of ascites was not so simple. He had seen it in secondary cancer of the liver, and he has now under observation an old woman with symptoms of syphilis, in whom he had diagnosed syphilitic hepatitis. She had been tapped two or three times and a tumor can be felt in her right hypochondrium. She also has a condition simulating phlegmasia alba dolens. In chronic malarial poisoning there is a chronic indurated hepatitis, and true cirrhosis may here ensue with ascites. He had not seen this condition brought about himself, but considered it as a quite possible cause of ascites.

Dr. P. C. Williams said it was almost incredible that so large an amount of fluid could be present without anasarca; hence the diagnosis was rendered obscure. In all the cases referred to by Dr. Atkinson anasarca has existed.

Dr. Chew said the lower extremities in the above case were absolutely free from œdema. In malaria the anasarca is due to hydræmia; in ascites the œdema of the feet is due to pressure on the renal veins.

Dr. Wilson, in answer to a question of Dr. Michael, said there was resonance in the median line after the tapping, but dulness returned as the fluid reaccumulated. He did not make an examination after the tapping, so firmly convinced was he of its being an ovarian cyst.

Excessive Ossification Within the Eye-Ball Within a Short Period.—*Dr. Chisolm* reported a case in which an eye was lost at Christmas by being struck with a piece of gun-cap. Recently, owing to threatening sympathetic inflammation in the well eye, it became necessary to remove it, when the interior of the ball was found to be nearly filled with osseous deposit disposed in its usual cup-shape arrangement.

Dr. Harlan read his thesis above referred to.

Uterine Dilators.—*Dr. J. R. Uhler* read a paper upon this subject, and suggested various methods of effecting dilatation, among others the following: Three or more smooth steel wires are passed into the uterus, one by one through a single rubber band, and a cork or piece of wood with notches cut in its circumference is slipped up between the wires as far as desired, which is to act as a fulcrum. India rubber bands are now slipped over the exposed ends of the wires, which, by their elastic tension separate the other ends, thus exercising dilatation of the cervical canal. The wires may vary in size and may be straight or bent and may be provided with a shoulder to prevent their entering too far into the uterus. A number of elastic bands may be used if necessary to overcome a very thick and firm cervix. Dr. Uhler claimed for this contrivance cheapness, simplicity, pressure gradually applied and readiness of construction. Ordinary knitting needles may be used, and in the absence of the rubber bands a piece of hose, old suspender or garter will suffice. The ends of the wire should be well rounded, and if the os be somewhat patulous a piece of small rubber tubing may be slipped over the end of each wire. The instrument is easy of introduction and may be used in the smallest strictures.

Appointment of Delegates.—The following were announced as the delegates to the American Medical Asssociation for 1883: Drs. Chisolm, Evans, Chew, Donaldson, McSherry and Reiche.

The Academy then adjourned.

Hospital Reports.

PRESBYTERIAN EYE, EAR AND THROAT CHARITY HOSPITAL.

MONTHLY REPORT FOR JULY.

BY HERBERT HARLAN, M. D.,

Attending Surgeon.

The attendance at this dispensary for the month of July was 2,290, a daily average of 88 patients. There were in all 57 operations, among which were 8 for squint, 5 for cataract and 3 enucleations.

The following case of supposed foreign body in the external auditory meatus illustrates the great necessity for caution and gentle manipulation in dealing with so delicate an organ as that of hearing.

A child of five years of age was brought to the hospital from Virginia with a history of having one week previously, while playing with a sister, gotten the hand of a small china doll in the ear. The doll, with the hand broken off at the wrist, was shown, and judging from the remaining hand on the other arm represented a piece of white china, hand-shaped, about three and a half lines long and at the large end one and a half thick. Three doctors, two of them aided by chloroform, had endeavored in vain to extract the foreign body. When the case was seen there was a profuse sero-purulent discharge from the ear, and the child having suffered so much from previous treatment was naturally very irritable, and would not even allow the ear to be cleansed with a syringe. Chloroform was administered and the ear carefully washed out with tepid water. Then by the aid of reflected light from a hand-mirror a white glistening body was seen at the upper and anterior side of the meatus just beyond the junction of the bone with the cartilaginous portion. This was at first thought to be the china hand, but more careful examination with light and probe showed it to be the bony wall of the meatus stripped of its cutaneous and periosteal covering. Nor was this all. With the probe there was found another bony substance close to the drum on the inner and posterior wall. This could be felt for a space about a line in diameter and then the hard substance was covered with a membrane. The foreign body was not found at all; the red and inflamed drum was clearly seen and the meatus was unobstructed, though somewhat narrowed by the swollen tissues. The outer denuded bone could be clearly seen as well as felt, while the inner one could only be recognized by the probe. What became of the doll's hand I do not know. It may once have been in the ear and worked its way out along with the discharge, and it may never have been there at all.

On the manipulation which laid bare the bony meatus in two different places, comment is, I trust, unnecessary, and the fact that the syringe is the proper instrument for the removal of foreign bodies from the ear has been once again, I think, clearly demonstrated.

Memoir.

DR. JUDSON GILMAN.

Judson Gilman was born December 22, 1818, in Meredith, New Hampshire, received his preliminary education at Roxbury, Mass., and his collegiate at Colby University, situated at Waterville, Me. After completing his education, he accepted a clerical position in a foundry at Lowell, Mass., from which place he removed to Baltimore about 1841, and commenced the study of medicine, graduating in 1845 at the University of Maryland. His diploma of this institution bears date of February 27th, with Ashton Alexander, Provost; Richard Wilmot Hall, Prof. of Obstetrics and Medical Jurisprudence; W. E. A. Aikin, Prof. of Chemistry; Elisha Bartlett, Prof of Theory and Practice of Medicine; N. R. Smith, Prof. of Surgery; Samuel Chew, Prof. of Materia Medica; and Joseph Roby, Prof. of Anatomy.

Upon graduating in medicine he established himself in Baltimore. Soon after settling in our midst we find him receiving appointments of trust from the municipal authorities, and engaging in works which ever after occupied his thoughts, and received the benefit of his labor.

His diploma of the Medical and Chirurgical Faculty of Maryland, bears date of 1853, when Dr. Michael Baer was president, and Dr. F. Donaldson, secretary.

In the work of this organization he was especially known. All recognized his worth. His untiring and unremitting efforts in its behalf, have ample proof in the substantial character of its situation to-day. In 1860 and 1861 he was its treasurer, resigning his position when he entered the

military service of the U. S. A., as surgeon to the Fifth Maryland regiment U. S. volunteers. After the war, we find the treasurership was again entrusted to him in 1870, which position he held at the time of his death. This position he filled with signal ability, procuring for the Faculty good collections, and for himself an enviable reputation for fidelity and correctness. This Faculty like other organizations has its ups and downs, and the part Dr. Gilman took in its re-organization is full of interest; but we must content ourselves with the mere mention of the fact, that a prominent, yet modest figure in all her fortunes, *has been* that of Dr. Gilman. He was honored with the chairmanship of some of her *most important* committees, notably those looking to a lasting and substantial foundation for the Library of the Faculty. In the Alumni Association of his alma mater, he was honored also with positions of trust. As medical men, we would be most interested in the work done by Dr. Gilman for and through the profession, yet we forbear to speak of the part taken by the Board of Health, of Baltimore city, during the prevalence of the yellow fever in Norfolk in 1855.

Dr. Gilman was Secretary of the Board, and Assistant Commissioner of Health, of Baltimore city, during these trying times The part he played was prominent, and was distinguished by a resolution and wisdom worthy of the emulation of every honest physician.

In 1866 he was appointed State Inspector of Guano, which position he filled with that honesty and fidelity which always characterized him.

In whatever sphere of life we look, we find Dr. Gilman the recipient of the confidence of those with whom he was associated. In every association honored with his membership, he held a conspicuous position receiving from his colleagues places only given to men in whom judgment is mature, and those able to direct and lead.

In the life of Dr Gilman we find traits of an honorable manhood. He was true to his country, serving her in the time of war, and in the time of peace. His connection with the military service of the army bears the same impress as found in every other channel of usefulness in which he was engaged. In short, Dr. Gilman was a true citizen, a noble physician, an humble Christian. He united in himself the true graces of the most worthy life.

His life was full of the honor of men. Whilst receiving the esteem of his fellows, he yet was known for the simplicity of his nature, quiet, unassuming, yet ardent and persevering. Whilst giving kindly administrations to the sick under his care, he yet found time to engage in various spheres of usefulness.

At the time of his death, besides the honors of the various medical associations, he was an active member of the Maryland Historical Society, of Iris Lodge I. O. O. F., Surgeon to Wilson Post, G. A. R., a director in the Maryland Bible Society, and Medical Examiner for several life insurance companies.

He died August 1st, 1883, in the sixty-fifth year of his age, leaving a widow but no children.

The impress of such a life cannot cease with the rehearsing of his virtues and his deeds of valor, but like sweet incense will pervade every association in which the memory of his deeds must linger; and time to come will be better for such men having lived. Surely his life should impel us to deeds of conquest, that all things having been done well, our reward may be not less noble than his. K.

Editorial.

SHOULD THE PLACENTA BE DELIVERED BY TRACTION OR EXPRESSION?—After the fœtus has been delivered from the genital organs the placenta, as a rule, is expelled by the natural forces; the uterus through its properties of contractility and retractility detaches this organ and casts it out. This general rule has its exceptions; the aid of the obstetrician is then called for.

It was first taught that traction with the cord was the true method of delivery. This practice was employed exclusively until the time of Mauriceau. This authority taught that pressure upon the lower part of the abdomen should be employed at the same time traction was made with the cord.

It remained for Credé to give a name and impulse to the method of expression. Credé taught that the accoucheur should apply at first light and afterwards stronger friction to the fundus of the uterus until an energetic contraction is obtained. At the height of contraction the uterus is grasped through the abdominal coverings and by the exercise of uniform compression with the palm of the

hand the placenta is squeezed out of the uterus. It is claimed for this method that it maintains retraction, thereby preventing hemorrhage, and that, by promoting a speedy expulsion of the placenta, it closes the uterine cavity against the dangers of retention.

At the present day the Credé method has, to a great extent, superseded the old method of traction.

Dr. Ribemont-Dessaignes has recently drawn attention to the two methods (*Le Progres Medical*, July 21st, 1883) of delivery by traction and expression, and gives his views on their relative merits. He has studied the question historically and ethnologically He discusses first the mode of separation of the placenta, and, in order to verify the assertions of Baudelocque and those of Duncan, the one claiming that it is the fœtal face of the placenta which is first presented at the internal orifice, the other that it is the border, the writer has shown, by the aid of statistics of 77 deliveries, that 63 times the placenta was expelled by its fœtal face, 11 times by its border and 3 times by its uterine face.

In a series of traces taken by the aid of a special apparatus he has measured the intra-uterine pressure during the delivery of the placenta, and he shows, contrary to the opinions of some accoucheurs, that uterine contraction and retraction have a feeble energy during this period of accouchement. Retraction transfers to the manometre a very feeble elevation, and contractions of the uterus were observed, as a rule, to occur only two or three times, and were feeble during the expulsion of the placenta. From this it is taught that if you wish to imitate nature the gentlest effort should be employed; that energetic manœuvres are opposed to that which takes place in the normal state.

Dr. Ribemont is a warm advocate of the method of traction, which has not ceased to hold the first rank in France.

The separation of the placenta takes place by degrees. During the first stage of separation he advises a gentle excitement of the uterus to aid its retraction, and to do this, far from employing violent manœuvres of expression, he makes gentle frictions on the fundus. During the second stage the placenta is separated; traction then made upon the cord, he claims, favors much better the expulsion of the placenta than pressure exercised upon the uterus. During the third stage the placenta is in the vagina. Why, then, he suggests, express the uterus when the placenta does not occupy its cavity? All that is necessary is to extract the placenta by aid of the cord.

The method of expression being an inferior one, in his opinion, to that of traction, he suggests the following:

(1) Delivery by traction should be the rule. (2) Delivery by expression should be the exception. It is better, he says, to draw gently on the cord than expose the uterus and placenta to pressure which, badly exercised, is not without danger. Again, he says, it is better to express than introduce the hand into the uterus.

It is not claimed for the method of expression that its only value is in securing an expulsion of the placenta. On the contrary the great merit of the method is that it maintains retraction and prevents hemorrhage. When the method is rightly employed an adherent placenta is a rare accident. There can be no objection to drawing upon the cord at the same time that expression is used. This associated effort will usually give the most satisfactory results. We cannot share Dr. Ribemont's opinion that the method of expression is inferior to that of traction. Traction upon the cord is undoubtedly safe in those cases where complete separation has taken place, but exercised prematurely it subjects the patient to the risk of inversion or of partial retention of shreds of placental tissue. The cord may likewise separate from overstretching and necessitate a removal of the placenta by the hand, the introduction of which Dr. Ribemont regards with evident disfavor.

The danger of expelling the placenta by expression is over-estimated. The method of Credé is not difficult of employment and is devoid of danger. Its success depends upon the exercise of compression practiced only during a contraction and directed downwards in the axis of the uterus.

YELLOW FEVER AND CHOLERA.—The anxiety created by the prevalence of yellow fever and cholera in epidemic forms, the former in Vera Cruz and Havana, and the latter in Egypt, has to some extent been calmed by the vigorous quarantine regulations instituted by the Surgeon-General of the Marine Hospital service and the health officers of the large Atlantic ports. Recent advices indicate that the cholera in Egypt is on the decline, and that the chance of the disease being kept out of European and American ports is more favorable. Up to the present time no genuine case has occurred in Europe or America, but recent reports state that the disease has made its appearance in Rio de Janeiro, where twenty-four deaths are said to have occurred during a single week ending July 26th. This new source of danger threatens this country from its close proximity and by reason of the very intimate commercial re-

lations between that and American ports. Last week a seaman died of yellow fever at the Philadelphia Lazaretto station. He had come from Havana on a brig which is now detained in quarantine. A meeting of the Philadelphia Board of Health was at once called, and resolutions were adopted directing a thorough sanitary inspection of the city market places, wharves, docks, yards, courts, alleys, cellars, cesspools, and other places where filth is liable to accumulate and cause the spread of disease. Special attention of the quarantine officials was called to the transportation of Italian and Egyptian rags, in which it is possible that germs of cholera may be concealed and thus enter the city.

The Health Officer of the Port of New York has issued a notice to consignees and importers giving notice that before any cargo of rags is allowed to pass the New York Quarantine, satisfactory evidence must be given that they have been washed and re-baled at ports this side of infected localities, and where there is no suspicion that the disease prevails.

It thus appears that our neighboring cities are using strenuous sanitary efforts to prevent the introduction of these diseases into their respective localities. We are not aware that the Health authorities of this city or State are using more than the ordinary precautions. The Secretary of the State Board of Health, the chief executive officer of the Board, is, it is understood, absent in Europe. This is much to be regretted at this time of threatened invasion of epidemic diseases, when it is important that every efficient health officer should be at the outpost prepared to take decisive steps in the event of an outbreak. The sanitary condition of this city is not what it should be, and at once steps should be taken to secure a thorough sanitary inspection and cleaning. An outbreak of yellow fever or of cholera, in this city, would be sufficient to create a general panic, and to inflict upon the business interests of the city a loss only equalled by that of the past winter, when small-pox was allowed to run riot until vigorous measures were adopted looking to its eradication.

The practice of strict cleanliness and disinfection has been proven to be the most effective method of preventing the spread of epidemic diseases. Quarantine, whilst of advantage in preventing the introduction of disease, is of little value after a locality is once infected.

A RECENT writer, Surgeon-General J. M. Cuningham, Sanitary Commissioner with the Government of India, in a paper on "The Sanitary Lessons of Indian Epidemics" (*Med. Times and Gazette*, July 21, 1883), has taken the strongest grounds against the assumption of a specific poison as the cause of epidemic diseases, while ignoring sanitary, climatic and meteorological conditions. He asserts that as yet we know nothing whatever as to the cause or nature of cholera or other epidemic diseases, and even protests against the isolation and removal to hospital of fever patients generally as cruel and comparatively useless. He would trust such patients to improved sanitation alone. He says: "The doctrines which have been so commonly preached of late years regarding germs, and the danger arising from the sick, have been attended with most disastrous consequences, and there seems every reason to fear that these disastrous consequences may increase rather than diminish." Quarantines, he says, are the natural outcome of these views so loudly proclaimed. He therefore believes in the uselessness of quarantine as practiced, especially by land, and concludes that to diminish fevers of all kinds, to diminish cholera and to diminish small-pox, the real and only practical remedy is the improvement of local sanitary conditions. "Cleanliness in every form, cleanliness of the air, of the water, and of the soil, are the great ends to be aimed at."

THE MEDICAL CHRONICLE.—This excellent periodical, which has already in the short space of one year, under the management of Dr. Geo. H. Rohé, gained for itself an enviable position in the serial medical literature of the day, celebrates its first anniversary by appearing in an enlarged and greatly improved style, with double-column pages, and the index of contents on the title-page. Among the leading features of the first number of vol. ii, are "a case of Basedow's Disease," by Prof. Coskery, a report on "Recent Progress in Ophthalmology," by Prof. Friedenwald, and an interesting letter from Prague, written by Dr. Wilmer Brinton. In the leading editorial, the editor urges the necessity of medical legislation for the regulation of

practice in Maryland, and refers to a movement on foot designed to secure an appropriate act by the General Assembly next winter. The Illinois law is considered a good model. A number of attractions are announced for the current year. Every one should subscribe for the *Medical Chronicle*, which is furnished at the low subscription price of one dollar per annum.

Miscellany.

MORBID CHANGES OF THE THROAT, LARYNX AND AIR-PASSAGES IN SOME ACUTE INFECTIOUS DISEASES, by Dr. E. Löri, Budapest (*Jahrb. f. Kinderk*, xix, 1).—In measles, 12 to 36 hours before the appearance of the skin rash, there is a diffuse or macular hyperæmia of the mucous membrane of throat, larynx and air-passages, diffuse usually in the mouth, macular on the tonsils and back of the throat. Within twelve hours from the appearance of this hyperæmia there occur small papules, first on the palato-glossal folds. About the time that the skin eruption appears there is profuse catarrh of pharynx, larynx and trachea, with rapid shedding of the epithelium, and frequent formation of superficial erosions. In the trachea the swelling around these latter may give rise to stenosis. According to the writer, the appearance of such ulcers in the larynx augurs the occurrence of tuberculosis. In scarlatina the throat is affected 12–36 hours before the outbreak of eruption. The writer states that there is often a sudden disappearance of the affection of the mouth and pharynx coincident with the eruption on the skin coming out. Frequently the eruption in the mouth closely resembles that found with measles. In rubeola there is also hyperæmia, diffuse or spotted, of the larynx and trachea. In small-pox the mouth is affected at the same time as the skin. The pustules are small and imperfectly filled, dry up in two or three days, and in six days are only represented by red spots. Bleeding from them is very common. The writer recommends the use of ice poultices around the neck, ice internally, and such astringents as tannin applied after puncture of the pustules. In chicken-pox there occurs either diffuse hyperæmia of the mucous membrane, or a few scattered pustules. In typhus and typhoid, acute catarrh of the pharynx, larynx and trachea is of frequent occurrence, and often proceeds in the larynx to the formation of ulcers, which have little tendency to heal, and occasionally, about the sixth or eighth week of the disease, cause perichondritis. For this latter condition, "when diagnosed with certainty," the writer recommends tracheotomy as early as possible. In whooping-cough there is usually some catarrh of larynx and trachea, and bleeding from the mucous membrane is frequent. The appearance, during the course of whooping-cough, of ulcers in the larynx, the writer regards as very suspicious of the onset of phthisis.—*Edinburgh Med. Journ.*, July, 1883.

THE USE OF THE COLD DOUCHE IN OPHTHALMIA NEONATORUM, by Dr. Paulsen (*Berlin. Klin. Wochsft.*, 1883, No. 22).—This writer recommends the use of a cold injection against the eyelid as a means of getting rid of the pus in this troublesome affection. He employs it at first for two minutes four times an hour, and afterwards every half-hour. The effect is to cause opening of the eyes, and thus to permit of complete washing away of all secretion. Thereafter, pencilling with nitrate of silver, or any other means of treatment, may be employed. He advises that the water be not used quite cold at first, and that a little sea salt be added to it.—*Ibid.*, July, 1883.

ON DANGEROUS HÆMORRHAGE FROM THE EXTERNAL GENITAL ORGANS DURING AND AFTER LABOR.—Dr. Peter Young's paper (*Edinburgh Med. Journ.*, March 1883) was read before the Edinburgh Obstetrical Society at the session of January 31, 1883. The author prefaced his remarks with the statement that dangerous or even fatal hemorrhage occasionally occurred after parturition, even when the womb was well contracted. This accident arose in such cases, not from the uterine sinuses, but from lacerations of the cervix or the external genitals. Two cases illustrating this point were given. In the first case the patient was practically lifeless when first seen, and all efforts to arouse her were ineffective. The autopsy showed that the uterine sinuses were effectively sealed with clots. There were several slight rents in the cervix. On the anterior wall of the vagina there was a tear five-eighths of an inch long, which extended upward from the left side of the urethra to the left side of the clitoris. The wound was seven-eighths of an inch deep, of a spongy appearance, and re-

vealed not only a divided plexus of veins, but some small arteries as well. In the other case the wound was also in the region of the vestibule. It was discovered seasonably, and the patient was saved. Winckel is quoted as to the possibility of injury to the nymphæ and labia majora during parturition, even without rupture of the perinæum, but the neighborhood of the vestibule seems to be a more common, as well as a more dangerous locality. The accident may be caused by the simple pressure of the child's head, especially if the tissues are friable, or otherwise without resisting power, or it may be caused by the interference of the accoucheur. As it is likely to occur when only the head of the child has been expelled, the existence of profuse hæmorrhage at such a moment should suggest this accident. If, after ocular examination, it is found that it has taken place, it should be treated at once by pressure in the most convenient and suitable form which can be devised at the time. It will often be desirable to apply pressure temporarily, and subsequently pass one or more sutures through the wound. —*N. Y. Med. Journ.*, August 4, 1883.

Porro-Cæsarean Section.—*Dr. X. O. Werder*, of Pittsburg, Pa., at present a student in Vienna, has recently contributed to the *Medical News* (July 14th) a brief history of four cases of Cæsarean section performed at the Allgemeine Krankenhaus, Obstetrical Department, within two weeks, one in Prof. Gustav Braun's division and the others in Prof. Carl Braun's clinic. These cases are of sufficient interest to claim attention. We will attempt to give a very brief outline of the main points in each case.

Case I, aged 35, was anæmic, badly nourished and of a phthisical diathesis. Her first child was born two years ago in difficult but normal labor. For 18 months past she has had osteo-malacia in a very high degree. Labor set in during the night of April 18th, a little past the eighth lunar month. On examination her pelvis was found to be much contracted both in the antero-posterior and transverse diameters. The conjugate measured only four centimetres. The pelvic outlet was very small. There was not the slightest chance of a normal delivery, and craniotomy was not even admissible. The Cæsarean section was the only means of relief to be considered.

Preparatory to the operation the patient's abdomen was washed and brushed with soap and water and then rubbed off with a five per cent. solution of carbolic acid. The hair of the pubes was shaved off whilst the patient was being anæsthetized. A well disinfected oilcloth, with a central oval opening large enough not to interfere with the operator, was then placed over her abdomen and through this open space an incision was made from symphisis to umbilicus, each layer carefully divided and the peritoneum opened upon the director. As soon as bleeding vessels were secured the uterus was opened and the child extracted. The uterus was then pulled out of the abdominal wound, an écraseur was passed around it closely to the edge of the incision and this was tightened to its full extent. The uterus was amputated about one inch and one-half above the chain of the écraseur. The abdominal cavity was carefully cleaned out and the abdominal wound closed. The pedicle was thoroughly cauterized with the thermo-cautery and then dusted over with iodoform. The stump, still included in the chain of the écraseur, which is to be kept on until the pedicle sloughs off, was tightly packed with iodoform gauze. Over this a piece of silk was placed and on top of this antiseptic cotton and a Mackintosh, the whole covered with a large linen bandage. The child cried immediately after extraction and is thriving pretty well. The mother died at the end of the third day; the exact cause of death not ascertained.

Case II.—Was a strong, vigorous primipara, 23 years of age. She had been subject to rickets and had a pelvis contracted in all of its diameters. The conjugate measured 6 cm. and right oblique 5 cm. Her pelvis was so contracted that craniotomy could not be performed. Cæsarean section was decided upon and the patient kept under observation for about two weeks as it was preferred to do the operation a few days before labor was expected, because the pains would not only be a very undesirable complication to the operation, but the damage very likely to be done by them to the cervix by bruising and tearing it should be avoided if possible. The operation as performed by Prof. Carl Braun was very similar to that in case 1 of Prof. Gustav Braun. The incision in the linea alba was made a little higher up, commencing about one to two inches above the symphisis and extending higher above the umbilicus. After the abdomen was opened the uterus

was drawn out from the abdominal cavity before it was opened. A large elastic tube was now applied very tightly around the neck of the uterus for the purpose of controlling bleeding; the écraseur was also passed around but not tightened. The uterus was next opened and a living child extracted. The amputation of the uterus and dressing of the pedicle and wound was the same as in case 1. The patient did not have the slightest rise of temperature and did well until the end of the third week when she was attacked with phlegmasia alba dolens. She will, however, soon be restored to health.

CASE III.—This patient, an idiot, thirty-two years of age, had a rachitic pelvis, deformed and contracted in all its diameters. The indications for Cæsarean section were just as decided as in case 2. The operation did not differ from the last one, but after cutting off the uterine circulation by an elastic tube drawn tightly around the lower part of the uterus, there was some little delay before the child could be extracted, as a consequence of which the child in utero, being without the mother's nourishing fluid, was forced to respire, and, in so doing, aspirated some of the amniotic fluid. It was therefore asphyxiated when born and died a few minutes after birth. The patient is doing well, but in one of her wild hallucinations succeeded in tearing apart the slightly adherent surfaces of the abdominal wound which has left an orifice to be closed by granulation.

CASE IV.—This patient, aged 40 years, was suffering from osteo-malacia to such a degree that she has not been able to walk for a long time. Her pelvis is contracted most intensely. The deformity was so pronounced that Cæsarean section was the only operation to be considered. The operation was performed in the same way as in the previous cases, but the operator, learning from experience in the last case, the elastic tube was not drawn tightly around the cervix until the incision into the uterus was made, as a consequence of which a living child was extracted. This patient recovered without an unfavorable symptom.

Thus out of a series of four cases, three women and three children have been saved; results so encouraging as to entitle Porro's operation to the most favorable consideration, and to suggest the hope Dr. Werder expresses "that the time is not very far off when it will supersede a very unscientific, unsurgical and detestable obstetrical operation—craniotomy—at least in all those cases in which a living child is at stake."

T. A. A.

SALICYLATE TREATMENT OF ACUTE RHEUMATISM.—*Dr. Isambard Owen*, from an analysis of 210 cases observed at St. George's Hospital in 1877 and 1878, concludes: 1. That as compared with the alkaline treatment, the use of salicylate not only shortens the duration of the primary attack, both pain and fever, but materially lessens the total of suffering. 2. That the salicylates by themselves do not materially lessen the duration of the cases; but that they do so to some extent when their use is combined with that of full doses of alkali. 3. That while the use of salicylate in initial doses equivalent to three drachms or more in the twenty-four hours, has a slight advantage over its use in smaller doses as regards the primary attack, this advantage is lost by the prolongation of convalescence, and possibly by the liability to pyrexial attacks in convalescence. 4. That of the modes of treatment dealt with in the above statistics, that which combines the greatest advantages is the combination of alkaline and salicylate treatment, the salicylate being given in doses equivalent at the outset to two drachms in the twenty-four hours, and reduced as occasion requires.—*Lancet*, June 30.

NEED FOR THE NEW CODE NOT TO BE BASED ON THE GROUND OF CHARITY.—The argument so often used, that by obliterating these distinctions (viz., between regular and irregular practitioners) the beneficent results of rational medicine are brought within the reach of the suffering dupes of charlatanry, is a plausible one and has become quite popular by reiteration, and by the captivating sentence for the common multitude that "emergencies may occur in which all restrictions should yield to the demands of humanity," but the argument is unsound and unfair, because throughout all the time of the old code the services of the profession have been freely and liberally accessible to all who are sick or suffering at all times and in all emergencies; and there is no profession nor trade that has ever given more personal service more freely or more liberally than that which has lived so long under the teachings of the old

code, and as a rule, those who lived most nearly up to the precepts of the old code have been most fruitful in liberality and humanity, as in beneficent work.—*Squibb's Ephemeris.*

THE OBSTRUCTIONS IN THE MEMPHIS SEWERAGE.—Much has been said about the obstruction of sewers in Memphis by bones chips, etc. It is a sufficient answer to this if we say that during the three years of use of the whole system, beginning with a length of eighteen miles, and now double that length, there have been in house drains and sewers together only 75 stoppages; not more than half of these have been in the sewers, being equal to one stoppage per year for each three miles of the system. It is also to be considered that these stoppages occurred mainly at the outset, and in undue proportion in the work of a single engineer, who was evidently careless in making the joints between the pipes. The inconvenience to traffic and the cost of the work has been practically nothing.—*Geo. E. Waring, Jr., in Sanitary Engineer.*

GROCERS ENCOURAGING SANITARY SCIENCE.—A prize of $5,000 has been offered by the Worshipful Company of Grocers of London for the discovery of "a method by which the vaccine contagium may be cultivated apart from the animal body in some medium or media not otherwise zymotic. The method to be such that the contagium may by means of it be multiplied to an indefinite extent in successive generations, and that the product after any number of generations shall (so far as can within the time be tested) prove itself of identical potency with standard vaccine lymph." This prize which is to be offered hereafter quadriennially is open to universal competition. Treatises on the above subject must be submitted by the 31st of December, 1886. All treatises must be in print and in English. The advisory committee is composed of Drs. John Simon, Burdon Sanderson, George Buchanan and Prof. Tyndall. Communications are to be addressed to Clerk of the Grocers' Company, Grocers' Hall, London, E. C.

THE USE OF QUININE IN THE DISEASES OF CHILDREN.—M. Jules Simon, of Paris ("*Revue des Maladies de l'Enfance*," Febr'y, 1883), calls attention to the necessity of bearing in mind the curious and unexpected forms in which malarial poison manifests itself in children no less than in adults. The obscurity of the malarial origin is often greater in cases affecting children than in those affecting the mature. Not only may there be no fever, but there may be no periodical exacerbations of the disease. There may be no reason to suspect the true nature of the attacks, except the history of exposure in a malarial region. Nevertheless, if the affection be due to malarial poison, all treatment that does not take the cause of the disease into consideration will signally fail, while quinine will effect the most astonishing cures. M. Simon cites four cases of children suffering from irregular forms of malaria, some of which had resisted all other treatment, all of which, however, yielded quickly to the sulphate of quinine.—*N. Y. Med. Journ.*, August 4, 1883.

Medical Items.

THE seventh annual meeting of the American Dermatological Association will be held at Lake George on the 29th, 30th and 31st of August.=Dr. Charles T. Percivall, of Baltimore, according to the *Medical Chronicle*, has had the honorary degree of M. A. conferred upon him by William and Mary College.=The "*Progres Medical*" urges upon the authorities in Paris the importance of establishing crematories in view of the possibility of a European outbreak of cholera.=M. Pasteur's pension, it is said by the *Lancet*, has been increased to 25,000 francs with reversion to his wife and children.=On Friday of last week a steamship having rags on board arrived at Boston, where the captain stated that, as far as he knew, there were no rags or paper stock in her cargo. The ship's papers showed, nevertheless, 115 bales of rags.=In riding on a railroad train, sleep with the feet toward the engine; the movement of the train tends to draw the blood from the brain to the feet; cerebral anæmia is produced, then sleep. So says Dr. Outten, a German physician.=The *New York Medical Record*, Aug. 4th, published a brief report of the fifty-first annual meeting of the British Medical Association, held in Liverpool, July 31st, August 1, 2 and 3, 1883. The report was sent by cable. This is enterprise.=The American Public Health Association will hold its eleventh annual session at Detroit, Mich., Nov. 13th to 16th, inclusive. The following subjects have been chosen for special discussion: Malaria, Foods, Vital Statistics, and The Control and Removal of all Decomposing Material from Households,

Clinical Lectures.

TRICUSPID REGURGITATION.

BY JOHN S. LYNCH, M. D.,

Professor of Principles and Practice of Medicine and Clinical Professor of Diseases of the Throat and Chest, College of Physicians and Surgeons.

(*Delivered at the City Hospital, May* 15, 1883).

GENTLEMEN:—The patient before us, Mary C., aged 33, unmarried, by birth American, tells me that she has always enjoyed good health until about three years ago, when she began to suffer somewhat from "shortness of breath." This has persisted, being sometimes better, at others worse, until about six months ago, when she noticed that her feet and legs and subsequently her abdomen began to swell, with considerable increase of the dyspnœa. She says that she has never had rheumatism and denies ever having had syphilis; but the latter assertion I have good grounds for disbelieving.

Her present condition, you perceive, is very bad indeed. Her feet and lower limbs are enormously swollen from serous infiltration. The nature of this swelling is indicated by the deep indentation left by firm pressure of the finger. Her abdomen, you see, is also very greatly enlarged—as large as a woman in the eighth month of pregnancy. Two causes seem to contribute to this enlargement: First, there is evidently a considerable accumulation of ascitic fluid, and second, I think I can clearly make out a large tumor springing from the right illiac region, (probably ovarian), notwithstanding the difficulty presented by the ascites in exploring the abdomen.

Her skin is pale, her face swollen and her lips and nails have a bluish or rather purple hue. Her pulse is small, frequent and feeble, and her respiration very frequent.

If we examine her more closely we discover a strong pulsation in the veins of the right side of the neck and temple, and a distinct though much feebler one on the left side. This pulsation is so strong that you can see even from where you sit that the skin on the right temple and forehead is distinctly elevated at each cardiac systole. The right external jugular vein, you see, is very large and pulsates strongly. We have, therefore, a case of tricuspid insufficiency with venous regurgitation. This, I am inclined to think, is a very rare disease of the valvular apparatus of the heart; for though Flint and others speak of it as "not uncommon," this is the second case only that I have seen in thirty years practice and six years of clinical teaching in this hospital, during which many hundreds—perhaps I might with truth say thousands—of cases of heart and other thoracic diseases have been examined. If you ask me *why* disease of the valves of the right heart is so infrequent, while it is met with so often upon the left side, I must answer that I do not know. I only know that as a rule those nutritive disorders, which lead to injury of the valvular apparatus of the heart, occur *after birth* only in the left cavities of the heart, while during intra-uterine life if these nutritive derangements occur at all it is in the right cavities. It is quite probable the greater amount of pressure and friction to which the left cavity is exposed after birth, and the right side before birth, furnish the explanation of the fact.

But I would not have you believe that in this case or in any other case of tricuspid regurgitation, there must be necessarily a lesion of the tricuspid valve, the result of a preceding inflammation of the endocardium. I have long held the opinion (which is now also held by many eminent teachers) that insufficiency of either the mitral or tricuspid may take place while the valve itself is perfectly healthy. This may occur from dilatation of the ventricle which, enlarging in all directions, must also enlarge the auriculo-ventricular orifices. Should this dilatation reach an extreme degree, the orifice may become too large to be completely closed by the valvular flap, which has retained its original dimensions. I am confidently of the opinion that this is the explanation of those not very infrequent mitral murmurs which disappear entirely after appropriate treatment.

In this case we are not able positively to say whether this is the condition or not. We only know that there is certainly an insufficiency of the tricuspid, and that the usual causes of heart disease are said not to have existed.

Let us now examine the heart itself and see if the physical signs will enable us to reach an assured diagnosis.

Upon inspection and palpation, we find that the apex reaches far around to the left, quite beyond the mammary line; the impulse of the heart is seen and felt over a

wide area, and the chest wall is visibly lifted at each pulsation. This indicates enlargement, and particularly enlargement of the right ventricle. For as the apex is included in the left ventricle, and the heart rests upon the diaphragm by its right ventricle, enlargement of this ventricle will have the effect of pushing the apex to the left and upwards—precisely the condition we have here. The ventricle is then certainly enlarged; but whether this enlargement is due to pure hypertrophy or to hypertrophy with dilatation or to dilatation alone is not so easy to determine, by any objective physical signs. On the left side of the heart we can readily determine the fact by noting the characteristics of the pulse. If with an enlarged area of dulness, and a heaving, diffused impulse, we have a full, strong and bounding pulse, then we know there is hypertrophy alone. But if with these the pulse is small, feeble and quick, and out of proportion to the apparently vigorous and active heart, then we know there is dilatation. In case of enlargement of the right ventricle, however, this sign is denied us. We cannot "feel the pulse" here. Can we, then, reach no conclusion in the matter? Is there no sign that will throw any light upon this question? Yes, we can inquire into the state of the pulmonary circulation, which will suffer the same alterations in right hypertrophy or dilatation that the systemic circulation does from alterations in the heart upon the left side. But here again we are met with another difficulty. Too much blood in the lung, or I should say too great blood pressure in the lung, gives rise to the same symptom that is present in too little blood in the lung. That is a subjective sensation of dyspnœa. The person feels that he cannot get "breath enough," and he will also suffer more or less in either case from a sensation of constriction in the chest. But there is this difference in the two conditions which in doubtful cases may be relied on to distinguish the one from the other. When there is too much blood in the lung the person will have, in addition to the subjective sensations I have described, a *cough*, which becomes more and more troublesome as the blood pressure increases, until finally stasis of the pulmonary circulation ensues with carbonic acid poisoning of the centres of sensation and consciousness, after which all cough ceases, because the person no longer feels or perceives the irritation which caused him to cough. When there is not enough blood in the lung this cough is not present; although the same result will be finally reached, viz., carbonic acid poisoning and coma, as in the other case. Here, then, we have a symptom by which we can arrive at a conclusion. If there is hypertrophy, pure and simple, of the right ventricle, the patient ought to have dyspnœa *with* a cough; if there is dilatation and of course consequent weakening of the ventricular walls, there should be dyspnœa *without* cough. Upon inquiry she tells us she coughs only when she has a cold, and you will have noticed that she has not coughed once since she has been in the lecture-room.

These signs and symptoms, then, clearly point to enlargement and dilatation of the right ventricle, which *may* account for the insufficieney of the tricuspid valve. I say *may*, but I do not assert positively that this alone is the cause of the venous regurgitation, for in the course of our examination I have found signs which strongly point to another disease; a disease whose manifestations and lesions are so manifold and various that they may be invoked to account for almost any chronic disorder to which the human body is liable. Of this, however, we will inquire hereafter.

Since we so seldom meet with this variety of valvular disease of the heart, let us now study the physical signs presented by it. The enlarged ventricle with increased area of heart dulness and displaced apex beat I have already pointed out to you, but these are met with in other forms of heart disease. Let us apply the stethoscope and ascertain if this regurgitation is accompanied by any of those bruits or murmurs which indicate valvular disease in other situations. Yes, upon examination I hear a faint, low pitched, systolic murmur, whose point of greatest intensity is over the right edge of the sternum at the fourth intercostal space and over the fourth cartilage. It is so faint that it cannot be traced far in any direction from this point. But it cannot be heard at all over the apex of the heart where we would hear a mitral murmur, nor over the mid-sternum at the third cartilage where we would hear an aortic direct murmur, and hence cannot be produced by a lesion of either of these valves or orifices. The tricuspid regurgi-

tant murmur is said to be generally accompanied by a mitral regurgitant one also, but in this case there does not seem to be any lesion of the mitral, or if there is, it is not accompanied by a murmur. You will remember, however, that absence of a murmur is not positive evidence of the non-existence of a valvular lesion, since the very lesion we are now discussing certainly exists sometimes—demonstrated by an unmistakable venous pulsation—without a corresponding murmur. Indeed, I have a lady now under observation for about ten years, who formerly had a strong mitral murmur which has now disappeared entirely, notwithstanding her heart trouble has become so bad that she has not been able to sleep for many months in the recumbent position, except when under the influence of morphia and digitalis. In the present case, while we have strong venous pulsation, apparent even from quite a distance, the murmur is very faint and low pitched. I beg leave to remind you, therefore, that the gravest valvular diseases are not always attended with the strongest murmurs, nor do loud-pitched and hissing murmurs always indicate grave lesions. The girl Katie P., whom I showed to some of you last winter, has had for several years a valvular murmur so strong that it can be heard at a distance of several inches from her thorax, and yet she has exhibited no other objective or subjective symptoms of heart disease.

The explanation is very simple. A fluid driven forcibly through a very narrow orifice will produce a high-pitched "whizzing" noise, but if driven with the same amount of force through a large opening it will flow through silently. You can illustrate this fact in physics by taking one of those hollow india-rubber balls with which little boys amuse themselves. Fill it with water and forcibly compress it and the water will escape with a loud hissing noise. Now cut a large hole in it and repeat the experiment, using the same amount of force, and the escape of water will be found to be quite noiseless. And this explains the disappearance of some valvular murmurs as the case progresses. The orifice becomes larger and the heart walls weaker and weaker until finally the cardiac contractions are too feeble to produce a murmur at all.

And now you will ask me what I am going to do for this patient? Not much, I am afraid, can be done for her. Cure is of course impossible, and her condition offers little hope of benefit even from palliatives. There are two main indications; first, try to improve her nutrition; and second, try to energise her heart. For the first, I will order her to take 30 minims of tinct. of the muriate of iron, and if she can digest it a desertspoonfull of cod liver oil three times a day.

For the second indication I order her 25 drops of tincture of digitalis also three times daily, and will report progress to you hereafter.

* * * * * * * *

June 12th. I have the pleasure of showing you again this woman, who was before you four weeks ago. Her improvement has far exceeded my expectations, and I am glad to be able to show you how much can be done to prolong the life and increase the comfort of this class of patients, by rational treatment with good nourishment and—perhaps more important than all—rest. The venous pulsation can no longer be seen as before, at a distance, but must be carefully felt for to be demonstrated. The dropsy you perceive has disappeared, her lips and nails are no longer blue, and even some color has returned to her cheeks. She says she feels better than she has for many months, and asks permission to return to her home. I shall let her go, because her bed is wanted by other unfortunates at present worse off than she is.

Her treatment during these four weeks has been only that indicated when before you last, viz., tinct. of iron and tinct. of digitalis.

Of course she will come back to us in a few weeks as bad or perhaps worse than before, for disease like her's can only have one termination—death. Still it is something to have procured for this poor creature a short surcease from pain and suffering and to have kindled again in her poor heart the fires of hope and joy even though they mey be doomed to speedy extinguishment. It is a great pleasure to me also thus to be able to demonstrate to you the correctness of the therapeutic principles and the utility of those therapeutic measures I have been so earnestly striving to inculcate during the past months.

Selected Article.

THE POWERS AND DUTIES OF INDIVIDUALS AND COMMUNITIES FOR THE PREVENTION OF CHOLERA AND DIARRHŒA.

BY MR. ERNEST HART,

Editor of British Medical Journal.

The CHAIRMAN, SIR JOSEPH FAYRER, in opening the proceedings, said it was an undoubted fact that an epidemic of cholera was prevailing at the present moment in the Delta of the Nile, and therefore it behoved us to consider the question in reference to any possible extension of the disease to this country. Happily, so far as he knew at least, there was no indication of any extension of the disease to this country at present; but previous experience had taught us that such extensions had taken place. To be forewarned and prepared was to be forearmed; and it was therefore well that we should consider what might be done under the circumstances, should there be any extension of the disease to this country, and that we should make such preparations that, in the event of the wave rolling this way, it should not break with the violence it had done on former occasions. They were aware that, within the last fifty years, there had been several epidemics of cholera in this country, some of them severe and protracted. The Government and the sanitary authorities had alike been alive to the importance of this matter. It had been carefully studied, and much valuable information of a practical character had been obtained. It was true that there was some difference of opinion still as to the nature of the causation of the disease; but they had learned so much as to the laws that regulate its propagation and its diffusion—so much of that which ought to be done to render it as harmless as might be, by which it might be mitigated, and by which they might regulate its localisation, and so on, that they should be prepared to treat it, in the event of its coming, as of comparatively little importance. He thought it was very satisfactory indeed to see the calm and dignified way in which our nation was now treating the matter. It was a pleasant contrast to the excited, the wild, the passionate view that was taken by other nations and by other Powers with reference to quarantine and coercive measures. None of them, he thought it had been satisfactorily shown, did any good; if they did anything, they only intensified the mischief, and they rather tended to increase than diminish the disease. Although differences of opinion still existed as to the causation, the proximate, the real cause of cholera, no differences existed as to what ought to be done with it and for it—what sanitary, what preventive measures ought to be had recourse to. Let him quote the words of a recent great sanitary authority, one who was a pioneer of the sanitary movement which had now progressed so far—Dr. Southwood Smith. "We see that epidemics are not made, by a Divine law, the necessary condition of man's existence upon earth. The boon of life is not marred with this penalty. The just laws of nature, which are God's ordinances, in their regular course and appointed operation, do form and give off around us products which are injurious to us; but He has given us senses to perceive them, and reason to devise the means of avoiding them; and epidemics arise and spread because we will not regard the one, nor use the other."

MR. ERNEST HART, taking first the history of cholera, said that, by the increased knowledge afforded by past epidemics of cholera in this country, they had been enabled to make each succeeding epidemic less severe; and they would probably make this one positively harmless, if it should reach our shores. It was interesting, he said, to remember that cholera first invaded Europe subsequently to the introduction of steam-boats—that, in all probability, had a scientific as well as an historical meaning. The history of cholera in this country dated from the wide-spread epidemic of 1831–2; in India, from 1808; in Persia, Arabia, and Astrakhan, in 1823; in 1830, extending itself over the whole of Russia, following the lines of human intercourse and traffic, whether by road or river. Every effort was made to keep it back from the German frontier by quarantine, by *cordon*, and every kind of restrictive measure, but without effect; and, in 1831, it broke out in every country of Europe. Having traced the progress of various epidemics which had occurred throughout Europe and Asia, Mr. Hart referred to the outbreak in London in September 1848, from whence it rapidly spread to Edinburgh, Dublin, and the United States. It was then that the causa-

tion of cholera first became the subject of organized scientific inquiry; and the connection between cholera and unsanitary conditions was admirably investigated by Dr. Southwood Smith and Mr. Edwin Chadwick, as Royal Commissioners. Impure water was the readiest propagator of the cholera; and, although the absolute purity of this element was not to be relied on as a specific against the disease, it was most necessary to secure it, and the companies who enjoyed the monopoly should be impressed with the responsibility of their obligations. It lay upon them in respect of such monopolies. It was an anomaly in our legislation that there were no penalties, so far as he knew, upon any companies for distributing impure water to our homes; and there was good reason for desiring that the Government should carry out their undertaking, and themselves assume the direction of the water-supply of this metropolis. Though the chemical test might be able to detect dangerous qualities in a water-supply, yet the only way in which water could be tested, as capable of producing disease, was by the physiological test, that was by the production of disease—a test to which they had a right to object. Without entering into any doubtful points as to the nature of choleraic poison, or the more doubtful methods by which it was conveyed, he should have the assent of every one when he said that they could depend neither upon quarantine nor upon *cordons*. Both had proved to be alike cruel, selfish, morally wicked, and medically useless. Quarantine was an ancient and barbarous expedient, which had been condemned by every authority who had examined into it. It was condemned by Europe, in its calmer moments, in its last Conference at Vienna. England knew that what was needed as a precaution against cholera was common-sense and cleanliness. These were qualities for which our lively neighbors across the Channel were not remarkable. The only advocates for quarantine in the world, at the present moment, were certain official persons among the French. No one would deny that, so long as quarantine was limited to any particular port of Asia or of Africa, it would be a precautionary measure, justifiable if it were efficient; but it would still be unnecessary, because rigid inspection superseded quarantine. Still more useless than quarantine was the system of *cordons*, which had always been ineffectual. It had been retried in Egypt. Our Government had looked on; though not believing in it, yet unwilling to interfere. This system of *cordons* had completely broken down in Egypt as elsewhere. Foreign medical papers, as well as foreign political papers, had been somewhat excited about the attitude of the British Government with respect to cholera; and had assumed, entirely without foundation, that the objection which was entertained to quarantine by the British Government was one depending upon commercial and not scientific considerations. It was a sufficient answer to say that, in our Indian Dependencies, we had long ago abandoned quarantine and sanitary *cordons*, and we had learnt to rely upon inspection, cleanliness, isolation and disinfection. The spread of cholera resembled closely the manner in which typhoid or enteric fever was promulgated, and the extent to which it had been possible to guard against these diseases was a measure of the success that might be attained in guarding against cholera. Let great care be taken that no impure or infected air enters their dwellings; but, in order to illustrate the extent to which this precaution was not carried out, he quoted the result of some investigations by Mr. Field, which proved that, out of 1,000 houses examined, only 3 per cent. were sound and free from taint. In 6 per cent., there was an absolute stoppage in the drainage; 31 per cent. had leaky soil-pipes; and in 31 per cent. there was connection between the drinking water and the drain-pipes. As there was an annual decline in the deaths from enteric fever, it was satisfactory to know that greater precautions were being taken. It was most necessary that the water for drinking should be kept apart from that for sanitary purposes. Basements of houses should be carefully searched for old cesspools, and dustbins should be emptied daily. Intemperance in either eating or drinking should be carefully avoided; and tainted food, sour milk, and unfiltered water were exceedingly dangerous. In conclusion, Mr. Hart observed that cholera was no longer a mystery, and had lost much of its terror. It was not infectious by simple contact; it was known how to check its progress; and if public authorities and private individuals united in taking proper precautions, there was nothing to fear. As

a precaution against cholera, it was the duty of each head of a household to see that the drainage of his house was complete and safe; that the water-supply was uncontaminated by the sewage; and that, especially in old houses, there was no cesspool beneath the basement. The dustbins were a source of danger, and should be cleaned out every day. Dirty linen, which had been used in suspected cases, should be dealt with separately, and disinfected. The simplest kind of disinfection for this purpose was a weak solution of chloride of lime, or a solution of carbolic acid; and all such linen should be steeped in a solution of it before it is allowed to pass from the house. It was a remarkable fact that, cleanly as the English were, they made no preparation for the cleanliness of their servants. No house should be considered complete that was not provided with baths for the servants as well as for the family. On the question of individual precaution, there should be careful dieting, an avoidance of unripe fruit, sour bread, unsound meat, and anything laxative; and, most essential of all, cases of slight and painless diarrhœa should be treated as not of the least, but of the utmost importance. Chills should be avoided, and woollen clothing worn—the light woollen clothing which could be obtained for summer wear being as cool as anything worn. A restrictive of diarrhœa, upon which there was a general consensus of opinion as to its particular usefulness, was that known as sulphuric acid drink—ten drops of dilute sulphuric acid in an ounce of water, and sweetened with syrup of orange-peel or otherwise made agreeable. But premonitory diarrhœa, under present circumstances, ought to be regarded as immediately calling for medical advice. Disinfectants should not be resorted to until the cause of the bad smells had been ascertained and removed. Disinfectants should not be used as deodorisers, but only where it was proposed to deal with infective matter proceeding from a person having diarrhœa or cholera; or in the case of drains, where it was impossible at once to remedy the evil. The disinfectants generally used were quicklime recently burnt, used in the form of dry powder, stirred up well with ten times its bulk of water; chloride of lime in the proportion of one pound to the gallon of water; carbolic acid dissolved in about eighty times its volume of water; sulphate of iron dissolved in ten times its weight of water. Enteric fever and diphtheria year by year claimed victims, and if cholera came to teach us that by cleanliness only, that only by adopting the methods which science and nature had taught, could we overcome these diseases, then cholera would not have come in vain. But we ought not to require that lesson; we ought to sweep our houses and keep them clean, so that we need not fear the advent of cholera.—*British Med. Journ.*, July 28th.

Correspondence.

LETTER FROM WASHINGTON.

WASHINGTON, August 8, 1883.

Editors Maryland Medical Journal:

A card from Dr. Billings put me in the way to see the Army Medical Museum to the best advantage. Surgeon D. L. Huntingdon, who has charge of it, is a gentleman of polished manners and the highest scientific attainments, a worthy successor of Woodward and Otis. Under his guidance, I examined the specimens on the third floor of the Museum building (the other floors being devoted to the library and the clerical work and records of the Surgeon-General's office). Anything of special interest, or that happened to attract my notice, was taken from its case, and its history, if not known, procured for me by an assistant.

To the opportunity afforded by the late war, as is well known, is due this immense collection; which, in specimens, illustrating gun-shot injury, is probably without an equal. Whilst the bulk of the preparations have come and continue to come from army surgeons, donations are received from other sources, and everything is preserved with care, whether rare or of common occurrence. If not needed for the Museum it is utilized for exchange, although duplicates of pathological preparations are of course not often to be met with. The specimens now amount to about 22,000, and Dr. Huntingdon, having completed the third and last volume of the surgical history of the war, will now go to work upon a new catalogue. When the present catalogue was prepared there were only about 8,000 to 10,000 specimens.

An enumeration, even, of all that I saw would of course be out of the question. There were skeletons and crania, it seemed, almost without number. The collection of a complete series of crania is an object whose accomplishment is aimed at. A large number of the skulls showed that they had been subjected to trephining; there were fractures of every variety, complete, or involving one or other table

alone, and with or without depression. In some, Indian arrowheads had penetrated the bone and remained imbedded in it. A very interesting specimen, presented by Dr. Hunter McGuire, of Richmond, exhibited a minnie bullet partly imbedded in the posterior surface of the body of a lumbar vertebra and partly lying free in the spinal canal; it had evidently penetrated through an intervertebral foramen. I saw no fractures of the long bones, and but one dislocation—of the femur—but possibly I overlooked these. A large lot of calculi, vesical and biliary, are exhibited; the former are interesting on account of their variety, the great size of several, and the character of their nuclei. A *bullet* formed the nucleus of one, and a *fragment of shell* that of another. The soft preparations were equally interesting, and the typhoid fever collection is known to be particularly rich. Of aneurisms there was an abundance. There were also models illustrating hospitals, hospital ships and cars, tents, stretchers, ambulances, crutches, surgical instruments, etc., etc. The comparative anatomy department is developing rapidly, and takes in not only the normal but also the morbid anatomy of the lower animals; of the latter, for instance, there were many illustrations of the bony hypertrophy common in the horse, especially in the lower maxilla. I should have mentioned also the collection of stumps, illustrating the various methods of amputation.

On returning to his office, the Doctor exhibited to me the vertebræ and broken rib of President Garfield. It will be remembered that the ball first fractured the rib, whence, being slightly deflected, it entered the intervertebral substance to the right and rear of the spinal column, passed forwards and slightly downwards, emerging from the left anterior aspect of the lower vertebra. This latter was completely carious, worm-eaten as it were, the intervertebral substance above and below destroyed, and the adjacent vertebræ showed indications of having been inflamed and saturated with pus. The extremity of the fractured rib, at the time of the *post-mortem*, hung vertically, suspended by a fragment of periosteum, but, owing to the frequent manipulation it has become entirely separated from the rest of the bone.

I am informed that the specimens of bone, removed from the body of J. Wilkes Booth, and the skeleton of a more recent Presidential assassin, are also in the possession of this Museum, but I saw neither. If true, it is well not to let the public know of it, at least in the latter case; as, if it were known, the place would be completely overrun by sightseers.

I may mention, as of interest, that Dr. Woodward is at this time undergoing treatment at a hospital in Philadelphia. He suffers from melancholia, said to have been due to the excessive mental strain consequent upon his attendance upon the late President, reacting upon a naturally high-strung nervous organism. He is somewhat improved in health, but his recovery and return to usefulness are hardly to be anticipated.

Next to the Library and Museum, the Naval Museum of Hygiene is perhaps most deserving of mention. This was instituted by Surgeon-General Wales, of the Navy, in August, 1882, and has rapidly developed into respectable proportions. Originally located in a small building opposite its present site, it soon became necessary to seek larger quarters and now a second removal is demanded, and the Naval Hospital Building will probably be selected. The institution embraces two departments—a museum and a library. The latter now contains about 5,000 volumes, almost exclusively works upon hygiene, and about 120 current medical periodicals. In the museum department are numerous specimens of apparatus illustrating sanitary science in many of its most approved modern developments. Here may be seen various sorts of water-closet basins, urinals, etc., and the modes of flushing them in vogue; in one of these, which theoretically would seem to meet all the requirements of such apparatus, the flushing is effected automatically at intervals of about two minutes. Then there are specimens of the clothing worn in the services, of the food rations, of glazed bricks, tiles, glass, etc., for walls of hospitals and dwellings, of stoves and heating apparatus, etc. A model of the casket in which the bodies of the frozen Jeannette crew are to be brought home is on exhibition; also a small crematory, modeled upon Siemens' furnace, intended to illustrate upon the bodies of dead rats and cats the process of combustion as applied to the disposal of the human body after death. Specimens are also shown of lead, tin and other metals, corroded by the action of simple water, or earth, or gnawed through by rats.

Congress appropriated $7,000 for the maintenance of this institute during the current year. This could hardly be expected to suffice should the undertaking develop according to anticipation; but the naval service offers peculiar advantages for carrying it on at a minimum expense, because the officers are constantly cruising to all parts of the world, and can collect specimens and carry them home on board their ships without extra cost. There is no question that the work is a great one and offers a golden opportunity to the navy, which if utilized with intelligence, judgment and energy, cannot fail to advance not only its own interest but those of the profession and public as well.

Surgeon-General Wales is also forming a collection of materia medica specimens which at least to the physician is one of the chief attractions at the National Museum. These specimens, which are both fluid and solid, are contained in bottles and jars and are exhibited in glass cases arranged in parallel rows so as to economise space. To show the extent of this collection, I may mention that I counted over a hundred specimens of Peruvian bark alone. In the same apartment are a number of large and beautiful photographs and lithographs of many of the medicinal plants. The mode in which these are exhibited deserves mention. They are placed in large frames which revolve upon hinges around a pillar. Being just at the right height for a person standing, they facilitate much the study of the subject. So far as I could learn, the excellent opportunity here afforded for medical instruction has only been availed of once, Dr. D. W. Prentiss, Professor of Materia Medica in the National Medical College, having delivered a brief course of lectures here to his class and others during the past spring.

The reclamation of the "Potomac Flats" or "Marshes" is proceeding slowly but satisfactorily. These flats have long been recognized as the cause of much of the sickness and mortality of Washington. According to Dr. Townshend, the Health Officer of the District of Columbia, nearly one-half the sickness during the months between June and November is directly due to malarial diseases, and these diseases are greatly more prevalent in the district lying immediately contiguous to the marshy site, than in those more remote from it. The method pursued in converting the marsh into solid ground is somewhat like this: A tressle work is run out into the stream from the shore to a point which is hereafter to form the new bank. Upon this run small cars made so as to discharge their contents into the water beneath. The material employed for the purpose is the earth dredged from the channel of the river. In this way it is proposed to form long causeways which will constitute *points d'appui* for further additions of earth. I could not learn that any masonry is employed in the work. Not only is this work important from a sanitary point of view, but the ground thus reclaimed will ultimately possess an immense value, making a many hundred-fold return for the expense in securing it. A similar marshy region is found in the Eastern Branch or Anacostia River, lying southeast of the city, which demands, and in due time will doubtless receive, the same treatment.

With the genial Dr. Toner I visited his treasures at the Capitol, now forming a part of the Congressional Library. According to the report of the Librarian of Congress, the collection embraces over 27,000 volumes, besides 12,000 pamphlets and periodicals. A few occupy one of the niches in the Library, but the chief bulk occupies temporary quarters in a portion of the crypt under the rotunda, which has been partitioned off for that purpose. Here I found a gentleman engaged in arranging, stamping, labeling, etc., a labor which will probably require a year longer to complete. Mr. Spofford in his report for 1882 says of this collection: "In the local history of States, counties and towns, in biography, in medical science, in early imprints and in several classes of miscellaneous literature the collection embraces much valuable material which is added to from time to time by the donor." The disposition of it is doubtless the best that could have been made and it is perfectly satisfactory to Dr. Toner.

The National Board of Health still maintains its office and organization, although deprived by Congress of nearly all of its functions. The expenses are met by the appropriation of $10,000 made at the last session of Congress for the year ending June, 1884, and by the per diem allowed members while in the active discharge of the duties of the Board. Owing to the lack of funds no scientific researches can be carried on except by the members of the Board themselves. The future of the National Board is not very bright, but it cannot be denied that its past is a brilliant one and alike creditable to itself and useful to the country. Whether the Marine Hospital Service can be so refashioned as to adapt it to assume all the duties which national hygiene would impose upon it remains to be seen, but that the demands of this supremely important branch of sanitary science must be met by Congress, and intelligently, efficiently and without delay, is as certain as that the sun will rise on the morrow. Col. Geo. E. Waring, Jr., the new Secretary of the Board, was not in the city at the time of my visit, which I regretted, as I would have liked to talk with him about our Baltimore sewerage.

The Washington Training School for Nurses is now in successful operation in the building at the S. W. corner of 12th and F streets. Several of the teachers in the medical schools give instruction here. The chief difficulty seems to be the lack of hospital advantages. A Nurses' Directory was started last winter in connection with the training school and proved a success from the beginning. The funds necessary for its inception were raised by the joint contributions of several of the leading physicians of the city. The receipts already exceed the expenses, I am told, by $30 per month. The use of the building of

the training school and of the lady in charge there of course gave great opportunity for economising. No wet nurses have yet registered; the number of other nurses amounts to between 30 and 40.

The "Central Dispensary and Emergency Hospital," now in its twelfth year, is maintained chiefly by voluntary contributions. It is open daily from 1 to 3 o'clock for the treatment of the poor and for the temporary reception of such persons as are taken suddenly ill and brought to it. The work is specialized, the eye and ear cases being, for instance, attended by Dr. S. M. Burnett, the throat and chest cases by Dr. Carroll Morgan, etc. It has a resident physician, a resident student, a dispensary student and a druggist, and one room is endowed by the widow of the late General Audenried. The last annual report states that 7,000 patients were treated during the year, 23,000 prescriptions filled and 212 operations performed. In the Emergency Hospital, 339 cases were treated and 37 in-door patients admitted. The attending physicians serve without compensation but have the privilege of utilizing the clinical material for the instruction of medical students, of whom there is said to be a large class in attendance.

Of medical societies the chief are the Medical Society of the District of Columbia, chartered 1819 (of which excellent reports by the Secretary, Dr. J. A. McArdle, are published in the JOURNAL) which meets weekly, and the new Obstetrical and Gynecological Society. The former numbers about 110, the average attendance being about 12. The Medical Association is an organization designed to meet the ethical requirements of the profession. It regulates the fee-table and settles such ethical questions as arise, which accordingly are not allowed to disturb the scientific work of the "Medical Society." Meetings are held semi-annually. A physician is not considered in good standing or eligible for consultation unless his name is upon the list of its members, which hung in the offices of all the physicians whom I met.

The membership of the Obstetrical Society is limited to twenty-five. There are also a Naval Medical Society, and an Anthropological Society.

Of medical schools Washington has fully its share. The National Medical College, the Medical Department of the Columbian University, has a two-story building on H street, the gift of Mr. Corcoran. It was closed and I did not see the interior of it. Students are required to attend three sessions and the strictness of the requirements is evident from the fact that only about 1 in 8 of the class is graduated. The chief difficulty here as in the Medical Department of the Georgetown University, which is also located in Washington, is the want of hospital advantages, neither having a general hospital at its disposal. Howard University has a Medical Department and a hospital—the "Freedman's—with some 300 beds, connected therewith. Some of the Faculty have clerkships under the Government, hence most of the lectures are delivered at night.

Specialties are not so well represented here as they are even in Baltimore. This is surprising, as the floating character and wealth of a large part of the population form just those conditions which one would suppose most favorable to special practice.

I was surprised to learn that the bicycle is not at all in use here for professional purposes, not even for night work. The reason assigned for this was the exertion required in propelling it. The smooth asphalt streets and the level nature of the surface offer peculiarly favorable conditions for this mode of locomotion, and I was struck by the great number and variety of these vehicles which I saw. My informant thought that the tricycle stood a better chance and that it would not be long before it would be in common use by the Washington physicians.

As items of news, I may mention that Surgeon-General Wales is preparing a work on Diseases of the Rectum, which will be published by a New York house; and that Drs. Arthur D. Bevan, of Illinois, and Arthur H. Glennan, of the District of Columbia, have been appointed assistant surgeons in the Marine Hospital Service.

In conclusion, I desire to express my appreciation of the courtesy and consideration that have been shown me during my visit, both by gentlemen in the various services and by private practitioners.

Yours, etc.,

E. F. C.

Reviews, Books and Pamphlets.

Hand-Book for Hospitals. G. P. Putnam's Sons. New York. 1883. Small 8vo. Pp. 263.

This little volume, issued by the State Charities Aid Association of New York, is what its name implies. It deals with hospitals, their construction and management, and conveys information upon these subjects in such a way as to interest the non-professional reader for whom, in fact, it is intended. It is more especially designed for those engaged in hospital work, of whom, we are told, women form an increasingly large number in New York, their greater leisure, and their superior acquaintance with domestic arrangements and

requirements especially adapting them for the oversight of such institutions. A glance through this work shows that a great deal of useful information is given upon the subjects of hygiene, ventilation, clothing, nursing, disinfection, etc., which can be utilized elsewhere than in hospitals, and for that reason it has a utility not limited by its title. The remarks upon the "moral atmosphere" of hospitals, page 131, are exceedingly judicious and sensible. An appendix of 20 pages deals with various details of a practical character.

Fifth Annual Report of the Nursery and Child's Hospital of Baltimore City. May, 1883. Pp. 37.

The development of this institution, the purposes of which appeal to the sympathy of all, has been remarkable. It has been carried along almost with a rush. Last year realized the full payment of the debt of $26,000 and an appropriation of $10,000 by the Legislature; this has been marked by an appropriation of $1,500 by the City Council. Friends have never been wanting to supply every need. A balance of $3,703 is reported and the immediate erection of an important addition has been decided upon. The report of the Medical Staff (Drs. Bevan, Ashby and Latimer) shows that there were 116 inmates in the institution, of whom 28 (24.13 p. c.) died, 27 of these being under one year of age. The establishment of a lying-in ward for the supply of wet nurses is strongly urged.

Trans. South Carolina Medical Association, 32nd An. Session. Charleston, 1882. 8vo. Pp. 159.=*Trans. State Medical Society of Arkansas, 7th Annual Session.* Little Rock, 1882. 8vo. Pp. 170.=*Trans. Medical Association of Missouri, 25th Annual Session.* St. Louis. 1882. 8vo. Pp. 220.=*Trans. Medical Society of North Carolina, 29th Annual Meeting and Conjoint Session of N. C Board of Health.* Wilmington, 1883. 8vo. Pp. 259=*Trans. Mississippi State Medical Association, 15th Annual Session.* Jackson, 1882. 8vo. Pp. 170.=*Trans. Ohio Medical Society, 36th Annual Meeting.* Columbus, 1882. 8vo. Pp. 298.=*Annual Report of Supervising Surgeon-General of Marine Hospital Service of U. S., for the year* 1882. Washington, 1882. 8vo. Pp. 304.=*Preliminary Report of Yellow Fever Epidemic of* 1881 *in Texas. Treasury Department, Marine Hospital Service.* 8vo. Pp. 63.=*State Board of Health of Maryland, 4th Biennial Report.* Frederick. Md., 1882. 8vo Pp. 212.=*Annual Report of the Health Department of the City of Baltimore, for the year ending Dec. 31st,* 1882. Baltimore, 1883. 8vo. Pp. 108 = *Vest Pocket Anatomist.* By C. Henri Leonard. 11th edition. Detroit, 1882. 12mo. Pp. 82. Price 75 cents.=*Multum in Parvo Reference and Dose Book.* By C. Henri Leonard. Detroit, 1882. 12mo. Pp. 100. Price 30 cents.=*Pocket Therapeutics and Dose Book.* By Morse Stewart, Jr., B. A., M. D. 3rd edition. Detroit. 1882. 12mo. Pp. 240.=*Handbook of Medical Electricity.* By A. M. Rosebrugh, M. D., Surgeon to Toronto Eye and Ear Dispensary, etc. Toronto, 1883. 12mo. Pp. 54.=*A Review of the Sixth Decennial Revision of the Pharmacopœia of the United States of America.* By D. Webster Prentiss, A. M., M. D., Prof. of Materia Medica and Therapeutics, National Medical College, etc. *Reprint from New Remedies.* December, 1882. 8vo. Pp. 12.=*The Ethical Problem. An Address before the New Orleans Med. and Surg. Association.* By Jos. Holt, M. D. Reprint from *N. O. Med. and Surg. Journ.*, January, 1883. 8vo. Pp. 11.=*Address of John W. Garrett, June* 30, 1883, *before Young Men's Christian Association of Baltimore.* 8vo. Pp. 15.

Editorial.

THE LAW UNDER WHICH THE PRESENT QUARANTINE IS ENFORCED.—It has been stated by several of our contemporaries, as well as by the daily press, that the authority for the maintenance of the quarantine, which has been established at several of our seaport towns by the Surgeon-General of the Marine Hospital Service, is derived from the quarantine law of April 29, 1878, which the Secretary of the Treasury is said to have decided to be again in force by virtue of the expiration by limitation of that of June 2, 1879. That the Secretary did so decide seems undoubtedly true; but in doing so, he must have acted inadvertently and without due acquaintance with the legislation bearing upon the questions at issue. This will appear by reference to the *Revised Statutes of the United States, Chapter II, Sec. 12*, which reads: "Whenever an act is repealed which repealed a former act, such former act shall not thereby be renewed, unless it shall be expressly so provided." Now the act conferring quarantine powers upon the National Board of Health, and which ceased to be operative the 2d of last June, expressly repeals the former act giving such powers to the Marine Hospital Service, which consequently cannot again become operative except by re-enactment by Congress. The only authority then left to the Secretary and the Surgeon-General is the clause con-

tained in the act of March 3, 1883, and which is the only authority claimed by the Surgeon-General, as stated by our Washington correspondent last week.

The English Views of Quarantine.—We give place elsewhere in this number to an address upon the Prevention of Cholera, delivered July 23d by Mr. Ernest Hart, who, as Chairman of the National Health Society and as one of the leading authorities upon sanitary science in England, may be presumed to represent the views of the most advanced sanitarians in that country. The points in which the English differ from our authorities are chiefly first, in not requiring the detention of infected vessels at quarantine stations, and second, in the paramount prophylactic importance which they assign to measures of local hygiene. They would have quarantine give way to "inspection;" that is, they would remove those actually affected with the disease to secluded places assigned to this purpose, and then disinfect the ship, and any articles as clothing on board of it which might be infected, whilst those on board who were free from disease would be allowed to land without delay.

Cholera is not communicable, they say, by contact with patients, hence these are allowed to land without fear of their conveying the infection to those on shore. They do not even recognize any danger from the possible existence of an incubative stage in the passengers.

We admire the *sang-froid* of our insular brethren, but cannot but feel that not to have the germs of a pestilence amongst us at all is infinitely better than having them in our midst even in chains, as it were. Pure air and water, good food, cleanliness and ventilation are good things, we confess, but we cannot ever feel secure of possessing the requisite amount of these; nor from Mr. Field's experience—as quoted by Mr. Hart—of but three "sound" houses in a hundred, would it appear that in England, even, such sense of security would be justifiable. We may add that the great difficulty of completely disinfecting ships is a well appreciated fact, and therefore such service demands extra precautions.

Mr. Hart has made a singular error in stating that quarantine is only advocated by a few French officials.

We are much disposed to regard the views of the English upon this subject as greatly if not altogether influenced by commercial considerations, the delay and the interference with trade and travel resulting from the enforcement of quarantine necessarily inflicting a heavy loss upon them.

An Inspector of Plumbing.—We have heard little said by our local sanitarians of the need of such an officer, but yet nothing surely is more self-evident. What a large part of our diseases is due to unsanitary conditions depending upon defects in our drainage and sewerage! We are continually risking our lives and those of our families by not having some one to look after just these matters. Other cities have such inspectors—as New York, Brooklyn, San Francisco, and Washington—and we have but to glance through the sanitary reports of those cities to see of what advantage they are. Dr. Townshend, of Washington, says that he labored for four years in securing the appointment of his, and that pages upon pages of his reports were used in argument and illustration before the legislators of the District were convinced of the importance of such a service. Let any one read over the Inspector's report in the last health volume of the District, and see the illustrations of defective plumbing accompanying it, and he will not deem it unwise in thus urging the subject upon the attention of our Health authorities.

Surgeon-General Hamilton's Texas Cordon.—It is well known that during the summer of 1882 an epidemic of yellow fever prevailed for a time in the region bordering on the Rio Grande River for some 30 to 150 miles above its mouth. Dr. Hamilton has been the recipient of much severe criticism and even censure in connection with this outbreak on account of his method of dealing with it, which was by means of sanitary cordons thrown out at a distance from the site of infection which no one in the infected district was allowed to cross without thorough disinfection of his clothing and a personal detention of ten days. Baggage was not allowed to pass on any pretext. The *Sanitarian* has been particularly severe in its strictures which have been unnecessarily bitter and personal in their character inevitably suggesting a connection with the loss of a lucrative office held by the chief editor of that journal under the

quarantine authorities whom Dr. H. has displaced. Dr. H. has borne with remarkable equanimity the reproach to which he has been subjectcd and has much commended himself by his calm and dignified deportment under provocation. He has, however, given a full and complete account of the epidemic in a work lately issued—"Appleton's Annual Cyclopædia," for 1882. What he there says is perfectly well-known: that although the Mexican territory was greatly devasted by the disease there was no extension of it in Texas beyond the site of its first appearance; and the Mexicans seeing the good result of his precautions followed his example and established a similar cordon in their country, which likewise proved successful. It may be that the precautions had nothing to do with the result, and that he is arguing upon the false principle of *post hoc ergo propter hoc*, but his experience is not solitary, for at Pensacola the same result was subsequently obtained. It is true that the measures in question appear harsh and arbitrary but it must be recollected that great emergencies cannot be met by ordinary means.

Miscellany.

The Obstetrics of the Kyphotic Pelvis.—Dr. Champneys read a paper with the above title before the Obstetrical Society of London, July 4th (*Lancet*, July 21st), in which he gave an analysis of 32 labors in 20 women, including 3 labors in a patient of the author's, the last labor having been carefully observed. An analysis and a table were given stating the presentation, change during labor, measurements of fœtal skull and pelvis, operative measures, moulding of fœtal skull, result to mother and child. The conclusions at which the author arrived were as follows: That vertex presentations, and especially right occipito-iliac positions, are unusually frequent; deep transverse position is common, posterior rotation not uncommon. The comparative frequency of occipito-posterior positions is probably due (as explained by Hoening) to the obstacle to forward rotation in third positions, which are very common. The head sometimes emerges from the ligamentous pelvis transversely or nearly so, and entirely posterior to the tubera ischii. The analogy to the "extra-median" position was pointed out. The well-known looseness of the pelvic joints in this pelvis, probably assisted this by the nutation of the sacrum. Spontaneous premature labor is not uncommon. The immediate fœtal mortality in the published cases was 40,6 per cent., the maternal 28.1 per cent.; but the author thought this estimate probably too high, as slight cases were not recorded. The conclusions as to treatment and prognosis were: 1. In a first labor, if the head present, wait and act according to circumstances. This implies forceps, craniotomy, or Cæsarian section, which should always be considered in the above order. 2. If the head present, never turn. 3. In subsequent labors, where the history of the first labor seems to indicate it, premature labor may be induced with good hope. 4. No known measurements give us any sure indication for forceps, turning, Cæsarian section, or the date for induction of premature labor. 5. The mobility of the pelvic joints implies a prognosis always more favorable than measurements would lead us to suppose. 6. Probably in many cases the head entirely neglects the anterior half of the pelvic outlet, and emerges from it transversely or at most obliquely, antero-posterior emergence being the exception. 7. Each succeeding difficult labor increases the liability of the uterus to rupture, as in other forms of pelvic distortion.

T. A. A.

Salicine in Rheumatism.—A writer in the *Lancet* (May 5th, 1883) speaks favorably of salicine, the natural product of the willow root, as often giving better results than salicylic acid, the artificial phenol derivative He says that while the latter will sometimes sicken in moderate doses almost any quantity of the former can be given. He advises it in large and frequently repeated doses. One patient took as much as 80 grains, in one dose, daily, for three days, without bad effect. It may be taken in a glass of milk or in wafer paper. It should always be given on an empty stomach. The writer believes that its value in acute rheumatism cannot be over-estimated. Given early he thinks the physician will be able to conquer the disease before there is time for cardiac complication. When the patient begins to convalesce,the salicine should not be dropped too suddenly. It should be given in full doses morning and evening, and for a fortnight once daily, otherwise relapses may supervene. Salicine is a good tonic, and it promotes a steady and rapid recovery of strength during convalescence.

The drug retails in England for less than twenty-five cents per ounce.

Rickets of Adolescents.—*Mr. R. Clement Lucas* (*London Lancet*, June 9th, 1883) has recently called attention to a very important form of changes in bone that occur in the young at about the age of puberty. He gives four cases, all occurring in boys between the ages of twelve and sixteen years, and in all of whom albuminuria was present. A case quoted from

Mr. Lucas' paper will fully describe the condition, and may be taken as typical: "A boy, aged fifteen years, who was employed in an insurance office, was brought by his mother among my out-patients at Guy's Hospital in January last. He had been ailing in health and growing gradually weaker during the last twelve months. He had complained of pain in the back, weakness of limbs, and general lassitude. Of late he had been unable to run up the steps of the office in which he was employed as errand boy. It was noticed that he was walking on the inner side of his feet, and that his knees bent in. On examination we found that the epiphyses of his ankles were large, and that the arches of his feet had given way. He was also suffering, to a slight extent, from genu valgum. When his back was stripped we found that he had a quadruple curve in the spine, and there was also slight enlargement of the growing extremities of the ribs. His urine, treated with nitric acid, gave a large supernatant precipitate of albumen. This boy was cautioned as to his habits, and treated with phosphate of iron and cod-liver oil. In about two months the albumen disappeared, and he had sufficiently improved in health to return to his employment."

As will be seen, the author is evidently inclined to ascribe the condition to bad habits—or, as we understand his remarks, to masturbation—and he goes on to impress upon his reader the importance of testing the urine in all cases of "rickets of adolescents," as well as the giving of constitutional treatment. O. J. C.

Note on Disinfectants.—Dr. W. E. Buck (*British Med. Journ.*, June 30, 1883) writes: "Most practitioners must have often realized the inefficiency of disinfectants in allaying the fœtor of cancerous ulcers, an annoyance which sometimes troubles patients even more than the pain, or the thought of death. I have used the whole round of disinfectants for cancerous ulcers, but all have failed in allaying the fœtor and keeping the ulcer clean. The disinfectants tried were carbolic acid, sanitas, terebene, resorcin, creasote, boro-glyceride, chloride of zinc, charcoal, etc. After failure with these, I tried a saturated solution of hyposulphite of soda added to an equal quantity of water, and found it exceedingly efficacious. The ulcerating surface was well syringed and washed with the solution, and was then covered with rags steeped in the solution. The granulations were kept clean, and the fœtor was well kept under. Most disinfectants seem to lose their virtue after a few days' application, but I have used this one for months in the same patient with continuous good effects. It is cleanly, has no smell, does not stain and is very cheap.

Seasickness; its Prevention and Relief.—J. M. Kendall, L. R. C. P. Ed., of Sydney, Australia (*British Med. Journ.*, July 7, 1883), after observations in two hundred cases of seasickness, has come to the following conclusions: Food in sufficient quantity to keep the stomach comfortably full diminishes nausea, and prevents overstraining in retching. Soups, milk-pudding, and sweets should, however, be avoided, as they increase the tendency to sickness, and are followed by sickening eructations. Sandwiches of cold beef, fat bacon, if the individual can be induced to take it, and especially curry, tend to prevent seasickness. Curry is often retained by a stomach that will reject all other food. Oranges should be abstained from, and lemon-juice also, except in cases of extreme nausea. Brandy is to be used sparingly. It is useful in extreme prostration, but champagne is better. Champagne is a very popular remedy, but great prostration often follows its discontinuance. Bicarbonate of sodium acts nicely in mild cases; in severe attacks it is worse than useless. Worcestershire sauce, in teaspoonful doses, will often relieve distressing symptoms. Hydrocyanic acid is seldom of service. If acidulated water is desired, it should be acidulated with hydrochloric acid; other acid mixtures should be avoided. Creasote is to be withheld in the early stages, but is often very useful in the later stages, to relieve excessive prostration. In Dr. Kendall's hands, bromide of sodium, ten grains three times a day, proved to be the most effectual of all remedies.

University of Maryland.—R. Dorsey Coale, Ph. D., Assistant in Chemistry, Johns Hopkins University, has been appointed Lecturer on Chemistry in the School of Medicine.

A one-story building, in the Queen Anne style, is to be erected on the lot corner of Lombard and Greene Streets for the use of the School of Law. It will be used for lectures and also for the accommodation of the law library. It will occupy the vacant space on Lombard Street just south of Practice Hall.

THE LANCET ON THE ETHICAL QUESTION.—The New York Medical Society has altered, as is well known, the National Code of Medical Ethics, which declares that "no one can be considered a regular practitioner or a fit associate in consultation whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession," etc. It proposes to authorize consultation with any registered or qualified practitioner, whatever the absurdity or exclusiveness of his dogma and whatever may be the trade-label he adopts. It is beyond the power of the New York Medical Society to impose such consultations on men who respect themselves or their patients, or the accumulated experience of the profession; and we shall be much mistaken if, under the presidency of Dr. Flint, the American Medical Association does not uphold its own moderate and dignified definition of a regular practitioner, as quoted above.—*Lancet.*

A CASE OF PHYSOMETRA.—*Dr. H. C. Yarrow*, of Washington, reports in the *Amer. Jour. of Obstetrics* for August, the following case of this extremely rare affection: He was summoned to attend a robust colored woman, aged 46, supposed to be dangerously ill. The attending physician wrote urging him to come at once and bring instruments for performing the Cæsarean section, believing gastrotomy necessary. She was supposed to be pregnant, and to have gone four months beyond her term. Expulsive pains had taken place, and rupture of the uterus was feared. The patient was certain she was pregnant, having borne children and being familiar with the symptoms. She asserted positively that quickening had taken place about the end of the fourth month, and the physician was certain he had felt the child. The abdomen was enormously enlarged, the tumor extending far above the umbilicus; there was also considerable lateral enlargement; the breasts seemed full, nipples pouting. Resonance existed, however, over the entire area of the tumor, and the fœtal heart-beat and placental souffle could not be detected. The probability of there being no pregnancy was now made known. To determine the point with certainty, a speculum was introduced and as it could do no harm a sound was passed into the uterine cavity. Difficulty was experienced in reaching the external os, and considerable force was required in passing the internal os. As the sound entered the latter, to the amazement of all, there was a rush of inodorous pent-up gas in the operator's face, which was most sensibly felt and which lasted about half a minute. For a few moments neither the physician nor patient could believe that the trouble was over, but a view of the abdomen dispelled all further illusions. Careful examination showed that the cervix had been the seat at one time of extensive inflammatory action, and the cicatricial tissue had probably occluded the orifice of the uterus. Nothing further could be elicited to explain the case; the patient had always been healthy and did not recall any miscarriage. The author adds several other cases discovered in a thorough search through the library of the Surgeon-General's office, and believes that he has obtained "sufficient corroborative evidence to warrant the belief that the uterus may be dilated by air or gas independently of retained menstrual secretion or the products of conception."

PAGET'S DISEASE OF THE NIPPLE.—*Dr. Louis A. Duhring* reports in the July number of the *American Journal of the Medical Sciences* two cases of Paget's disease of the nipple, which he holds is not eczema, but a peculiar disease with a malignant tendency. It must be distinguished from eczema, which it resembles, and from ordinary cancer, which it is altogether unlike in its earlier stages. It seems to occupy a ground having the characters of both diseases. The report is interesting as showing the natural history of the affection. This is peculiar. The course of the process is emphatically chronic. In both instances, moreover, the progress of the disease was insidious as well as slow. Nothing of a malignant nature was suspected until after the lapse of five and ten years respectively. The itching which eventually became such a marked symptom, was in both cases insignificant until the affection had existed several years. It may be said not to have manifested itself until after the process had been well established. In this respect the disease differs decidedly from eczema, where itching is one of the first signs noted. The circumscribed, sharply defined outline of the lesion, and the slightly elevated border, are also symptoms which do not obtain in eczema. The brilliant color of the lesion is striking, and is more marked than in eczema. The absence of the "eczematous surface," characterized by appreciable discharge or by vesicles, pustules, or puncta, coming and going from time to time; and the absence of exacerbations, so usual in eczema, may also be referred to. A point to which attention may also be directed is the infiltration, which is firm or even hard, but is not deep-seated. It is rather superficial. In eczema, on the other hand, it is soft.

The pains coming on later in the course of the disease, and the indurated, lumpy, or knotted lesions, within the gland structure, of

course point strongly to the malignant or cancerous nature of the disease, the existence of which cannot be doubted.

TREATMENT OF TONSILLITIS.—*Dr. S. Solis-Cohen* gives the following treatment, which he says is pursued at the Philadelphia Policlinic with eminent success: 1. In simple inflammatory tonsillitis, take two fluiddrachms each of the ammon. tinct. of guiac. and the co. tinct. of cinchona, mix with six fluiddrachms of clarified honey and shake together until the sides of the vessel are well coated; add gradually a solution of eighty grains of chlorate of potassium in four ounces of water, shaking meanwhile. This to be used as a gargle every one-half to three hours. Relief is usually experienced within a few hours and recovery is prompt. A saline cathartic may accompany the the use of the gargle. None of the cases seen suppurated, and if seen within the first twenty-four hours such accidents are very unlikely. 2. In rheumatic or constitutional tonsillitis (characterized by intense pain in swallowing, causing great accumulation of saliva from unwillingness to swallow, with slight, perhaps no, congestion of throat, and subsequent fever; one or both tonsils becoming enlarged after some hours as the febrile symptoms decline, and muscular or joint rheumatism sometimes developing later), after a saline cathartic, give the following in tablespoonful doses every two hours: ℞ Sodii salicylat., ʒ ii; ol. gaultheriæ, ♏ i; liq. ammon. citrat., syrup simp., aa ʒ ij; lengthening the intervals as the pain subsides. Pieces of ice or the guiac gargle promote comfort and the stiff neck is best relieved by faradization. Salicylate of quinine or cinchonidine may be substituted for the above if a tonic be required, in five-grain doses every four to six hours.—*Med. News*, Aug. 11.

ACUTE YELLOW ATROPHY OF LIVER.—According to *Prof. Thierfelder* (Ziemssen's Cyclopædia, vol. 9) acute atrophy of the liver is one of the rarest diseases. In its first stage the recognition in the present stage of our experience is impossible. Of his 143 cases, 55 were males, and 88 females; 30 were pregnant. Thirteen had been topers. He says: "Fatty degeneration more or less advanced of the epithelium of the kidneys and of the muscular tissue of the heart appears to be uniformly present. * * Extravasations of blood occur in at least three-fourths of all cases and commonly in several and very numerous parts of the body, and ecchymoses are observed in the intermuscular tissue, in and beneath the outer skin, in the mucous membrane of the stomach.—*Clubbe* in *Lancet*, July 21.

A NOVEL BEQUEST: A DISBELIEVER IN PHYSIC.—A French lady recently died at the advanced age of ninety. Her will contained this provision: "I leave to my physician, whose enlightened care and wise prescriptions have made me live so long, all that is contained in the old oak chest of my boudoir. The key of the chest will be found under the mattress of my bed." The family were somewhat anxious. The fortunate physician arrived. The chest was opened and found to contain solely all the drugs and potions, still intact, which the doctor had given his patient for years back.

ERRATUM.—In Dr. Harlan's communication on Dr. Waters' case of "Recovery of Sight in the Right Eye" in our last issue a mistake occurred which took away entirely the point of a criticism. On page 228, second column, near the top, "still retain *perfectly distinct* vision" should have been "still retain *perfect distant* vision."

Medical Items.

DR. ANDREW CLARK and Mr. Prescott Hewitt, of London, have been created Baronets. The former is senior physician to the London Hospital and has a practice said to equal $60,000 a year, the latter is senior surgeon to St. George's Hospital = The Italian Government is going to erect a new hospital at Rome, to cost $1,500,000.= Bartholow's Practice is being translated into Chinese.=Prof. Felippo Pacini, the well-known anatomist, died in Florence, July 9th, æt. 71.=Prof. Francis Ogston has resigned the Chair of Medical Jurisprudence in Aberdeen University, which he has held as lecturer and professor for 44 years.=Madam Frary Gross has been appointed "Chevalier" of the Legion of Honor, for services rendered as Director of the Hotel de Ville Ambulance during the siege of Paris.=The Professor of Materia Medica in Harvard University finds it necessary to issue a notice informing some of the recent graduates of that institution that—"an apothecary cannot reasonably be expected to go out and kill a pig to make fresh pepsine for each prescription that comes in."= Dr. H. N. Heineman, of New York, has been elected Professor of the Principles and Practice of Medicine in the Woman's Medical College of the New York Infirmary.=Dr. Francis Delafield has been elected Professor of Principles and Practice of Medicine in the College of Physicians and Surgeons of New York.=Dr. Smith

Townshend proposes to spend several hundred dollars in improving the sanitary outskirts of Washington city, which, as is the case of all large cities, need it badly.=The origin with the cholera in Damietta, Egypt, is said to have been due to the large number of corpses of cattle dead with the cattle-plague and thrown into the river Nile.=Of a total vote on the code question in the State of New York, of 2943, 2256 or more than three-fourths (according to a correspondent of the *Med. News*) were for the old code.=The upper half of the right lung of a phthisical patient has been resected at Bologna. The result is not given further than that she was doing well 30 hours after.=Drs. A. H. Smith and A. J. C. Skeene have been added to the Faculty of the New York Post-Graduate School, the former in the department of Clinical Medicine, the latter in that of Gynecology.=The German Physicians in New Yolk have organized a Poliklinic.=Dr. C. B. Purvis, colored, in charge of Freedman's Hospital, Washington, reports that during the past year there have been in the Hospital 1,037 colored patients, 583 whites and 1 Indian. One thousand articles of clothing and bed furniture were made by the convalescent female patients.=There were 29 deaths from yellow fever in Havana last week.=The quarantine steamer Woodworth arrived in Baltimore Saturday, and proceeded to the Capes early Sunday.=The funeral of Dr. Gilman took place August 3rd, the remains being interred in Greenmount Cemetary. There was a large attendance at the Eutaw Place Baptist Church, where the ceremonies were held.=There were 101 deaths from cholera in Bombay during the week ending July 31st. It is also unusually prevalent in Calcutta.=The Riberi prize of 20,000 lire has been awarded to Prof. Bizzozero for his essay on the "Physiopathology of the Blood."=An international prize of $1,000 for the best essay on the "Application of the Experimental Methods to Science," is announced, competing essays in Italian or Latin to be sent to the Secretary of the Medical Faculty at Florence until October, 1884.=Forty thousand soldiers die annually in Italy from malaria, the construction of railways having much promoted its prevalence and fatality.=Prof. O. P. Hubbard has resigned the Chair of Chemistry in Dartmouth College after forty-seven years incumbency.=The University of Colorado, at Boulder, 30 miles from Denver, is to have a medical department with a four years' course of nine months each. All qualified may enter without cost, and without regard to sex.=Pasteur receives hereafter an annual life pension of $5,000, to go to his family after his death.=The annual meeting of the Medical Society of Virginia will be held at Rockbridge Alum Springs, Va., September 4th. Drs. Tiffany and Mackenzie, of Baltimnre, will, by invitation, read papers before it. Drs. Chisolm and W. T. Howard also think of attending.=The Madrid *Estafette* reports the return to Spain, on a steamer of his own, of Senor Saez, who emigrated to America 70 years ago, with a family of 197 souls, consisting of his children, grandchildren and great-grandchildren, and their husbands and wives. He is 93 years old, hale and hearty, has never tasted wine or any alcoholic liquor, and lives chiefly upon vegetables, with but little salt.=The Egyptian lower classes consider all precautions against the cholera to be impious; "God is great," they cry, and all is predestined; hence they obstruct the very little sanitary work that has been carried into effect.=The twelve English medical men selected for service in the cholera districts in Egypt, will be paid $500 per month and their traveling expenses.=A hospital for women was opened in Liverpool July 31st in two houses, with sufficient accommodations for 100 beds. At present only 34 beds will be available, the others being hereafter added as the funds admit.=A testimonial is to be presented to Mr. Jonathan Hutchinson at a dinner to be given him in the ensuing winter, upon the occasion of his retirement from the London Hospital. He will continue to lecture at the Hospital as Emeritus Professor.=Dr. J. W. C. Neal, of Gettysburg, has been appointed, by Gov. Pattison, a member of the State Board of Charities of Pennsylvania.=Dr. Amadei has examined the skulls of 475 insane persons, the result being that the capacity of the cranium is greater in them than in the sane.

List of Changes in the Medical Corps of the Navy during the week ending August 11, 1883:

P. A. Surgeon J. D. Gatewood. Orders to the "Trenton" revoked, and ordered to the "Kearsage."

Ass't Surgeon Horace B. Scott, detached from the Receiving Ship "Franklin," at Norfolk, on the 30th inst., and ordered to the "Trenton," September 1st.

P. A. Surgeon A. A. Austin detached from the "Richmond," and waiting orders.

Original Papers.

TREATMENTS OF TYPHOID FEVER.

BY W. F. A. KEMP, M. D.

(A paper read before Balto. Med. Association.)

The use of the word typhoid, as applied to febrile states, has made the application of the word somewhat ambiguous. In the paper presented this evening we do not use the word in the sense of an adjective, meaning thereby a febrile state of adynamic or low type, but in the substantive form as applicable to that condition of febrile movement, which runs a definite course, displaying symptoms indicative of deep constitutional origin or grave constitutional infection. That the fever runs a prescribed course can scarcely be denied. The time of its duration seems to vary within extended limits; the mean duration of the Parisian cases observed by Louis in 1839 and '40 was 19.6 days; Dr. Jackson, in Philadelphia, gave 22 days; Jenner, in London, 21 to 30 days. The generally accepted average for the febrile state in typhoid fever may be approximated by allowing three weeks as the time of the fever before convalescence may fairly be expected to set in. This represents the average, for it is well known that secondary local lesions may greatly protract the disease.

After the profession began inquiring into the identity or non identity of typhus and typhoid fevers, many views began to receive adherents, as they from time to time were established from either post-mortem appearances, clinical signs or theoretical induction.

Prost, in 1804, first laid the foundation that turned the attention of pathologists to research that has led to such definite results. He found in more than 150 dissections inflammation with or without ulceration of the mucous membrane of the intestines.

Broussais, 1816, was of the same opinion in the main that Prost held; Prost held that the seat of the disease was in the mucous membrane of the intestine. Broussais regarded it as useless to distinguish between the ulcerations found in the glands of intestine, and inflammation elsewhere in the digestive tract. He (B.) believed the symptoms were due to inflammation—gastro-entérite—and upon this urged copious depletion.

To Louis, in 1829, is accorded the praise of first having given a complete and connected view of the symptoms as well as the post-mortem lesions in the fever common in Paris.

English physicians especially were unable to accept these views, because they were unable in many post-mortems to discover the diseased Peyerian patches, although difference in symptoms detailed regarding the fevers of France and England were not then so obvious. Hence originated two opinions; the first based upon post-mortem destruction, the anatomical sign of Louis, the other based upon subjective symptoms, because these observers were unable to discover the anatomical signs upon which the Parisian school laid great stress; the belief began to gain ground that there were two diseases which were indifferently named typhus and typhoid fever; that one prevailed in Paris and the other in England, in Germany and elsewhere, being more or less mixed up with the Parisian fever, as measles may be with scarlet fever. Louis subsequently subscribed to this view (1841).

The Académie de Médicine formally proposed the question (1835) "What are the analogies and the differences between typhus and typhoid fevers?" Great interest was aroused in the solution of this query; numerous parts of the world furnished men who, going to Paris, studied the disease, and in 1836 Drs. Gerhard and Pennock, of Philadelphia, in a systematic treatise, were the first to indicate these differences, it having been already determined by Jackson and Gerhard that the fever described by Louis under the name of typhoid fever existed in America, and presented there the same assemblage and development of symptoms, and the same *post-mortem* lesions, as the Parisian fever. Lombard, of Geneva (1836), visiting London was convinced that two different fevers had been confounded together. Dr. Perry (1835) was the first to demonstrate the complete difference of the two eruptions This was published in the *Edinburgh Medical and Surgical Journal* for 1840 (Aitkin). And so it continued, until, in our day, the search is now made by pathologists for the specific materies morbi; drainage, ventilation, everything with which the disease has or might have been connected, has undergone examination, and there is found a bacillus in the spleen and blood of typhoid patients,

Maragliano, of Genoa, asserts that "at the height of the disease these organisms were found both isolated and grouped. These organisms almost exclusively consisted of spherical bodies which have a delicate contour, and appear to be homogeneous. Some are mobile. During convalescence these micro-organisms lessen in number in both splenic and systemic blood. When quinine was given to the patients in large doses the organisms either disappeared from the blood, or were present in it only in small number. The blood used for examination was obtained of patients, from spleen, by hypodermic syringe, and from the systemic circulation at the tip of finger. The blood from both the finger and spleen was treated by the method of fractional culture, and a large number of rods were obtained, similar to those seen in fresh blood only they were of greater length, at least some of them." He bases these opinions on fifteen cases carefully examined by himself. He avoids, however, the expression of any opinion as to their relation to the disease. (*Med. News*, Nov. 25, 1882).

The chief objects of the physician in treating typhoid fever should be to reduce excessive temperature, subdue vascular excitement if these be in excess, to restrain diarrhœa, to stimulate the nervous system when necessary, to insure free renal activity and to influence the elimination of the growth from intestinal glands.

To accomplish these ends, special plans of treatment are advocated by some, others prefer to simply treat dangerous or excessive symptoms as they arise. To strictly confine the remarks one desires to make on the treatment of typhoid fever to any plan is difficult, because it matters not what the plan under discussion is, the by-paths of inquiry are numerous and tempting; therefore the rather rambling form of statement which appears before you at this time must ask your indulgence. The restraining of preternatural heat seems to be of the utmost importance; those who advocate the so-called antipyretic plan especially lay stress upon this. Says one, reviewing Dr. Cayley's Croonian lecture on the treatment of typhoid fever: "It is a plea to the profession to return to the former philosophy in respect to fevers, viz., that something must be done to modify the febrile process itself. It is a claim put forward in behalf of some specific plan of treatment for fever, or rather the high temperature, in opposition to the rational or expectant method. Dr. Cayley applies two principles to the test of the success of this mode of treatment. First, whether it appears to relieve the urgent symptoms and to exercise a favorable influence on the course of the disease. Secondly, the test of statistics on the general rate of mortality. The result of the test seems favorable, but to insure good results the principle underlying the treatment must be carefully observed through the whole course of the disease. The temperature must be kept below a moderate fever heat (102.2° F.) from the beginning to termination of the attack. This is to be effected by cold water applications, preferably the bath, supplemented by administration of drugs, notably qninine, salicylate of soda, and digitalis. The temperature of bath may vary from 65° to 70° F., its duration, varied according to the patient's condition and effect produced, probably from ten to twenty minutes. It is to be repeated as often as the temperature rises to the limit (102.2 F.).

Whilst exerting unquestionably a favorable influence on the general febrile symptoms, it does not affect unfavorably any of the special symptoms of typhoid, not excepting even the pneumonic or renal complication. A plan of treatment which is shown to reduce mortality from 16 to 7.4 per cent. (Brand) certainly has everything almost to recommend its further trial and adoption."

Dr. Rothe (*Am. Journ. Med. Sciences*, p. 557, Oct., 1880) claiming for an antiseptic treatment of typhus abdominalis most excellent results, writes thus: "From the middle of August to the end of Oct., twenty-five cases were observed; of these he treated the first six by a method which he had employed for some years, and which always yielded satisfactory results. This consisted, during the first days of the disease, of hourly doses of infusion of digitalis (1 in 100), with aconite and tincture of iodine until a distinct effect on pulse was produced. With this he used permanent cold wrappings, quinine, or, according to circumstances, salicylic acid in large doses; and, in cases of necessity, that is when the temperature remained over 104° F., cold baths. Of these six, one died—a girl æt. 15—complicated with double pneumonia. The remaining cases were somewhat protracted,

four to six weeks elapsing before convalescence was established.

He claims far better results for an antiseptic, antipyretic treatment, consisting of the administration of tr. iodine and carbolic acid, according to necessity, with the addition of digitalis. His claims are given in these words: "The tongue assumed in none of the observed cases that dry, brown, hard and crusty surface which is usually a constant symptom in severe cases; and the gastric symptoms subsided at the latest in the beginning of the second week, being followed by moderate appetite and a feeling of comfort. The effect on the fever seems to take place sooner or later, between two and ten days, according to the intensity of the general symptoms." He takes from one to two grammes each of carbolic acid, rectified spirits and the tinct. of iodine, to 120 grammes of water; of this mixture the dose is one tablespoonful every hour, so that after two or three weeks' uninterrupted administration, toxic symptoms always occurred. Quinine was not given in any case. Of the nineteen cases none terminated fatally. The cold wrappings were continued, in all cases for a few days until temperature did not exceed 102.2° F. permanently.

"The advocates of the antipyretic treatment claim that under its use not only is the mortality greatly reduced, but that the entire appearance and bearing of patients is such that the old picture of a typhoid fever patient is no longer to be seen and that the disease has lost a great part of its terrors." Liebermeister informs us that in the hospital at Basle there were treated upon the expectant plan, between 1843 and 1864, 1,718 cases of typhoid fever; of these 469 or 27.3 per cent. proved fatal. From 1865 to Sept., 1866, there were treated under an incomplete antipyretic plan 982 patients; of these 159 or 16.2 per cent. died.

Between Sept., 1866, and 1872, there were treated by the antipyretic plan systematically carried out 1,121 cases; of these 92 or 8.2 per cent. died. After the elimination of certain errors he maintains that the mortality will not exceed 10 per cent.

In the hospital at Kiel, the mortality under the antipyretic plan, as pursued by Jurgensen, was 3.1 per cent.; that under the expectant plan, between 1850 and 1861 was 15.4 per cent.

In the Military Hospital at Stettin, under the antiseptic plan, it was 4 per cent.; under the expectant plan 25.6 per cent.

Dr. Church, commenting upon the treatment of typhoid fever in St. Bartholomew's Hospital, remarks that the plan of treatment adopted there was generally expectant, and that the death-rate had fluctuated from 5.88 per cent. in 1860 to 31.11 per cent. in 1869, the whole mortality for 20 years being at a rate of 15.72 per cent. (*Am. Journ Med. Sci.*, Oct., 1882, p. 519).

To these figures add the 7.4 per cent. of Brandt and we have from these sources, for antipyretic an average mortality of 7.78 per cent., for the expectant 20.04 per cent.

The systematic administration of certain drugs is a mode of treatment that some advocate.

Dr. Wm. Pepper advocates the administration of nitrate of silver in doses of $\frac{1}{8}$ or $\frac{1}{4}$ grain, usually in pill form, three or four times a day; if constipation exist combine with the silver belladonna, if looseness of bowels a small amount of opium. This plan of treatment has been in vogue for no little time, for we read that Trousseau gives as much as one grain at a dose combined with soap pill, every three or four hours, and Dr. Tweedie says of nitrate of silver: "I have prescribed it extensively in enteric fever,and continued its use for a considerable time, and have never witnessed any approach to discoloration of skin." I regret that I can find no tabular statement of cases thus treated.

Iodine has its advocates; some prefer iodid. potass., or a compound of iodine; others prefer Lugol's solution or tincture.

Liebermeister, after using iodine in more than 200 cases, does not speak very flatteringly of the results obtained, whilst Roberts Bartholow exalts its virtues, especially when combined with carbolic acid. He prefers two drops tr. iodine with one drop carbolic acid, in this respect offering a treatment very similar to that of Rothe, before referred to.

Calomel has its adherents, at least mercury in some form, though its applicability seems to be limited to that period of the disease anterior to the ninth or twelfth day. The effect of blue pill on secretions is not overlooked by many, and they contend that it not only favorably influences the course of the disease, but that it tends to shorten its duration. The effect of a mild

mercurial purgative in lessening temperature, can be verified by many observers.

Dr. James C. Wilson gives this table comparing the results of treatment by iodine, calomel and non-specifically:

	Cases.	Died.	Per Cent. Mortality.
By Iodine,	229	25	10.9
By Calomel,	216	19	8.8
Non-Specifically,	335	47	13.2

(Wilson on Cont. Fever, p. 229).

Owing to the hyper-alkalinity of the blood in continued fever, some rely upon the administration of mineral acids, and trust entirely to them, except in the presence of symptoms which demand active and prompt measures. Many endorse the opinion of Dr. Flint when he suggests that the acids enter always into the treatment, inasmuch as they in nowise conflict with other therapeutic measures.

The expectant or rational treatment of typhoid fever is very generally employed amongst us at the present time. Notwithstanding the diminished mortality claimed by the advocates of the antipyretic plan, its introduction has not been accomplished in Baltimore, certainly I am not aware of the fact if it is adopted in any of our hospitals or in private practice.

This plan of treatment calls for confidence on the part of the physician in his ability to meet the symptoms as they arise; for the disease being of definite duration, the sufferer must be assisted to pass through the successive stages of the fever before he regains his health. There are no by-ways by which he can escape from the course this disease must run. Great attention to the little things of medicine is required; the careful nursing, the well regulated diet, cleanliness of bed and person, ventilation, all must receive a large share of attention.

There are many who, with Jenner, hold the opinion: "If medicinal, in addition to hygienic, treatment is required, it is because special symptoms, by their severity, tend directly or indirectly to give an unfavorable course to the disease."

"My experience," says Jenner, "has impressed me with the conviction that that man will be most successful in treating typhoid fever who watches its progress, not only with the most skilled and intelligent, but also with the most constant care, and gives unceasing attention to little things, and who, when prescribing an active remedy, weighs with the greatest accuracy the good intended to be effected against the evil the prescription may inflict, and then, if the possible evil be death, and the probable good short of the saving of life, holds his hand."

The especial symptoms calling for medication are to be treated on common therapeutic principles. To begin the enumeration of them before this association would be unnecessary, also time would prohibit our entering upon anything like a detailed, accurate or satisfactory consideration of them.

Before closing, however, it may not be amiss to state that so far as I can see, the antipyretic plan of treatment can never be successfully carried out in private practice; occasionally we may find those able to procure an intelligent nurse capable of carrying out all the minutiæ of the plan, for the watching of the temperature is as essential as the application of the cold affusion, pack, compress, sponging or both, to the success of the treatment.

The plan of treatment most generally adopted amongst us may be styled modified antipyretic, for the application of the sponging is in very common use.

I think I am not alone in stating that quinine does not always answer our expectations in reducing temperature. Salicylic acid, or some of its salts are objectionable to some stomachs; and again it at times acts as too great a depressor to the heart.

The rules govering the administration of digitalis seem to be just the opposite of what would apply to organic cardiac disease. In short, no disease requires more cautious medication.

The diet enters largely into the consideration of treatment. Fluids should be given liberally; some say without stint. Milk is useful as nourishment and answers well to quench thirst; it may take the place of water, in a measure, but water should not be wholly withheld. Some prefer the mineral waters; some prefer water to be temperature of room, others iced; but at least fluids should be freely used, though care must be observed not to overload the stomach, therefore the amount at each time should be moderate.

The place alcohol occupies in the diet or treatment of enteric fever is a subject suffi-

cient to occupy one evening's discussion, yet I cannot refrain from protesting against that indiscriminate use of wines or stronger liquors that finds a place in the early treatment of the disease; from my opportunities to observe the benefits of its administration, I unhesitatingly testify that wines and liquors in the vast majority of cases are uncalled for until the second week of the fever, and only then when the cardiac, or rather arterial pressure, is greatly diminished. As long as the pulse remains below 100 beats per minute, alcohol in any form is hardly ever indicated. The bulk and force of the pulse must be our guides; if they weaken more alcohol is needed. If restlessness supervene on the administration of stimulants, careful watching will very often convince us that less alcohol is needed. I have seen too large an allowance of wine prevent rather than induce sleep.

Finally, it appears from the statistics presented in this paper, that the antipyretic treatment of typhoid fever gives a mortality within ten per cent (according to Liebermeister, allowing for errors, etc., it will not exceed ten per cent.); the treatment by iodine a mortality of 10.9 per cent.; the treatment by a mild, judicious mercurial course, a mortality of 8.8 per cent., whilst a treatment non-specific in character yields 13.2 per cent., a mortality much less than the mortuary rate we were able to obtain for the expectant plan which was 20.04 per cent.

The plan pursued by Rothe of carbolic acid and iodine, with or without digitalis, was successful in the nineteen cases upon which he used the treatment, in not having one death against it, yet as he observes, the number of cases as yet so treated is too small to speak with the assurance that can only be had on further trial.

I have endeavored in presenting the treatment of typhoid fever, to avoid its symptomatic treatment though interesting and prolific in suggestions; I have contented myself to produce the results of treatment, commenting on the methods only enough to make clear the plan producing the result that followed its mention. The many defects of this paper are easily seen. The limited and interrupted time at my disposal must atone, in a measure, for the meagreness of statistics presented for your consideration.

Correspondence.

LETTER FROM VIENNA.

Editors Maryland Medical Journal:

GENTLEMEN:—From Berlin to Vienna, the direct route passes through Dresden and Prague. There is no University at Dresden, but exceptional advantages in midwifery may be obtained at the Royal Saxon Obstetrical Institute, which is under the care of Prof. Winckel, and many students avail themselves of a few weeks practical work in this institution. The admission fee is only $5, and a room in the building costs about 25 cents a day. Meals may be obtained elsewhere at a small cost; hence, anyone who wishes to see considerable obstetric practice in a short time and at a very moderate expense may employ his time very advantageously here. The provisions for lying-in women in Saxony are probably more complete than in any other country in Europe. Not only are pregnant women received from every part of the kingdom free of charge, but when they live at a distance their fares to and from the hospital are paid by the government. In 1882 there occurred 1417 births in this institution. Dr. Winckel has recently accepted a chair in the University at Munich and will commence his new duties during the coming fall. Dresden supports a good general hospital and some special clinics, but there is nothing of especial note with the exception of the obstetrical clinic. The medical man, in common with other travelers, should not pass through the city without visiting the magnificent art and historical collections for which it is noted.

The railroad from Dresden to Prague runs along the banks of the river Elbe, through the Saxon Switzerland, and the trip should be made in the day time in order to enjoy the beautiful scenery along the route.

Prague or Prag is a quaint old city, abounding in irregular and odd-looking buildings. It is the chief city of Bohemia, and is the seat of a large university, in the medical department of which are 600 students. The lectures are delivered in both German and the native (Tzechijch) language; hence, it is necessary to have two professors in each department. Prof. Gussenbaur is the German lecturer upon surgery, and Prof. Weiss, the Bohemian. Gus-

senbaur was Billroth's first asstistant ten years ago, and at that time gained much reputation by inventing an artificial larynx for the first patient upon whom Billroth extirpated the larynx. A friend of mine, who witnessed the operation, subsequently met the patient in a beer garden, and heard him speak with his artificial larynx. His voice was quite distinct, though very metallic, and answered very well for all ordinary purposes. Gussenbaur has now become one of the foremost German surgeons. He has a fine clinic, with an abundance of material and an excellent operating theatre. I was fortunate enough to witness him perform a number of operations, which were done with skill and celerity. In long and severe operations he uses the carbolized spray, but omits this in smaller ones; in other respects his methods of operating and his dressings are similar to those in use in Vienna. Amongst the cases of interests shown was one of partial extirpation of the pancreas, for cystic tumor which had progressed favorably and at the time of my visit was almost well. Very recently he has had to perform gastrotomy for the removal of a piece of a sword, which a juggler had swallowed. The pathological laboratory under the care of Prof. Chiari offers excellent opportunities for the pursuit of pathological studies; and the dermatological clinic of Prof. Pick is said to be very attractive. At the time of my visit three gentlemen from Baltimore were pursuing studies, chiefly pathological, in Prag, Drs. R. B. Morison, W. T. Councilman and C. W. Mitchell. The historical traditions of Prag, its beauty of situation, and the medical attractions of the place alike invite the medical traveller to pause here a few days on his journey to Vienna; and I am sure he will feel amply repaid for the slight delay in reaching his destination.

Yours, &c.,

R. WINSLOW.

LETTER FROM BUDAPEST.

BUDAPEST, Hungary, June 30, 1883.

Editors Maryland Medical Journal:

DEAR SIRS:—The occurrence of a holiday, and they occur with sufficient frequency at Vienna, offers a good opportunity for the hard-worked student to gain a short period of relaxation, and at the same time to increase his fund of information by visiting other portions of the Empire. Peter and Paul's Day, June 29th, being a legal holiday, and coming upon Friday, gave three days of uninterrupted leisure, and was availed of by many to make trips and excursions in various directions. The writer and two other gentlemen concluded to take a trip down the Danube to Budapest, the capital of Hungary. Accordingly, shortly before seven o'clock yesterday morning, we took the steamer and began our 175 mile journey. The trip down the river was delightful, and the scenery beautiful, whilst here and there mediæval castles, or Roman fortifications added interest to the occasion; but, as this communication is supposed to be upon medical matters, I must omit further mention of one of the most enjoyable excursions it has ever been my good fortune to make. I would, however, advise anyone with the time at his disposal to avail himself of the opportunity of making a visit to Budapest. The city contains about 350,000 inhabitants, and, contrary to my expectations, is a remarkably handsome place. It is the seat of a university, the medical department of which has 200 students. The lectures are delivered in the Hungarian language. We visited the medical and surgical clinics of the university and were most cordially received; the chief surgical assistant remarked, when one of our party said he hoped we were not occupying too much of his time, "When strangers come, everything else must give way." I have not seen such a well arranged hospital in Europe; except, perhaps, the Augusta in Berlin. The wards are cheerful and are wonderfully well ventilated with air which is forced into the room from below, the floors are tiled and cannot retain dirt, and there is every arrangement for the comfort and health of the patients, even to a library for out-patients, where they can read whilst waiting to be treated. Soiled clothes are immediately placed in a tube or shute and carried to the basement, whence they are removed at once to the wash-house. The lecture rooms are uncommonly well fitted up; in the medical theatre is a fine electrical apparatus, which is set in the wall, whilst the battery is in the cellar, and it is so constructed that at will either the interrupted or constant current may be employed. Upon the surgical side we found much of interest; the wards were clean, perfectly

free from odor of every kind, and in every way admirable, Amongst the cases of especial interest was one of lithotrity in a girl nine years old, and a suprapubic lithotomy on an old man, both of which were doing admirably. A good example of exstrophy of the bladder in a girl aged 11 years, and of sarcoma of the testicle in a boy 3 years old, the tumor having grown to large dimesions, were awaiting operation. Strictures of the urethra when of small calibre are treated rather primitively here, though they claim with good success. They do not seem to have heard of whalebone filiform guides and tunneled instruments, but attempt to penetrate the stricture with small metallic sounds, and then pass a flexible grooved director along the sound, and when the director has passed through the stricture, the sound is withdrawn, and a probe-pointed Thompson's dilator is introduced upon the director and the constriction dilated.

Fractures of the leg are first treated by side splints of wood and subsequently are put up in plaster of Paris; whilst those of the femur are usually fixed upon a double inclined plane until consolidation has advanced somewhat, when they too are incased in plaster of Paris. We were somewhat surprised to see dental forceps at this clinic which bore the monogram of Snowden, of Baltimore. The wound dressings at this clinic differed from any which I have yet seen. The spray is not used at all, and but little carbolic acid in any form, the hands of operator and assistants, the portion to be operated on, and the instruments and sponges being disinfected in a 1 per cent. carbolized solution. The dressings themselves are exceedingly simple, and are in marked contrast to the immense bundles which we find at the Vienna clinics. Salicylated jute is the dressing most employed, with perhaps a few layers of gauze upon which a little carbolized water has been sprayed. They seem to rely more upon the pure air of their hospital than upon a great mass of carbolized or iodoformed gauze, and they claim to have equally as good results, even in grave operations, such as ovariotomies. From my observation at various clinics, I am inclined to think the favorable results obtained, viz: union per primam, absence of suppuration, septicæmia, erysipelas, &c., is due more to cleanliness, absolute arrest of bleeding, thorough drainage and the infrequent dressing of wounds, than to the special antiseptic used. Carbolic acid, iodoform, corrosive sublimate and salicylic acid, as far as I can judge, give equally good results. An amusing example of the lack of knowledge of the United States was brought to our notice here. The assistant said a gentleman from America, who had been sent by the Government to visit hospitals, had been there rather recently, and asked if we knew him. He took considerable trouble to find his card, and when it was finally found it was that of a doctor from Chili. We mildly explained to him that we were not natives of Chili, and that we lived nearly as far from that country as from Hungary. Your correspondent and his friends were courteously entreated to inscribe our names in the book for the registration of distinguished visitors, the first page of which bore the autograph of the Empress Elizabeth, and the next that of the Emperor Franz Joseph. We signed.

Yours, &c.,

R. WINSLOW.

A CRITICISM ON THE VIEWS OF THE ST. LOUIS OBSTETRICAL AND GYNECOLOGICAL SOCIETY, WITH REFERENCE TO THE OPERATION FOR LACERATED CERVIX.

BALTIMORE, August 10, 1883.

Editors Maryland Medical Journal:

MESSRS. EDITORS:—In your journal for July 21st last, you published, without comment, an extract from the discussion of "Lacerated Cervix Uteri," held at a meeting of the St. Louis Obstetrical and Gynecological Society, March 15th, of this year, and reported in the June number of the *St. Louis Courier of Medicine*. In the extract referred to, Dr. Barret states: "I want to say that there is no case of laceration which ought not to be operated upon, and if any gentleman has any reason to urge why it should not, I would like to have it brought out."

Dr. Ford.—"I heartily agree with Dr. Barret in that regard. I would operate upon any and every case if I had a chance. My advice is always to operate; we then run no risk. The simpler the laceration is the more easily it is cured."

Dr. G. A. Moses followed in the same strain, advising operation in every case in which deformity exists.

It will hardly be questioned, at least by any well-informed American gynecologist, that the profession and womankind owe a great deal of gratitude to Dr. Emmet for the light which he has shed upon the subject of laceration of the cervix uteri and its treatment, but it does seem proper that such sweeping utterances as those of Drs. Barret and Ford, disciples of Dr. Emmet, should not be allowed to pass unchallenged. And it is especially to be noted that these radical views seem to be those of theSt.Louis Obstetrical and Gynecological Society, or, at least, of a majority of its members, as Dr. Barret's challenge passes practically, indeed I may say entirely, unanswered. And it is further noteworthy that these views are entirely in accord with that expressed by Prof. Pallen* in the discussion of Dr.J.Henry Bennet's paper at the meeting of the International Medical Congress in London. He says: "It is a good rule, almost an axiom of surgery, to repair any solution of continuity. Why should the cervix uteri be exempt from this rule?"

That this subject is an important one is well recognized by gynecologists, that it is so the profession at large may determine from the estimated frequency of the occurrence of laceration of the cervix. Simpson as quoted by Thomas,† states that evidence of a certain degree of laceration is furnished by "almost every careful autopsy of women after delivery, whether assisted or not assisted during their labor." Emmet‡ says: "At least one-half of the ailments among those who have borne children are to be attributed to laceration of the cervix;" and that of 500 fruitful women, previously impregnated and suffering from uterine disorder, who came under his care in private practice, 32.80 per cent. were found to have laceration of the cervix.

Goodell§ estimates "that, about one out of every six women suffering from uterine disorder has an ununited laceration of the cervix;" and Mundé‖ observed seventeen per cent. of lacerations in 700 parous women treated by him. Indeed, so important has this subject become, that the advanced disciples of Emmet would have us believe that laceration of the cervix is the prime factor in producing uterine disease.

Truly this uterus is a most wonderful organ, and uterine pathology capable of the most extraordinary development, under favorable circumstances.

Not a great while ago we were assured by most eminent gynecological authority, that by far the larger proportion of the manifold uterine disorders were due to inflammation. Then we were told by other equally eminent authority that they were principally due to "ulceration," so-called. Again, we were told that misplacement was the main cause; and not long since it was almost demonstrated to us that "stenosis" from some cause or other was the prime factor in uterine ailments. Indeed, the more radical followers of this school would have had us divide from 20 to 25 per cent of all cervices. Now the opposite extreme is reached, and we are told that all "cracks," "fissures" and "lacerations" are to be stitched up as soon as detected. And, if Dr. Goodell is correct in his estimate of the frequency of lacerations, and Dr. Barret in his idea of the treatment proper for them, we are to sew up every sixth cervix we see. Suppose we follow the teaching of both these latter schools, then out of every six cervices we will split one and sew up another.

The present has truly been called "the operative era" of gynecology, and it does seem as if poor womankind only escaped the Scylla of "meddlesome midwifery" to run imminent risk of shipwreck on the Charybdis of "meddlesome gynecology." A recent writer* in the *Boston Medical and Surgical Journal* stated that to his knowledge brother practitioners were incising and stitching up the same cervices, and the present writer knows of one case where two of the most prominent gynecologists in this country did the same. Now while the operation of "hystero-trachelorrhaphy" has been beyond question, unnecessarily and even injuriously performed, it is none the less certain that there is a perfectly legitimate field for its performance. Perhaps the best way to state what this field is, will be to quote the opinions of a few representative gynecologists, and from them deduce the indications calling for the operation. In

*Am. Journ. of Obstet., vol. xiv, p. 940.

†Thomas, Dis. of Women, p. 353, ed. 1880.

‡Emmet, Princ. and Prac. of Gynecology, pp. 451 and 483, ed. 1880.

§Lessons in Gynecology, p. 210, second ed.

‖Am. Journ. Obstet., vol. xi, p. 131.

*C. E. Wing, Bost. Med. and Surg. Journ., vol. civ, p. 410.

this way we think Dr. Barret's questions will be fully and fairly answered. Emmet* says: "I would state that in every instance where the condition is evident, and where enlargement of the uterus still remains, or where the woman suffers from neuralgia, I consider an operation necessary, notwithstanding the parts may have completely healed."

He† thinks, however, that "every case is benefitted by some preparatory treatment previous to the operation." This represents pretty fairly what may be called the Emmet school, though some of his disciples, as we have seen, go beyond this. As representing the views of the other extreme, which numbers among its members most of the highest authorities on gynecology in Great Britain and on the continent, may be quoted the paper read by Dr. J. Henry Bennet before the International Medical Congress in London (as reported in the *Am. Journ. of Obstet*, vol. xiv, p. 939), in which he states that "he had attended during a long gynecological career, many hundred cases of laceration, slight and severe, without operating. He always found that under the treatment of the inflammatory state which attended them, the ulcerated edges healed, the indurated tissues softened and a mere notch remained. * * * He thought the operation a totally unnecessary one, unless in some extreme exceptional case."

Dr. Tilt‡ also says: "Of the many patients attended by me during the last thirty years, I cannot remember a bad case of caco-plastic cervix with endo-cervicitis that I have not been able to cure by preliminary intra-cervical incisions deep enough to drain long-congested tissue, followed by the application of potassa fusa cum calce, and the subsequent dressing with tincture of iodine; so I do not see why the risk of a much more dangerous operation should be run, even in bad cases, except in a limited number that I have no time to specify."

Further, Dr. Matthews Duncan,§ in discussing the paper of Dr. Playfair, read before the London Obstetrical Society, March 1, 1882, says: "A split condition of the cervix was said to be attended with protean symptoms and disorders. Not long ago ulceration and then displacements held the same position. He did not believe this, regarding all these as minor disorders whose attempted cure was often the worst part of them. The protean disorders were accompaniments not consequences. He did not regard the profession as having hitherto mistaken ectropion for so-called ulceration. Such cases with or without ectropion were generally easily cured; in cases with hypertrophy, a good old plan was the caustic potassa. * * He regarded trachelorrhaphy as at present sub judice, but was not impressed in its favor. He had not done it, but had seen the most exaggerated laceration of the cervix interfere in no degree with health, comfort or fertility."

As the type of those in Great Britain who occupy a middle ground in reference to the operation may be cited Playfair.* In the paper above referred to, he defines his position as follows: "My own conclusions may be briefly summed up in the statement that, although there are a large number of cervical lacerations which produce no effect whatever, and having healed, call for no treatment, there are a considerable number which give rise to much irritation of the uterus, which lead to important secondary results, and that these cases can often be rapidly and permanently cured by the operation, for the introduction of which we owe Dr. Emmet a debt of gratitude, and with which his name will always be associated." This is very much the same opinion as that held by Drs. Edis and Graily Hewitt, the latter of whom now recognizes other causes of uterine disorders as well as displacements, and indeed the number of those in Europe, who are adopting this opinion is rapidly increasing. Such, also, is very much the view held by Drs. Thomas and Goodell, who, I think, very fairly represent the sentiment of the large majority of gynecologists in this country in reference to this operation.

The former† says: * * * "Lacerations of the cervix exist under two forms with reference to pathology: First, they may be important factors; and second, their existence is recognized by inspection, but they produce no evil results whatsoever. * * * The great reason for the varying results of laceration is this: If it interferes with involution of the body or cervix of the uterus, hyperplasia,

*Op. cit., p. 467.
†Op. cit., p. 467.
‡Change of Life in Health and Disease. Preface to fourth ed.
§Am. Journ. of Obstet., vol. xv, Supplement to May number, p. 136.

*Am. Journ. of Obstet., vol. xv, p. 136.
†Diseases of Women, ed. 1880, pp. 352 and 353.

either local or general, will result, with accompanying cystic degeneration, catarrhal inflammation, eversion and congestion; if, in spite of it, involution goes on to a successful issue, the parts give evidence of the accident only by physical examination, not by pathological results. Upon the recognition of this fact should rest the necessity for operative interference. If it become the rule of practice that all cervical lacerations should be closed without reference to their pathological influences, many women will be exposed to operation without cause and without compensation."

Dr. Goodell* writes:—"Of the beneficial results of the operation of trachelorrhaphy, I must candidly answer that I am not now so sanguine as at first. Cases have disappointed me; but then on the other hand, I have undoubtedly operated on some cases unnecessarily. The broad rule may be laid down that, when marked ectropion exists, associated with enlarged Nabothian glands, with leucorrhœa and menorrhagia, the issue of the operation will be a happy one. When, however, I have operated on a tear without ectropion, or merely on account of cicatrical tissue in the angle of the fissure, I have met with some bitter disappointments. But I now know better when to operate; and this fact I have learned that nervous exhaustion and spinal irritation will evolve symptoms which, others as well as myself, have referred to slight cervical tears, but which are in no wise dependent on these lesions."

To recapitulate.—While the legitimate field for this operation is not exactly and permanently marked out, yet, in general terms, it may be stated as the result of the largest experience, that 1st., In cases of slight laceration, not extending through the crown of the cervix and unaccompanied by cervical inflammation or ectropion, the operation is not indicated, unless, perhaps, in a very few cases where there is a predisposition to cancer. 2d. In most cases of laceration in the conjugate diameter, unless it be very extensive, involving the vaginal junction, operative interference is uncalled for. 3d. A certain number of uni and bilateral lacerations, with catarrh, ectropion, enlargement of the Nabothian glands and hypertrophy of the cervix, get well by the application of caustics and astringents, without operation and with less danger to the woman. In the large majority of such cases, however, Emmet's operation, or some modification of it, as Schroeder's for example, is the preferable, if not the only curative method of treatment. 4th. In a certain number of cases where a previous laceration has healed up, leaving behind tough, hardened cicatricial tissue with symptoms *clearly traceable* to its presence in the cervix, the proper treatment is to remove such tissue by knife or scissors and repair the cervix. 5th. In cases of laceration detected immediately after labor, it is proper (unless there is excessive hemorrhage), to wait until the process of involution should have been completed (say six weeks), when the laceration will have healed up, or will fall into one or other of the above classes of cases.

The vast preponderance of testimony goes to show that this operation is wonderfully free from fatal consequences, yet, in view of the fact that some *deaths* and numerous attacks of metritis, perimetritis, and pelvic cellulitis have resulted from it, and that sterility is asserted by competent observers to frequently follow its performance; it is evident that, "hystero-trachelorrhaphy" should not be lightly undertaken, nor should it be performed in those cases where less dangerous treatment offers a fair prospect of probable success within a reasonable time.

Very respectfully,

T. Barton Brune.

*Amer. Jour. of Obstet., vol. xv, p. 225.

Society Reports.

CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD APRIL 5TH, 1883.

(*Specially reported for Maryland Med. Journ.*)

(*Continued from p.* 621, *vol. ix, No.* 24).

Apparatus for Securing the Frontal Mirror in Ophthalmoscopic Examinations.—*Dr. Murray* exhibited such an apparatus manufactured by Fox, of Philadelphia. It consists of a band running over the vertex, to one end of which the mirror is secured, whilst the other holds the instrument in place by compression of the occiput. It was claimed to be cooler than the silk head-band and lighter than the spectacle frame. The manufacturer made no claim to the invention of the instrument.

Dr. Arnold said that Dr. George Johnson, of London, had claimed the originality of this form of instrument but had given up his own instrument for the head-band. His instrument

was made of strong clock-spring. The instrument exhibited has the advantage of folding up, and is, therefore, a little more portable. Dr. Arnold himself preferred the head-band.

Dr. Mackenzie said the instrument exhibited, and all such instruments working on the principle of fixation by means of a steel band passing over the vertex antero-posteriorly and retained in position behind the occiput, is very old in principle and practice, and that similar instruments are familiar to all specialists. The objections to fixation behind the occiput had led specialists, however, to give up the instrument in question for the more convenient and comfortable spectacle frames of Semeleder, Mackenzie and Duplay, and the still more useful head-band of Kramer. The occipital band is used still by some specialists in London and Philadelphia, but it has been given up by the majority. Dr. M. had first used the spectacle frame of Semeleder but had given it up for the more convenient head-band. The original occipito-frontal instrument consisted of a single bar of steel confined behind the occiput by a pad.

Traumatic Hæmatocele of the Vulva in a Virgin.—*Dr. Chunn* reported the following case: A woman, æt. 20, unmarried and without children or miscarriages, applied for treatment on account of a tumor as large as a small orange distending the right labium and causing much pain on micturition and locomotion. She stated that on the previous morning she was playing upon the piano when some one knocked violently at the door behind her, which so alarmed her that she jumped up suddenly, but in doing so unfortunately became entangled in the piano-stool, which was upset; that she fell upon this,striking her right labium against one of its sharp edges. The tumor fluctuated freely and was not painful on palpation. The patient was placed in the dorsal position with knees separated, and an incision was made about one inch long into the most prominent part of the swelling. This was followed by an immediate gush of blood amounting to nearly four ounces; a number of clots were also turned out. As considerable oozing followed, which did not cease on applying pressure, the sac was wiped out with a solution of tannin. There was no further hemorrhage. Much relief followed the operation and the patient was doing well some days later.

Vaseline for Ointments.—*Dr. Theobald* presented a specimen of ointment prepared from the yellow oxide of mercury and vaseline. In order to give the vaseline proper consistency it is mixed with yellow wax in the proportion of four parts to one. This would be a little too soft for summer use when the strength should be about two or three to one. This ointment possesses the advantage over the officinal unguentum (lard and wax), of not becoming rancid; the specimen had been in the Doctor's office for a year and was still fresh.

Dr. Piggot remarked that vaseline was a proprietary substance and made by a process of distillation. He had tried in vain to make an article like it. A small quantity of salt added to lard in summer will tend to keep it fresh.

Cold Abscess.—*Dr. Tiffany* reported the case of a man, æt. 58, seen in consultation, who suffered from a lump at the inner and upper part of the left thigh near the pelvis; it was smooth, not lobulated, painless and continued to grow, so that when he came under observation it was three inches in circumference. A trocar had been introduced and nothing came. This gave rise to some pain, fever and increase of size of the swelling. A poultice was now ordered. In five days the swelling had increased to eight inches in diameter, was extremely large, dark-red and tympanitic on percussion. A trocar being introduced gas escaped which on being set fire to burnt with a bright blue flame for a half minute. Some pus followed with shreds of tissue. A counter-opening was made below.

STATED MEETING HELD APRIL 20TH, 1883.

The President, *Dr. S. Theobald* in the Chair. Dr. H. H. Biedler was proposed for membership by Dr. Michæl.

Gun-Shot Wound in Abdomen; Recovery.—*Dr. Michæl* reported the case of a young colored man who received a bullet from a pistol fired at a distance of one and a half yards away. The bullet which was a small one entered the abdomen one and a half inches to the left of the median line and one-fourth inch below a horizontal line drawn across the ziphoid appendix. There was considerable shock on his entrance into hospital, which was succeeded in one or two hours by nausea and vomiting of blood. On the following day the temperature was 100° or 101° F., pulse 100. There was nothing to show how the bullet had gone and there was no probing. The soreness in the situation of the wound gradually passed away, and he recovered on opium and on milk diet. The only local treatment was iodoform. About fourteen days after the injury he complained of some trouble about the lower part of the body and passed blood. This which was probably due to some imprudence in diet was readily checked by acetate of lead and he had no further trouble there. The symptoms in this case had suggested perforation of the stomach. During the riots of 1877 an Irishman had the same

sort of wound followed by peritonitis and recovery.

Dr. Uhler referred to a case where a small bullet penetrated the abdomen in the region of the spleen. A probe entered a distance of two inches. The patient recovered under the use of opium.

Dr. Coskery referred to a case of a man who killed his wife and then shot himself, the bullet passing through the left lobe of the liver. He was sent to jail on the 13th or 14th day after, well.

He also had at this time in hospital a patient who had received a No. 32 pistol ball, two inches below and one inch within the left nipple. There was in this case no vomiting of blood but complete paraplegia following closely on the shooting. But for the paralysis he would be well.

Dr. Moseley referred to the case of a soldier who was shot by a minnie ball in the lower part of the abdomen. In 1873 he was operated upon in the Massachusetts General Hospital for stone in the bladder and the bullet was found to form the nucleus of the stone.

Dr. Ashby said Dr. Hunter McGuire had operated in a case similar to that reported by Dr. Moseley.

Dr. Coskery spoke of a case where a man was shot above the pubes. He after that discharged pus along with his urine. Eight months after he died of surgical kidney and the bullet was found in his bladder.

Dr. Chambers inquired of Dr. Michæl whether the fæces in his case were examined.

Dr. Michæl. No. The bullet might have been vomited. The blood was not passed from the bowel until two weeks after the shooting.

Dr. Chambers. A boy was wounded in the abdomen by a small pistol and passed blood from the urethra. There was subsequently some obstruction of the urethra, and the ball passed on the fourth day. There was no great irritation before that; no pain nor irritability of bladder in the interim.

COMPOUND COMMINUTED FRACTURE OF THE INFERIOR MAXILLA.—AXILLARY TUMOR.—*Dr. Winslow* reported the following cases: Three weeks ago a string of boys at the House of Refuge had hold of a rope attached to a tree which was being cut down. On the fall of the tree in an unexpected direction, all let go except one boy who was thrown 91 feet through the air. In his passage he struck the tree, which was fortunate for him as it saved him from being hurled over a precipice into a stream below. He received a fracture on each side of the inferior maxilla at about the junction of the ramus with the body. He has a wound under the left ear which communicates with necrosed bone and also with the cavity of the mouth. He has been treated with a hard rubber interdental splint fenestrated to correspond with the wound into which a drainage tube is introduced.

A boy, also at the House of Refuge, had an axillary tumor, glandular in character, of three months duration, increasing rapidly in size and painful, and desired its removal. This was effected by a simple, straight incision and enucleation by tearing it away. Several nerves were involved in it. There was little hemorrhage. The specimen was shown.

PROBABLE FIBRO-ADENOCELE, AND INTESTINAL CONCRETION.—*Dr. Coskery* reported the following cases and exhibited specimens: Two years ago Mr. W., aged about 30, was in my charge for fracture of the skull and left humerus, injuries received in a row. At the same time he was kicked upon the left breast, but beyond a little bruising in the neighborhood of the gland, nothing particular was observed. Three months ago pain was noticed in and around the nipple, and swelling came on. Within the last month the lump has grown rapidly. It was removed to-day, April 20th. Diagnosis: Probably a fibro-adenocele. A man, 45 years of age, eighteen years ago suffered from what seems to have been a fistula-in-ano, for the major portion of the year. No operation was done, and the suppurating point healed. From being a man of very active habits, he has within the last few weeks, for want of occupation, been sitting about the house. Had never noticed any fulness in the neighborhood of the old fistula until about a week ago, when pain and swelling came on and "something burst" expelling the specimen. The wound is now rapidly filling up, and nothing but a superficial sore can be discovered. Probably an intestinal concretion forming in the track of an old fistula.

CONGENITAL KERATO-CONUS WITH REMARKABLE CHANGE IN THE REFRACTION OF AN EYE, FOLLOWING AN INJURY.—This case was reported by Dr. Frank (and will appear in full in our next issue. EDS.)

Dr. Theobald remarked that the myopia was due to the kerato-conus, and the change in refraction to the flattening of the cornea, not to the iridectomy. Several years ago he reported the case of an Englishman who injured his eye with his finger nail, cutting through the cornea and extracting the lens. Iridectomy was done in this case.

PROCIDENTIA UTERI.—*Dr. Chunn* reported a case where the uterus protruded three or four inches beyond the vulva between the woman's thighs. The depth of its cavity was six to seven inches. She had had a rupture of the perinæum back to the sphincter. Many forms of pessary were tried without satisfaction. At last a rather small ring, admitting the cervix attached to a staff and a

band around the waist was applied, which seemed to answer. She did not return for four days, and then it was found that the cervix had descended through the ring and had become strangulated, presenting an appearance as though it were about to slough. After this, packing the cul-de-sac with cotton every other day was practiced with relief. Then a cup was applied, three to four inches in diameter, which seems to answer well. She has worn it now two weeks and can go for three or even six days without removing it.

(To be Continued.)

Reviews, Books and Pamphlets.

Atlantic Journal of Medicine. Vol. I, No. 1. Richmond, Va. August, 1883. 8vo. Pp. 76.

This new candidate for professional favor comes from a city of but some 75,000 citizens (a large proportion of whom are colored) and already provided with two medical journals, but which is ambitious it seems of a third. Its editors are Drs. Robert B. Stover and Henry G. Houston, both of whom are new, be believe, to editorial work. The paper and type are excellent and fresh, and the contents varied and interesting. We look in vain for an index, an omission by the way not uncommon in the inception of such undertakings. The opening article is a very intelligent and comprehensive review by J. N. Willis, Esq.—evidently a pharmacist—of the recently issued U. S. Pharmacopœia. He confines himself very closely to giving an abstract of the original (a very sensible plan, and more likely to benefit his audience perhaps than the most elaborate criticism or commentory) and quotes freely from Squibb and Wood. The author, however, fails to acknowledge his indebtedness to the former in his quotation on pages 1 and 2. His endeavor is, he says, "to present our national standard as a quiver well filled with arrows, fully whetted to the destruction of disease." Next follows an article by Dr. Hoover, one of the editors, on Typhlitis and Perityphlitis, in which he strongly advocates abdominal section in cases where perforation has occurred. The Department of "Selected Articles" embraces selections from periodical literature upon medicine, surgery, obstetrics and gynecology. The editorials, which are largely of a personal character, relating to the aims and scope of the work, are well written and evince intelligent and conservative views upon the leading questions now before the profession. The editors, who are also the proprietors, state very distinctly that they "have no party to serve or clique to favor, neither are they in opposition to or accord with the prejudices or jealousies of any." Neither of them is connected with the Medical College of Virginia.

The style of the work shows that much care and expense have been bestowed upon it and gives assurance of a high standard of excellence in its future management. Indeed our praise of it might be unstinted had our careful examination not discovered a multitude of most inexcusable blunders—evidently the result of bad proof-reading—which mar every page and we might say almost every sentence. It is easy to see that in an article, such as the first, containing a vast number of figures, a consciousness of frequent errors imparts to the reader a distrust of the whole.

After stating that the "subscription price is $3 per annum, *in advance*," we have but to conclude in reference to the ambitious title which the editors have selected with the quotation which rises irresistably to our minds at the moment:

> "No pent-up Utica contracts your powers,
> But the whole boundless continent is yours."

Dio Lewis's Monthly. Vol. I. No. 1. August, 1883. 8vo. Pp. 117. N. Y.: Price $2.50 a year.=*The Essentials of Pathology.* By D. Tod Gilliam, M. D., Prof. of Physiology, Starling Med. College, Columbus, O. Philadelphia, 1883. P. Blackiston Son & Co. 12mo. Cloth. Pp. 296. Price $2.=*Proceedings of Naval Medical Society.* Vol. I. No. 4. Washington.=*On Some Advances in the Surgery of the Urinary Organs. Being the Address on Surgery before the British Med. Association at Liverpool, August 1st.* By Reginald Harrison, F. R. C. S. London, 1883. 8vo. Pp. 30. (*Advance copy from author*). =*In a Nutshell. Suggestions to American College Students.* By Dio Lewis, A. M., M. D., N. Y., 1883. 12mo. Pp. 128.=*Report of Conference Committee of Louisiana Board of Health, etc.* 8vo. Pp. 8.=*Outline of the History, Theory and Practice of Quarantine.* By Jos. Jones, M. D., President of Louisiana Board of Health. New Orleans, 1883. 8vo. Pp. 30.=*Registration of Physicians of State of Louisiana under Act of* 1882. Reprint from Board of Health of Louisiana. New Orleans, 1883. 8vo. Pp. 16.=*Trans. of Mississippi State Med. Association.* Jackson, 1883. 8vo. Pp. 140.=*Trans. of Medical Society of West Va.* Wheeling, 1883. 8vo. Pp. 84.=*Report on Diseases of Women from the First Congressional District.* Reprint from Trans. Med. Association of Georgia. By R. J. Nunn, M. D., of Savannah. 8vo. Pp. 32.=*Physiological Cruelty, or Fact vs. Fancy. An Inquiry into the Vivisection Question.* By Philanthropos. Wiley & Sons. New York, 1883. 8vo. Pp. 156. Price $1.25.

Editorial.

SWIMMING AS A RECREATION, AN EXERCISE AND A USEFUL ACCOMPLISHMENT.—There is no exercise which combines in itself so many desirable features as the art of swimming. Whether we consider it with regard to the pleasurable recreation it affords, the healthy exercise it secures, or the undoubted utility it may subserve, it is alike without a rival among sports. Nothing is more invigorating and exhilarating than a plunge into nature's great element, and the consciousness of superiority over this element which the skilful swimmer feels is ennobling in that it tends to promote that feeling of power and self-respect upon which high impulses and good endeavors are based. It is a manly art. Then as to exercise what sport is there that brings so many of the muscles into play as this? There is hardly one of the voluntary muscles that does not experience its effects. And especially should it be pointed out that it is just that class of muscles—of the chest and upper extremities—which ordinarily get so little exercise that are brought into requisition here. It also promotes the functions of the skin. Of its utility we have daily proof, and if the saving of life were its only recommendation it would still commend itself powerfully to our favor. The swimmer not only has within his power the means of saving his own life, but also those of others—his wife, or child, or perhaps those who have no other claim than that of humanity and helplessness. Anyone is liable at times to accidents which may call this art into requisition. Who can doubt that if the 200 persons who were precipitated into the water at Tivoli the other day by the breaking of the rotten pier had known how to swim, or even the adults among them only, instead of 63 being drowned, as was the case, all would have escaped? It behooves us especially, who are the guardians of the health of the public, to think seriously about this subject and to see that its importance is duly estimated.

HOW SHALL WE LEARN TO SWIM?—The great difficulty ordinarily in acquiring the art is the want of suitable opportunities and conveniences. Those who are remote from water courses are practically debarred from it whilst even in so distinctive a seaport city as this, the *natural* advantages may be insufficient. The streams near cities are in general so polluted as to render them unfit for such use. Relying upon the natural advantages alone it would be altogether impracticable to one sex whilst to the other the remoteness of the places of resort, the expense in reaching them and other drawbacks, would be obstacles sufficiently disheartening. Every city of the size of this ought to have a *free swimming school* where the poor of both sexes may have easy access to opportunities for learning to swim. Such places could be utilized during the winter in other ways that would afford some return for the outlay. New York has such an institution and its popularity and usefulness are evidenced by the fact that during one week, ending July 14th there were 273,520 visitors, of whom 77,816 were women and young girls.

But whilst such accommodations as would be commensurate with the wants of our population are not yet available we are not without means of securing a knowledge of the art of swimming. And this brings us to speak of the Natatorium or Swimming School on North Howard St., next to the Academy of Music. The pool here is said to be the largest in this country. Its dimensions are 140 x 40 feet; the depth, commencing at one end with two feet, gradually increases to seven feet, which depth is maintained throughout about one-fifth of its length. The bottom is formed by a thick layer of asphalt. Skilful attendants are always present and every facility is at hand for the avoidance of accidents. The most modern appliances for instruction are made use of under experienced teachers. Three mornings in the week are set apart for ladies exclusively, who are always attended by one female and two male employés. The admission with free use of the pool is 25 cents; instruction tickets are at the rate of about 25 cents each, additional. Similar pools exist in New York, Philadelphia, Chicago and Washington, although we learn that that in the last named city has had to suspend for want of patronage. We hope the same fate will not befall ours.

The recent disaster to which we have referred has undoubtedly excited an unusual interest in this subject, which must have been considerably intensified among those who, like the writer, had the pleasure of witnessing the exhibition given at the Natatorium Wednesday week in aid of the sufferers from that unfortunate accident. The courage and skill displayed in diving, especially from the beams of the building—a distance of forty feet—was remarkable.

In conclusion, we will only say that if our professional engagements are such that we cannot ourselves avail of the opportunities thus offered for acquiring this highly-to-be-desired accomplishment, we should at least not neglect to secure to our children and our clientèle the advantages which it affords.

THE DANGER OF CHOLERA NOT OVER.—The rapid decline in the prevalence of the cholera in Egypt and its failure to make its appearance at ports in more or less constant

intercourse with that country are calculated to create the impression that all danger is over. This is further fostered by statements emanating from English sources that the disease was not cholera at all but a purely local affection due to bad water and bad hygienic surroundings. We cannot accept such statements, however, since the symptoms as they have been detailed in the English journals especially are unquestionably those of true cholera, whilst the infectious nature of the disease is quite apparent even to a superficial observer. It is immaterial, then, as far as we are concerned, whether it was imported from Bombay or originated *de novo* at Damietta. Our duty is to look after our quarantine and to secure the most perfect sanitation possible. The fear of yellow fever fortunately secures due vigilance in the former respect, and it only remains for the exposed cities to do their part, which is not fully met, we beg to observe, by *sprinkling a little lime along the gutters of the streets.*

The English Medical Bill.—The English Medical Bill still hangs fire and it seems doubtful, owing to the very great amount of work to be done, whether it will be reached during the short period which yet remains before the close of the session of Parliament. As heretofore stated in these columns, it meets the approval of the great majority of the English medical profession, who justly regard it as a great advantage to have a common examining board before whom all applicants for practice must appear—and whose diploma qualifies its possessor for every branch of medicine—and a supreme medical council in the membership of which the profession is represented. It possesses two very conspicuous faults, which, however, do not pass unnoticed by the watchful English journals, who seem to regard the first in the light of an omission easily supplied hereafter, and the second of an omission which is beyond remedy. These are: first, the failure to fix the title of the new licentiates; and second, the non-prohibition of practice by irregulars and quacks. It is a mighty little bit of a crumb of comfort to know that the latter class will be debarred from the use of titles to which they have no claim, for such assumption on their part is already illegal and they are sure to prove quite formidable rivals in practice even without any titles whatever.

Legal Rights Conferred by Diplomas.—A few days ago we alluded editorially to the opinion of the Court of Appeals of this State, in which it was decided that the possession of a diploma was a legal qualification to practice medicine. Upon this point Dr. Rauch, of the Illinois Board of Health, uses about the following language (we condense): The error as to the rights conferred by the diploma of a college chartered in accordance with the laws of a State has been corrected more than once by the courts. No one can practice with or without a diploma except upon such terms as the law imposes. The diplomas confer the rights and privileges of doctors in medicine subject to the laws of the State and community in which they reside. The right conferred by the diploma is not a constitutional right, not a right inherent in the law of nature, not an absolute right whether the college be specially chartered or not, but a statutory right subject to the control of the Legislature. The Illinois State Board has for six years acknowledged only diplomas of colleges which *it* regarded as "in good standing," rejecting the others.

Note.—In quoting the Revised Statutes of the United States, bearing upon the question of the quarantine authority possessed by the Surgeon-General of the Marine Hospital Service, in our last issue, the word "revived" should have been used instead of "renewed."

Miscellany.

Death of Dr. Charles McLean.—Dr. Charles McLean died in this city on the 17th inst., after a brief illness of heart disease, æt. 74. He was a native of Washington and had practised his profession in Toledo, Ohio, and in Baltimore, devoting himself more especially to orthopædic surgery. About eight years ago he retired from practice. He leaves a widow, three daughters and a son.

Death of Dr. E. Gover Cox.—Dr. E. Gover Cox, of this city, died near Union Bridge, Carroll Co., Md., on Sunday, Aug. 19th, æt. 63. He had been in bad health for the past eighteen months. He was born in Frederick Co., Md., 1820, graduated at the University of Ohio in 1840, and afterwards at the Washington University in this city in 1844. He had practiced in Baltimore since 1852. He was a member of the Med. and Chir. Faculty of Md. and of the Balto. Med. Assn'n, and was a prominent Odd Fellow. He leaves a wife but no children.

American Dermatological Association.—The seventh annual meeting of this Association will be held at the Sagamore House, Green Island, Lake George, on Wednesday, Thusday and Friday, August

29, 30, and 31. Papers will be read by Drs. Piffard, Hyde, Graham, Stelwagon Robinson, Duhring, Atkinson, Sherwell, Bulkley, Van Harlingen, and Fox (a report of this meeting by a member of our editorial staff will appear in this JOURNAL.—EDS.).

CERTIFICATE OF DISCHARGE FROM QUARANTINE.—The following is the form of certificate employed by the Marine Hospital Service in discharging vessels from quarantine:

This is to Certify, That ——— has been discharged from Quarantine with permission to proceed to sea or port of destination. In my professional opinion, no danger need be apprehended in allowing said vessel to discharge her cargo or ballast and reload for sea. But in no case will this Certificate be held to allow the entry of any vessel until after examination and permission of the local quarantine authorities.

Surgeon U. S. M. H. S., in Charge.

Medical Items.

J. B. LIPPINCOTT & Co. announce that the third and last volume of Agnew's Surgery will be ready Sept. 1st.=The Tri-State Medical Society will meet at Indianapolis, Sept. 18, 19 and 20, commencing at 9 A. M. Many papers of great interest will be presented.=Dr. Benjamin W. Woods died at Govanstown, Maryland, on the 19th inst., æt. 67, of gastric cancer. He was born in Howard Co., and graduated at the Univ. of Md. He had served in the army and was never married.=The number of deaths in Baltimore last week reached the very low figure, 135 (17.16 p. c.)=Dr. John F. Boone died at Trappe, Md., week before last.=The Committee in charge of the Baltimore Directory for Nurses announces that the Directory is now prepared to furnish *wet nurses* as well as others.=The announcement of the sale of the Fort Wayne Medical College, Indiana, for $50, to satisfy a judgment obtained by the janitor and a printing house, is made. This was the entire value of the furniture and materials for instruction belonging to the institution.=At the approaching fourteenth annual meeting of the Va. Med. Society, Tuesday, Sept. 4th, the Rockbridge Alum Springs generously offers to make no charge to Fellows and Delegates; the railroad companies also have reduced the fare.=According to the *Fort Wayne Journ. of Med. Sciences*, the Supreme Court of Missouri has decided that a physician must not divulge on the witness stand information obtained in a professional way, and which was necessary to the treatment of a patient.=The Library of the Medical and Chirurgical Faculty was closed from Aug. 6th to Aug. 20th for cleaning.=The following sentence concludes Dr. Balthazar Foster's eloquent address on the "Political Powerlessness of the Medical Profession:" "The fertile fields of this new land of loving labor lie before us in all their fruitful freshness; let us have the courage to claim possession in the name of a high and holy cause—the health and happiness of mankind."=According to the *Pacific Med and Surg. Journ.*, a "female medical college" is about to be established in St. Louis.=Dr. C. L. Dana has been appointed to the Chair of Diseases of the Mind and Nervous System in the New York Post-Graduate Medical School.=Dr. Gross says drunkenness and male nursing are almost synonymous terms.=According to the Surgical History of the War there were 10.77 p. c. of shot wounds of head, face and neck, 18.37 of trunk, 35.71 of the upper extremities and 35.15 of the lower extremities.=Dr. E. Briand reports cases of false croup due to malaria and yielding to quinine. It is not very rare in infants and is preceded or followed by malarial symptoms.=Most American lard is adulterated with from 10 to 100 per cent. of oleomargarine, stearine, cotton seed oil, tallow and terra alba.=At l'Hôpital des Enfants Assistés in Paris, the syphilitic foundlings nurse directly from the teats of the ass, being applied five times during the day and three times at night. Whereas formerly all died by the bottle seventy per cent. now live.=According to M. Certes, an eminent microscopist, the use of lemon-juice with raw oysters is to be commended on physiological grounds since it destroys the animalcules that infest the stomach of the mollusk.=Dr. Henry R. Stout, of Fla., says it is all a mistake, sleeping with the feet towards the engine; that the rapid movement of the engine forces the blood to the extremity most distant from it.=Dr. Clarke, of Ill., says the most convenient place in which to carry the clinical thermometer is the pantaloons pocket and that he devotes the left pocket solely to that purpose.=A German recommends filling the blind end of the catheter, beyond the eye with some solid material to avoid conveying infectious matter from one patient to another.

LIST OF CHANGES IN THE MEDICAL CORPS OF THE NAVY during the week ending August 18, 1883:

Surgeon George A. Bright, temporary duty at Naval Rendezvous, Philadelphia.

Surgeon John L. Neilson, temporary duty on board Receiving Ship "Franklin," at Norfolk, Va.

Ass't Surg'n Wm. Martin, Navy Yard, Pensacola, Fla.

Original Papers.

A CASE OF PARTIAL KERATO-CONUS (CONGENITAL) WITH A REMARKABLE CHANGE IN THE REFRACTION FOLLOWING AN INJURY.

BY DR. S. L. FRANK,

Surgeon to the Baltimore Eye, Ear and Throat Charity Hospital.

(*Reported at the meeting of the Clinical Society, held April 20th*, 1883.)

Mr. R. consulted me the first time Feb'y 16th, 1882, to know whether the glasses which he was then wearing could be improved upon.

The history of the case was that as far as he knew there was nothing wrong with his sight until he was 12 years old. Had an attack of measles and a mild form of blepharitis now and then, ever since. In 1863 (when he was 20 years old) he became book-keeper in a large shipping house in this city, a position which he still holds.

August, 1870, he received his first glass from an oculist in this city, for his right eye, none for the left, and only wore the glass occasionally. In 1879 he received a pair (a glass for each eye) which he wore regularly at his work until I saw him the first time at the above date. Upon examining his eyes, I found the following state of affairs: Both eyes with a partial congenital kerato-conus, the right eye having it above and the left one below, with an arcus senilis in front of the cones, also a congenital thread of iris running across the pupil from above downwards in the left eye. At the same time the patient was suffering with blepharitis of both eyes, beingof a scrofulous diathesis.

His error of refraction was corrected by the following glasses:

R. E.—$\frac{1}{4}{}_{\frac{1}{4}}$ cyl. $\overline{|\ +\frac{1}{15}}$ cyl. $\rightarrow$ = V $\frac{20}{20}$ and J. no. 1.

L. E.—$\frac{1}{7}$ cyl. $\overline{|\ +\frac{1}{16}}$ cyl. $\rightarrow$ = V $\frac{20}{20}$ and J. no. 1.

These glasses gave perfect satisfaction.

October 26, 1882, he consulted me about an injury to the right eye, and gave the following history: The night before in walking through a room in the dark, he ran with great force against a ladder which the paper-hangers had left there, and unfornately struck his right eye against the edge of the ladder in such a way as to completely rupture the eyeball above at its corneo-scleral border, and making a beautiful iridectomy at the same time—the iris at this time being entirely within and the anterior chamber empty. Applied a bandage and ordered him to keep quiet. The next day found anterior chamber refilled. Nothing of moment occurred until, Nov. 1st, found wound had re-opened at inner edge and a piece of iris (hernia iris) was entangled in wound. Ordered pilocarpine to be instilled which had a soothing effect, but did not draw iris from its incarceration, and bandage applied constantly. On the 17th, I nicked the hernia at its base with scissors, the sac emptied itself at once but refilled entirely by the next visit (24 hours), so that on the 25th I removed it even with the eyeball, bandaged again, and ordered complete rest in bed.

December 2nd, on looking at eye, found a small bead of vitreous at the point where the iris had been cut off; bandaging the eye for five days and remaining on his back during this time, ended all further trouble from the injury, the wound being firmly closed.

The case from now on has peculiar interest; at each visit, upon testing the vision, I found the refraction becoming more compound hypermetropic astigmatic! (The lens, I must state, was neither lost nor dislocated).

The first examination, after complete closure of the wound, showed the following change in the eye:

From $-\frac{1}{4}{}_{\frac{1}{4}}$ cyl. $\overline{|\ +\frac{1}{15}}$ cyl. $\rightarrow$ to $+\frac{1}{6}{}_{\frac{1}{4}}$ sph. $\supset +\frac{1}{15}$ cyl. †; this kept on changing until March 16, 1883, when I ordered him the following glass:

$+\frac{1}{6}{}_{\frac{1}{4}}$ sph. $\supset +\frac{1}{6}$ cyl. axis 50 $\underline{0}$ which gives him = V $\frac{20}{30}$ and J. no. 2.

Of course the two eyes do not work together, the difference in refraction being too great, but he uses each eye separately, the left one during the day, and the right in the evening.

I think this case is a strong argument in favor of iridectomy for the relief of kerato-conus.

CARBOLIC ACID AS A LOCAL ANÆSTHETIC IN MINOR SURGERY.

BY EUGENE F. CORDELL, M. D.,

Professor of Materia Medica and Therapeutics, Woman's Medical College of Baltimore.

Although the local anæsthetic properties of carbolic acid when applied to the surface of the body, have been known and written upon since as long back as 1870, and although they are alluded to in all the recent works upon therapeutics, the practical application of this fact seems still to be absolutely ignored by the vast majority of the profession. One scarcely ever hears of it in his professional intercourse with other physicians, and in several recent works upon surgery which the writer has consulted, it is not even mentioned. Whilst one of the milder caustics, producing in a concentrated form a superficial eschar, this agent also occasions a benumbing effect in the parts to which it is applied, and this not only in the stronger but also in the weaker solutions, and not merely in the superficial layers of the integument but also in the deeper-lying tissues beneath. The application of the acid to the cavity of an aching tooth, and the benumbing sensation experienced by the surgeon from immersion of his fingers in weaker solutions are familiar examples.

Now the discovery of some simple and convenient method of producing local anæsthesia has long been felt by the profession to be a desideratum. There are many simple operations required of the surgeon in which it is undesirable to resort to internal anæsthetics for obvious reasons; and yet, though momentary, the suffering in these is none the less real and in some sensitive natures amounts to a veritable torture, not confined to the moment of operation but extending to the longer period of anticipation. Hitherto in such cases there were two expedients at command, one the salt and ice mixture of Arnott, the other the ether spray introduced by Richardson. Neither of these methods has succeeded in commending itself to the profession sufficiently to come into general use. A simpler method than these was needed—some agent whose simple application would suffice to produce the anæsthetic effect. Such an agent has been found in carbolic acid, and nothing can be simpler than the method of its use.

The two following cases are cited in illustration:

1. A young man, a miller by occupation, of fair complexion, light hair and nervo-sanguine temperament, suffered from an abscess of the right lower jaw, due to the irritation consequent upon a carious molar tooth. The face became greatly disfigured, as is the case in this affection, by a large, red and excessively tender swelling. The constitutional symptoms corresponded in severity with the local. Large doses of morphia were required to relieve pain. Under the use of poultices for a day or two fluctuation became developed and an incision was demanded. In order to obviate suffering as much as possible the swelling was bathed for a few minutes with the following solution (five per cent.) of carbolic acid, by means of a linen rag saturated with it with which the surface was freely mopped:

℞ Acid. Carbolic. Crys., gr. xxiv
Aquæ Destil., ℥i M.

The incision was then made, half an inch in length, parallel to the lower margin of the maxilla. The patient sat perfectly still and composed; there was no wincing whatever; no exclamation, and he declared that the operation had given him no pain. Although I told him to come to my office the next day (I had seen him at his home) he did not require further attention and in a few days was back at his work.

2. An elderly man, a mulatto, sent for me on account of a large abscess which had formed in the right buttock. It extended from near the anus downward on the inside of the thigh, half way to the knee, and outwards into the buttock, occupying an area of at least 8 x 6 inches. On palpation it was hard and doughy, resembling the condition of the tissues which characterizes phlegmonous erysipelas. There was tenderness but no fluctuation. There was no apparent cause for this condition of things, there being no fistula, no connection with the bowel, and as the sequel proved no diseased bone. He had lost about 50 pounds since his sickness began and was much weakened by suffering and loss of rest. He had been previously under the care of another physician, who, according to his statement, did not comprehend the nature of his disease and was treating him upon very general principles. Large doses

of morphia were required to relieve suffering and procure sleep, and poultices were constantly applied to the seat of inflammation. In four days fluctuation had developed at the magin of the fold between the buttocks, and an incision was deemed advisable. The same solution was applied as before and an incision 1½ inches in length was made, parallel to the fold of the buttocks,and about two inches from the anus. The pus was deep and to reach it the knife had to pass through a thick tissue of almost gristly hardness. There was here also no evidence whatever of pain; the patient held perfectly still, making no exclamation and being, apparently, entirely oblivious of what I was doing. There was no need for further incisions; the pus escaped freely from the one I had made; convalescence progressed satisfactorily and in about four weeks all evidences of the abscess, except the scar, had disappeared.

These cases seem to be fair ones for testing the value of the agent. Both the patients were of nervous temperament, especially the second. This man stated that he habitually slept only from one to two hours at night, and during my attendance upon him he showed his very strong "nervous" tendencies by symptoms quite suggestive of hypochondria; he had almost absolute insomnia, flying neuralgic pains and "nervous" dyspepsia; in a word, he possessed a highly sensitive nature, ill-adapted for bearing any form of suffering.

Besides the opening of abscesses, there are other applications to which the anæsthetic powers of carbolic acid have been put, as for instance, the lancing of bone-felons. Dr. J. H. Bill, U. S. A., who first brought this use of carbolic acid into notice (*Amer. Journ. Med. Sci.*, October 1870) advised in this case "to soak the finger for fifteen minutes in warm water containing three per cent. of the acid, and then to draw a brush dipped in the concentrated acid along the line of the incision."

There are still other conditions in which the drug can be utilized, and whilst we can speak only from theoretical considerations, having but a limited experience with it, it may be of service to enumerate some of these conditions as they occur to us. In general terms, we would say, it would be useful in every case in which a superficial cut or puncture is required. The use of the hypodermic syringe in some persons excites apprehension and produces pain; in the injection of quinine subcutaneously we have known the suffering to be exquisite; with chloroform and other highly irritating substances it would be even greater. We would also enumerate the use of the aspirator; paracentesis or tapping of chest, peritoneum, ovarian tumor, or tunica vaginalis; incision of carbuncle; removal of sebaceous tumors of scalp, warts, ganglia and superficial growths of various sorts; ligature of superficial arteries; excision of chancre; reduction of dislocations of phalanges; paring of in-growing toe-nail; tenotomy; application of caustics; amputation of superficial parts or even small extremities; the taxis of hernia when painful; transplantation of skin; the operation for fistula-in-ano; and reduction of paraphymosis. Its sedative effects may be utilized in piles and burns, and its combined sedative and caustic effects in painful ulcers. Of course, further experience must test its value in these and other similar cases. In leaving the subject, we trust that we have at least said enough to excite the reader's interest in it (if not already elicited) and that, upon trial, he will find the local anæsthetic properties of carbolic acid equally satisfactory as we have found them in the cases above cited.

125 N. Charles St., Baltimore, Aug. 23, 1883.

ILLUSTRATIONS OF MEDICINE IN MARYLAND IN "YE OLDEN TIME."

BY JNO. R. QUINAN, M. D., OF BALTIMORE.

IV.

INQUESTS AND AUTOPSIES.

In a former paper on these topics, I referred to an autopsy in Maryland of 1657, as the earliest I had then found in our Records (see *Md. Med. Jour.*, May 26, 1883), but since then I have been fortunate enough to meet with the record of an 'Enquest' in *1642*, and of an autopsy in *1643*, only nine years after the settlement of the Province! The first is headed—"Enquest *super visu corporis*. Taken at St. Maries—5th Nov., 1642, before me Edward Parker" (sheriff) "upon the view of the body of Anne Thompson, infant, then lying dead, by the oath of Mr. Thos. Green, gent: John Price, Barnaby Jackson, Thomas Franclin, Francis Posie, Peter Macrill, Wm. Hardege, Robt.

Nicolls, Francis Vanepfud, Robt. Hedgey, Edward Coltam and Robt. Ellyson, summoned to enquire how, and by what means, the said Anne came to her death, who say upon their oath, that they doe not find anything, but that the said Anne came to a naturall death" (Lib. 1642-1645, p. 101). The juryman, Robt. Ellyson, is styled in the record a 'Barber-Chirurgeon.'

The autopsy is on the body of an Indian 'ladd', supposed to have been killed by John Dandy. "The return of the Enquest upon the view of the dead body Edward Indian. We find that this Indian ladd, came by his death by a bullett shott by John Dandy, which bullet entered the epigastrium neare the navelle, on the right side, obliqueley descending and piercing the gutts, glancing on the last vertebra of the back, and was lodged in the side of ano. Foreman, John Binx."

George Binx was a chirurgeon, and no doubt drew up the return, as it evidently came from a professional hand. It is a singular fact, that this John Dandy furnished the victim for the autopsy of 1657, which I cited in an earlier paper. Probably the commutation of his sentence in this first murder, from hanging to serving the proprietor for seven years, may have encouraged him to the second act, which, however, was his last. This autopsy is dated Feb. 25, 1643 (Lib. 1642–5, p. 457).

It is in order now for the medical annalists of the older States to show an inquest and autopsy of earlier date. Can Virginia or Pennsylvania do it? Massachusetts is out of the race—her earliest being 1674 (see Green's Address before Massachusetts Medical Society, p. 50).

Selected Papers.

ABSTRACT OF A LECTURE FOR THE PUBLIC, ENTITLED "THE PREVENTION OF YELLOW FEVER."

BY STANFORD E. CHAILLÉ, M. D.,

Prof. Physiology and Path. Anat., Med. Dept. Univ. Louisiana.

* * * * * *

There are only two preventive measures, namely, *cleanliness* and *non-intercourse;* although several subdivisions of each of these are for convenience, usually made. What is the full significance of each of these words?

When the sanitarian advocates the cleanliness of a city, he means thorough cleanliness and purity, not only of person, but also of houses and streets, not only of food and water, but also, and above all else of the air; of that air, whose importance to health and life, though supreme, is so ill appreciated. Thorough cleanliness of a city necessitates such construction of houses as would secure their perfect ventilation, leaving not one reservoir for confining foul air, and it necessitates a perfect system of sub-soil as well as of surface-drainage. Without these things, every breath inhaled may be impure and laden with the poison of a fatal disease.

(The author then refers to the difficulty of securing perfect cleanliness, particularly in a city, under the local conditions of New Orleans. Nevertheless, it is our duty to contribute all we can to it, and every household should actively supplement the work of the city officials).

Absolute non-intercourse with the poison of yellow fever is now as impracticable as *perfect* local sanitation. We must live, we live by commerce, and this would be imperiled by such non-intercourse as would render the importation of any yellow fever poison impossible. Hence, we are compelled to compromise, first, by establishing outside the city, quarantine against vessels and their contents, thus striving to reconcile the interests of health and commerce; and, second, by resorting, within the city, to what is termed *isolation*, that is, to non-intercourse with infected persons and houses. Cleanliness is an indispensable adjunct to quarantine and to isolation, and, disinfection is so essential, in communicable diseases, to cleanliness, that cleansing and disinfection are always implied, whenever the words quarantine and isolation are used. Having explained the significance of cleanliness and of non-intercourse (as practiced), other points will now be considered.

I once believed what many doctors then believed, but few do *now* believe, viz: that yellow fever originated in New Orleans, especially in the filth of its hot, moist summer, and that this disease was not communicable. The few who continue thus to believe, are satisfied that the removal of this filth, by local sanitation, would prevent the origin of the disease, and that thorough

cleanliness is, therefore, the all-sufficient and only means for its prevention. The majority of sanitarians, and I among them, reject this view, and believe on the contrary, that the origin of yellow fever is shrouded in as impenetrable a mystery as is the origin of every animal, every plant and every communicable disease, and that,while the poison of yellow fever is communicable and always imported, it can, under favorable circumstances, lie dormant, like a seed or an egg, then after an undetermined period, probably not less than one year, flourish again with vigor. While this majority do not believe that filth can *originate* yellow fever, they do believe that filth is indispensaable for its growth. Hence, these two different theories fortunately fail to cause any practical difference as to the need for local sanitation, and all unite in urging thorough cleanliness as a certain remedy against the prevalence of yellow fever. But, unfortunately, these different theories do cause great disagreement as to the value of non-intercourse as a preventive remedy. So that, quarantine and isolation are scouted by one party and clamorously demanded by the other. In addition to these two parties, there is a third, which holds both views, believing that yellow fever does sometimes originate here, and is sometimes imported. This third party unites with the second in advocating quarantine and isolation, but, with less confidence and zeal. Since these three theories include all the possibilities of the case, one of them must be true.

As to which one is true, I warn you that such plausible arguments can be cited in favor of each of them, that I believe it in my power to convince the majority of any non-professional audience that either one of the three is alone true. Most people believe whatever their own doctor happens to believe, and there are few, even of the doctors, who have had the experience, and have devoted to the subject the special study necessary to comprehend it in all its bearings. After all, the sole question, theoretically important, is whether yellow fever is ever at any time a communicable disease, and not whether it is always communicated, for, even small-pox is not always communicated. Respecting this question, let me again warn you, that those who may weary you with innumerable well-known instances of the failures of yellow fever to be communicated, are only diverting your attention from the only points now really at issue, which are, first, whether there are not some instances inexplicable except by the theory that yellow fever is communicable, and, second, whether this disease does not show a manifest preference for routes of travel? In either case, the disease must be communicable. But, discarding all theories, the sole question, practically important, is whether quarantine and isolation are justifiable and prudent precautions against yellow fever? Now, isolation is the same remedy applied within a city as is applied at its quarantine stations; if the one be justifiable so is the other; therefore, concerning the whole subject, the chief practical question is, whether quarantine ought to be enforced. Well, since we have a quarantine, what need to discuss this question? Simply because of my conviction, that the efficiency of a quarantine depends chiefly on the unanimity and zeal with which it may be supported by the people, that our quarantine has not the support desirable, and that this dangerous defect is due to the fact that, while many of our citizens deny, a still larger number doubt the utility of quarantine.

There are arguments in favor of quarantine which appeal to one's common-sense so strongly that they leave, it seems to me, no room for doubt. Among these are the following:

In modern times many diseases have been proved to be communicable which had long been believed not to be so, and, since there are few, if any instances of the reverse, it is probable that the disagreements about yellow fever will finally terminate in the same way that other similar disagreements have terminated. Another probability is derived from the fact, that the weight of professional opinion preponderates enormously in favor of quarantine, to such extent that I have sought, in vain, to find a single modern medical text-book which fails to advocate it. Again, in all disputable matters, prudence should cling to the side on which the greater safety lies, and the benefit of the doubt should therefore be given to quarantine. Farther, the law requires it, and every good citizen should obey the law. Still farther, public opinion, outside of New Orleans, imperatively demands it, and would, no doubt, force it, if necessary, upon this city.

The only serious argument against quarantine is that it uselessly injures commerce. This is unquestionably true, provided that yellow fever be not a communicable disease. But if it be communicable, then this argument is absurd, for, in such case, quarantine would, in truth, serve to protect commerce. Quarantine restricts commerce solely with infected ports; the value of this commerce is much less than that with uninfected ports and infinitely less than that with inland communities. Yellow fever injures all of this commerce so greatly, that if quarantine protected us from even one out of twenty epidemics, the amount thus saved would amply repay all the loss incurred by many years of quarantine-restrictions on our commerce with infected ports.

A serious misapprehension about quarantine also deserves attention. Its opponents declare that it should be abandoned because it has failed and must always fail to give protection. In truth, quarantines have very often failed and will, without doubt, often fail again. A perfect quarantine, one capable of securing absolute non-intercourse with the poison of yellow fever is even more impracticable than the prevention of all smuggling. Never even as efficient as practicable, most of them have been and many of them still are merely sham-compliances with the law and with the theory on which quarantines are based. But they have become and are destined to become still more efficient. While, at the very best, they could not exclude all risks of infection, yet at the very worst they probably do exclude some of these risks; the proportion of risks excluded varying, of course, with the degree of quarantine efficiency. To me the evidence is irresistible, that imperfect as they have been, therefore failing often, they have, none the less succeeded repeatedly. In fine, if quarantines serve to exclude any of the risks of infection, then they are as justifiable as are breastworks in war. In either case, health and life continue to be endangered, but, very much less with than without them.

Another objection to quarantine must be noticed. If thorough cleanliness of this city would prevent yellow fever, as all agree, then, why not release commerce from the burthen of quarantine and devote all our efforts wholly to local sanitation. The answer is, that thorough cleanliness will continue to be impracticable for generations at least; that no one pretends to know what degree of cleanliness would suffice to prevent yellow fever; that, whatever that degree may be, there is every reason to believe that it is now unattainable at least by us; and that, with this dangerous probability staring us in the face, it would be reckless to abolish quarantine, if this serves to exclude any risks of infection. In the meanwhile, I think you will find that the advocates of quarantine are promoting even local sanitation more actively than their opponents.

Now, if common sense has led one thus far, it will certainly drive him to the conclusion that every good citizen should do all in his power to render our quarantine as efficient as is practicable. Even those who believe it a useless burden ought to aid its rigid enforcement, for present circumstances compel us to try the experiment and this compulsion will never cease until experience has conclusively proved that a quarantine, as efficient as practicable, must always fail to exclude any risks whatever of infection. If there be any way, then, in my opinion, the best and quickest way to get rid eventually of quarantine, is to enforce it most rigidly. The immediate interest of many will continue to induce them to strive to abolish and to evade it, but these individual interests should be unhesitatingly sacrificed in behalf of the permanent general welfare.

Although much has been done during the past thirty years, as my own personal experience enables me to testify, to promote the cleanliness of this city and to render its quarantine more efficient, thereby greatly reducing our numerous risks of infection, yet, all, who are well informed, know well, that so much remains still to be done by ourselves and our successors, that yellow fever may appear, in spite of everything which has been or can now be done.

Should it appear, then, there is, to prevent its spread, only one remedy recommended which inspires any hope of success, namely, isolation, together, of course, with disinfection. Unfortunately, the proper application of this remedy is as difficult and certainly as dependent on popular support as is the attainment of thorough cleanliness and of a perfect quarantine. To isolate effectually a case of infectious disease requires usually that the house in which it occurs and all its inhabitants should also be isolated; all outside intercourse, if not wholly prohibited, must, at least, be restricted within very narrow limits and must be regulated by precautions very vexatious to all subjected to them.

Whoever will bring the case home to himself will best realize the very natural feelings and conduct of the sufferers and also the resulting difficulties imposed on sanitary officers.

(The author then speaks of the difficulty of enforcing isolation. Families object to having their secrets exposed by the physician and their privacy invaded by the sanitary officer. Every household instinctively recoils from such exposure, which renders it the object of dread, and curtails not only the pursuits of pleasure but of business on which its welfare may depend. Manifestly the best chance of isolation would be at the *outset* of the *first* case, and it is generally useless to attempt it except with the first cases. Then follow some considerations upon the notification of infectious diseases. In England this has been rendered compulsory by act of Parliament in 23 towns with most favorable results as to sanitation. There is good reason to believe that in New Orleans the prompt notification of yellow fever is regarded with decided hostility by a majority of the public; the press almost invariably denies the truth of the reports and not unfrequently showers upon the head of the unlucky doctor volumes of abuse and ridicule. As cases multiply into an epidemic, the editors studiously endeavor to conceal or suppress the true state of affairs. As a result many physicians are deterred from reporting first cases on account of the disagreeable notoriety, and many persons remain in the city exposed to imminent danger for want of correct information. Moreover, the confidence of neighboring communities in the truthfulness of the New Orleans people is destroyed which produces panics and needless quarantines. To this difficulty are added the others, that physicians have not opportunity to see every case of yellow fever, and that medical science is incompetent to recognize all cases of the disease, even if seen. Hence, the prompt notification of the disease is beset with difficulties, so great that the isolation of the first case at its outset would be an unusually lucky chance.)

If the permanent welfare of this city depends at all on the prevention of yellow fever, then public opinion should encourage the utmost publicity as to everything which concerns this disease. The chief obstacle to prevention consists in the fact that yellow fever, by nature's law, is pre-eminently a "pestilence that walketh in darkness." Can we hope to prevent it, while man persists in voluntarily adding obscurity to that which nature has already clouded with perplexing darkness? Even false alarms if founded on reasonable evidence, should be patiently endured instead of being indignantly denounced, for, such alarms are unavoidable, in order to be warned in time of real danger. The proofs of this are ample.

As many plants die, for lack of favorable surroundings, without producing fruit, so many cases of yellow fever never spread. Such fruitless or sporadic cases cannot be contra-distinguished from others, hence require all preventive precautions; further, the law demands their report and, yet, whoever reports such cases originates false alarms. In addition, the incompetency of medical science to diagnose with certainty every case of yellow fever has caused frequent mistakes, so that even the most skillful physicians have been forced in numerous instances, to admit, that certain fevers, which they had not believed were yellow fever, have finally proved, beyond question, to be this disease. If yellow fever be communicable, then preventive measures should certainly be applied to *all doubtful cases;* this cannot be done unless such cases are reported, and they cannot be reported without giving rise to some false alarms. These instances suffice to prove that, in order to apply preventive measures, with favorable chances for success, false alarms founded on reasonable evidence, are unavoidable.

What else can frail human nature expect? Man has no enemy so insidious and fatal as communicable disease. What other enemy does he escape without false alarms? Not one, whether it comes from the hand of God or the hand of man. Storms, floods, famines, conflagrations and wars, all have false alarms as inseparable attendants. All know that they are frequent in fires and in war, that they, when founded on reasonable evidence, insure greater safety, and that prudent commanders often even order false alarms to be given in order better to secure the training needed by their men, when danger is really at hand. The public has yet to learn, that to overcome communicable diseases, it must submit to inconveniences and must employ precautions similar to those which protection from fire and from the weapons of an armed enemy necessitate.

It may be urged that false alarms about yellow fever are calculated to inflict more harm

and effect less good than false alarms about fires or armed enemies. This might prove to be the case temporarily, but, to secure the truth some false alarms cannot be avoided, and I have an abiding faith in the good policy and in the ultimate triumph of all honest efforts necessary to secure the truth. Tolerance of those false alarms which are founded on reasonable evidence, would inspire greater confidence, both at home and abroad, in our efforts for prevention; such alarms would render less frequent those more numerous ones, which have no reasonable foundation and are avoidable; and they would greatly strengthen the power of self-protection. My conviction is firm that this city has much less to fear, for its permanent welfare, from the utmost publicity of everything relating to yellow fever than it has to fear from any suppression and concealment.

Although it has been shown that all three of our preventive measures, cleanliness, quarantine and isolation, are still too defective to protect us with certainty from all risks of infection, there is much to encourage us to persevere in our efforts to render these three measures more and more efficient. Such efforts would deserve to be advocated even if it could be known that they would result in disappointment, for, active warfare against life's evils is infinitely preferable to inactive submission, since the former always promotes progress and brings some reward, even if not always the one expected. I, therefore, strenuously oppose those who, hopeless of preventive measures, advocate a do-nothing policy, who believe even that the wisest course to pursue is rather to promote than to prevent yellow fever, so that all would gain immunity by acclimation. Such a policy ignores the facts, that unacclimated children and immigrants would continue to propagate the poison, and that our neighbors, on whom much of our commerce depends, object so strongly to the dissemination of this poison among them, that their commerce would be lost to us. Further, New Orleans pursued this policy until 1855, Havana and some other cities still pursue it, and these examples justify every effort to go and do otherwise. * * * * * * * * *

Correspondence.

BALTIMORE, August 21, 1883.

Editors Maryland Medical Journal:

Dear Sirs:

In the proceedings of the Baltimore Academy of Medicine, published in the MARYLAND MEDICAL JOURNAL of Aug. 11th., I am reported as saying that sponge-tents when used in the manner proposed by me, "can be left in longer and used often." I should certainly never entertain the idea of using a sponge-tent a *second time*. In my opinion nothing could more decidedly tend towards producing septicæmia than the use of a sponge-tent, which had been previously removed, even though it was protected by the bag of gold-beater's skin or rubber bag.

Yours, &c.,

B. B. BROWNE, M. D.

Society Reports.

CLINICAL SOCIETY OF MARYLAND.

(*Specially reported for Maryland Med. Journ.*)

(*Continued from p.* 269, *vol.* x, *No.* 17, *Aug.* 18).

PROCIDENTIA UTERI.—*Dr. Erich* opened the discussion of this subject with some extemporaneous remarks, which will shortly appear at length in this journal. He spoke of his experience with various pessaries, the ring, Zwanck's, the fig.-of-eight, etc., and said that he had been led by this experience to adopt a more simple method viz., the cotton ball or tampon, saturated with a solution of tannin.

Dr. Chunn said the instrument proposed by Dr. Erich would not have suited his case. He had tried Zwanck's instrument, and the great weight of the uterus caused the wings to become imbedded in the vaginal walls.

Dr. Ashby said the cups irritate. He had lately been compelled to dispense with them and use the dry cotton tampon. There had been rupture and consequent ulceration of the cervix in this case.

Dr. Booker has been using the cotton for ten years. Has not treated a single case that he has had during that time (twelve in all) by any other method. He uses tannin either in glycerine or water.

Dr. B. B. Browne stated that there were two recognized factors in the production of procidentia uteri, namely, deficient perineal support and heaviness of the uterus itself. In order to reduce the weight of the uterus and at the same time to support it *in situ*, preparatory to an operative procedure, he always replaced the organ and with the woman in Sims' position, tamponed the whole vagina tightly, beginning around the cervix with tampons of cotton saturated with tannic acid and glycerine, squeezed fairly dry, or which he frequently preferred,

with tampons containing a saturated solution of alum carbolized; these latter were more decidedly astringent and cleaner than the tannic acid tampons. With either kind of tampons, a piece of oakum sufficiently large to fill the lower part of the vagina is flattened out and over and around the cotton tampons; this holds them in place more securely than cotton would do. By this method of tamponing, the uterus was firmly compressed on all sides and could be reduced almost to its normal size in a short time, frequently within one or two weeks, and then the operation of perineorrhaphy or elytrorrhaphy could be done with a good prospect for a radical cure. In many cases the procidentia is the result of subinvolution and is complicated with a laceration of the cervix; in these cases trachelorrhaphy should precede the other operations or be done at the same sitting. There is another form of procidentia, the result of hypertrophic elongation of the supra-vaginal portion of the cervix, which is not benefitted by perineorrhaphy but the treatment of these cases is not under discussion this evening.

In regard to Dr. Erich's pessary, he had never used it or seen it used; one objection to it is that it has to be removed at night and replaced by the patient or her husband. Had frequently found a ring pessary and a Hodge inserted in the vagina to be more effectual in keeping the uterus up than either by itself; sometimes two rings are equally efficient.

Lr. Meierhoff preferred glycerine to water, as the solvent of tannin, because it absorbs water.

Dr. Uhler has used the cotton tampon ever since he graduated. He had found that the women doctors prefer the cup instruments. He had found more satisfaction from the use of Zwanck's pessary, introducing the two wings separately and passing a piece of rubber over the united parts of the stem.

Dr. Wm. Lee had used the cotton tampon for eight years, receiving the suggestion first from a paper read by Dr. Morris. It is home-made and cheap.

Election of Members and Resignation of Office.—Drs. J. H. White and L. L. Bitting were elected to membership, and Dr. Randolph Winslow, Cor. Secretary, intending to be absent some months in Europe, offered his resignation of that office. This was accepted, and Dr. Jos. T. Smith was elected to the position.

STATED MEETING HELD JUNE 1ST, 1883.

Dr. S. Theobald, President, in the Chair.

Patient with Entropion of Both Upper Lids Showing Results of Operation by Different Methods.—*Dr. Harlan* exhibited the patient who had been operated on three times. When first seen he had a very marked entropion, which had existed since boyhood. Both upper lids were hypertrophied. The first operation consisted in slitting the external canthus and stitching the mucous membrane to the skin. From this there was no marked effect. In the second operation sutures were passed from below through the free edge of the lid, passing through the lower border of the tarsal cartilage and then up under the skin and out nearly as high as the eye-brow. The two ends were then firmly tied together in such a way as to evert the lid. These sutures were left to cut their way out in the hope that the scar left behind would keep the lid in proper position. In the left eye this was partially successful. The right was not materially benefitted, and on this the third operation was performed.

Here an elliptical piece was taken from the skin of the lid and at the same time a large mass of the hypertrophied connective tissue underlying it was dissected away. The wound was closed with three sutures and now on the third day there is still some inflammation, but the edge of the lid with its cilia is in such position as to promise an excellent result. Dr. Harlan had never before seen so much hypertrophy of the lids.

Dr. Theobald asked whether Dr. Harlan had ever seen any improvement from canthoplasty.

Dr. Harlan replied no; it is only designed for temporary relief and to get more room.

Dr. Theobald asked whether he had ever tried Green's operation. He (Dr. T.) had done it and regarded it as the best devised.

Dr. Frank described Snellen's and Arlt's operations.

Dr. Rohe inquired whether hypertrophy of lids were frequent. He had had a patient—a woman—at his skin clinic, with it, in whom there was no apparent cause either local or constitutional. She had had occasional attacks of erysipelas. She presented the appearance of myxœdema but was without mental symptoms,

Fusiform Aneurism of the Arch of the Aorta.—*Dr. Chambers* reported the following case: A man, a stonecutter by occupation, æt. 35, who was in the navy eight to ten years, was caught in a storm and was subjected in consequence to hard rowing; to this succeeded a pain in the chest. Eight months ago the pain began and then a tumor appeared to the right of the sternum. He could swallow nothing and death took place by inanition and suffocation. On *post-mortem* examination, an aneurism of the arch of the aorta (which had been diagnosed during life) was found; it was fusiform in character and had gradually pushed the sternum before it so as to form a large hemispherical swelling which projected from the anterior surface of the bone. The right lung was completely compressed, the right bronchus admitted no air and the œsophagus was also pressed upon by the tumor which explained the inability to swallow. The right phrenic nerve was thickened and swollen. The heart was not hypertrophied. Dr. Chambers thought that there had been a rupture of the aneurism at the time of the exertion in rowing, as indicated by the pain and that the sac of the aneurism as seen in the specimen was formed by the soft parts of the anterior mediastinum.

Dr. Michael had seen a case in Vienna with the same symptoms. An aneurismal tumor presented in front of the median line and through the sternum. Although suffering much from dyspnœa he did not die before Dr. M. left Vienna. Dr. M. thought the sac of the specimen exhibited was formed not by soft tissues but by the outer wall of the artery.

Dr. Chambers.—Holmes' Surgery says the sac is frequently formed by soft parts. In this case the pectoral muscles form part of the walls of the sac.

Dr. Michael.—The sac is continuous with the wall of the artery; thinks it was formed by gradual expansion of the artery.

Dr. Mackenzie did not see how so large a rupture could have occurred without instantaneous death.

Two Cases of Gonorrhœal Prostatitis.—By *Dr. Michael.*—1. The first was in a young man who had a slight gonorrhœal discharge of some weeks standing with a small indolent bubo. Suddenly the severity of the local symptoms increased; there was no increase in the discharge but an epididymitis appeared. Next a prostatitis developed, causing retention of urine, with intense pain and violent spasmodic efforts to pass urine, producing piles and eversion of rectum. The prostate was enlarged to the size of a small orange and exquisitely tender. The urine was drawn without difficulty with a soft catheter, but this did not relieve the symptoms. There was no evidence of pus or cystitis.

2. This patient, after an attack of gonorrhœa lasting two weeks, suffered from retention. A metallic catheter was passed by his physician but with difficulty and great pain. There were no spasmodic attacks at first, but severe pain in the region of the prostate gland which was enlarged and tender. There was no vesical irritation; the bladder would retain Oss of urine. The use of the catheter was necessary occasionally. The treatment consisted of the catheter and external counterirritation, of renal remedies and disuse of injections.

When cystitis occurs there is not retention but frequent passage of urine; there is inability to retain it and it contains pus. It is to be noticed that in the first case there is retention with pain, in the second retention without pain. In the first, after two weeks the patient was able to pass water unaided and gradual recovery followed; in the second, the results are not yet determined. There has been no epididymitis in the second case.

Dr. Chambers asked whether gonorrhœa passes along the urethra in such cases.

Dr. Michael believed in a direct extension along the urethra and vas deferens. He referred to a case seen in the dead house where the vas deferens was adherent to the wall of the bladder.

Dr. Chambers thought the inflammation was too sudden to admit this explanation; moreover, in most cases of epididymitis the evidences of prostatitis are absent.

Dr. Michael replied that we may have an inflammation of the mucous membrane without involvement of the cellular tissue beneath; hence prostatitis does not necessarily develope. But the epididymitis is not so sudden as has been intimated, and he had noticed that the first symptom observed was not in the epididymis but in the groin.

Dr. Browne said there were two views held in regard to the extension of gonorrhœa in women; first, direct extension along the Fallopian Tubes; second, setting up a lym-

phangitis and extension along the lymphatics from those inside the cervix to those in the surrounding cellular tissue.

Dr. Michæl said the latter explanation was not tenable in the male because the lymphatics do not go from the urethra to the epididymis.

Dr. Chambers suggested that the change of epithelium was to be taken into account and

Dr. Uhler pointed to the metastasis which takes place in mumps.

ADJOURNMENT.—The Society then adjourned to the first Friday in October.

Reviews, Books and Pamphlets.

Medical College of Ohio, Cincinnati. Sixty-Fifth Annual Announcement and Catalogue, Session of 1883–84. 4to. Pp. 24.=*Report for 1882–83 of H. A. Newton, Director of Yale College Observatory and of the Astronomer in Charge of the Horological and Thermometric Bureaus.* 8vo. Pp. 20.=*A Tracheotomy Tube for Gradual Withdrawal and Report of a Case in Which it Was Used.* By H. T. HENDRIX, M. D. (Reprint). St. Louis: 1883. 8vo. Pp. 4.

Editorial.

THE JOHNS HOPKINS UNIVERSITY COURSE PREPARATORY TO THE STUDY OF MEDICINE.—A recent publication of the Johns Hopkins University gives the details of the studies and requirements to be exacted of those who will pursue that one of its seven college courses intended to fit the student for entrance upon the study of medicine. Three classes of students are admitted to this preparatory course: first, graduate students without special examination; second, matriculated students; third, special students. The first and third classes are permitted to follow the biological instruction in part or in their entire range. Special students are those who are not prepared at admission for full matriculation, but who desire to enter upon a three years course of scientific instruction. They are admitted to the privileges of the University out of deference to the custom which has heretofore prevailed in this country of requiring no preliminary examination of those entering upon the study of medicine; but they cannot compete for the degree of A. B. This arrangement, therefore, is a sort of compromise, of a temporary nature, and which will pass away with the changes and improvements that time will make in our methods. Nevertheless the indulgence to this class is only partial, and there is laid down for it an entrance examination in elementary mathematics, in Latin, English (including a written composition), French, German and drawing. Matriculates, i. e., those who are candidates for the degree of A. B., are required to pass an entrance examination of a much more rigid character, upon the same subjects, and in addition upon Greek (a thorough knowledge of French and German will be accepted as a substitute for this), history and the elements of physics, chemistry, physical geography, botany and physiology; this examination is common to all candidates for the degree of A. B., in each of the seven collegiate courses The full course preparatory to medicine, the length of which will vary somewhat according to the student's ability and industry, but "rarely if ever will be completed in less than three years after full matriculation," embraces English, German, French, Logic, Ethics, Psychology, Physical Geography, Ancient History, Drawing, Vocal Culture, Physical Culture, the Theory of Accounts, Physics, Chemistry and Biology; the last—"the study of living things, animal and vegetable, in their forms and functions"—is the dominant subject of the course, but the design is to give such liberal culture as will avoid a one-sided or narrow development. The following epitome of the course is given in the circular from which the information embodied in this article is obtained: "Opportunities are here afforded to a young man, who expects at a later day to take up the study of medicine, to become proficient in laboratory work while acquiring a knowledge of German and French and continuing his general education. A course is arranged in which physics for the first year, chemistry for the second, and the biological study of plants and animals for the third year, are the dominant topics. At the close of this course, the student should have become proficient in a knowledge of the physical and chemical laws which underlie the conditions of life; he should have become familiar with the structure and functions of living things in their normal and healthy condition; he should have become skilled in the use of the microscope and other physiological apparatus; and so when he enters the school of medicine he should know that he has been well prepared for the study of disease and of its treatment, by a training in fundamental sciences, which has not only exercised his eye and hand but has accustomed his mind to accurate habits of observation and inquiry."

CAN MEDICAL OFFICERS IN THE PUBLIC SERVICE HOLD PROFESSORSHIPS IN COLLEGES?—The recent decision of Dr. John S. Billings with reference to the professorship

of Hygiene in the Johns Hopkins University must have been based upon grounds of expediency rather than of inability to accept the appointment. This will appear from the reply of the President to an inquiry asking for an explanation of the Executive Order of Jan. 17th, 1873. The question had been submitted: "Can Federal officers hold positions on Boards of Education, School Committees, Public Libraries, Religious or Eleemosynary Institutions, incorporated or established or sustained by State or municipal authority?" The answer of the President, dated January 28th, 1873, was as follows: "Positions and service on such Boards or Committees and Professorships in Colleges are not regarded as "offices" within the contemplation of the Executive Order, but as employments or service in which all good citizens may be engaged without incompatibility and in many cases without necessary interference with any position which they might hold under the Federal Government."

Compulsory Notification of Infectious Diseases.—This subject still continues to be vigorously discussed by the English physicians, with much difference of opinion. This difference, however, is not with regard to the expediency of having such notification made—upon that point there is and can be no disagreement—but as to the right to impose this burden upon the attending physician. The opponents of compulsion upon the profession claim that the interests of the patient, the special confidential relations existing between him and his medical attendant, and the fee which the latter receives for his service, forbid the betrayal of such confidence. The attitude of the physician is compared to that of a lawyer and his client. It is also objected that many persons will not call the physician in to attend cases requiring notification, but will either do without or secure the services of a less scrupulous attendant. Again it is said that the knowledge sought to be obtained is expert knowledge, for which due compensation should be offered.

If the duty of reporting is to be imposed upon physicians, the legal compulsion will undoubtedly relieve them of much of the onus of it, whilst a fair honorarium would render it unquestionably less distasteful. If in addition the Edinburgh feature were incorporated, which leaves it to the discretion of the reporter to call in the services of the Health Department or not, all objection on the part of the profession would doubtless soon vanish.

In this city (Baltimore) the law of Oct. 24th, 1882, compels the report by householders as well as physicians in the case of "small-pox, cholera, yellow fever, malignant diphtheria, scarlet fever and varioloid."

Unsafety of the Hospital Quarantine Barge Selden.—The Hospital Barge Selden, to which yellow fever patients are transferred on their arrival at the mouth of the Chesapeake, would seem to be very ill-suited for such purpose. The other day the Steamship Caribbean, bound from Kingston, Jamaica, to Baltimore, was detained thirty-six hours at the Quarantine Station, and complaint being made of this the Surgeon-General explained that the quarantine physician had found it necessary to go to Norfolk in order to procure workmen to repair the barge, "*which was in a dangerous condition.*" Capt. Evans, also, the pilot, who was detained on board the barge for ten days on account of his having brought the infected Steamship Californian up the bay, says that *the barge is in a most dangerous situation with undertow so strong that the stanchions of the lower deck were wrenched from their fastenings; that the roof let in the weather; that the connections of the water-casks were broken apart and all fresh water lost; that the craft is frail and may go to pieces at any moment; that it is surrounded by dangerous shoals and reefs, and is liable to be knocked to pieces by the first nor'easter that comes along; that the barge itself is an unsafe habitation even in good weather, and that patients cannot be safely conveyed to it.* Granting that some portion of this picture is overdrawn there is still evidence enough to show that those who are so unfortunate as to be confined to the barge—both sick and well—are subjected to a most unwarrantable risk. Under no circumstances, even to secure the interior from the danger of the pestilence, is it justifiable to place the lives of those subjected to quarantine in peril.

Miscellany.

Germain Seé on Treatment of Paroxysms of Angina Pectoris.—*Prof. Germain See* (*New York Med. Journ.*) sums up the treatment of the paroxysms of angina pectoris as follows: Morphine subcutaneously, nitrite of amyl in inhalations (three to four drops)—these are the medicinal measures which seem to me likely to be relied on in the future. Both diminish the intra-vascular pressure and thus facilitate the circulation. But there is a physiological contrariety between these two medicaments which seems to demand elucidation. Morphine does in fact diminish the intra-vascular pressure by giving more tone to the blood-vessels, which are made to contract under its influence, but in such a way as to

help on the circulation, and thus reenforce the work of the heart whose tasks are lightened when the auxiliary vaso-motor forces are in their highest state of efficiency. Nitrite of amyl lessens the blood-pressure by dilating the blood-vessels, thus removing obstacles to the free circulation and in this way lightening the heart's labor. The circulation by the coronary arteries is thus favored by either mode of action, but in a more marked manner by nitrite of amyl. Moreover, the two medicaments assuage the pain which embarrasses the heart's action, and facilitate respiration, which is also embarrassed.

Treatment of Diphtheria by Corrosive Sublimate.—*Kaulich* (*Bull. Gen. de Therapeutique*, April 15), acting on the theory that diphtheria is due to an organism, selects this as the best germicide, washing false membranes of mouth, nose and throat, with a one-twentieth to one-tenth per cent. solution. After tracheotomy, the trachea was washed with the same. The application was made every six, sometimes every two, hours. Inhalations of a solution of .005 per 1,000 were used for fifteen minutes every hour or less often. Internally he gives to children one-seventh to one-fourth grain daily in albuminous water with a little cognac and sugar added.—*Lond. Med. Rec.*

Death in a Cesspool.—A case is reported in the *New York Tribune* in which the foul air of an empty or nearly empty cesspool killed two men in a very few moments. The cesspool was connected with an older one, the pipes from which had become clogged. A man entered to clear out the pipes but fell. A second man went down the ladder with a rope, which he had only time to tie around the first man's waist, when he also fell. A third man went down but shared the same fate. The first man had been meanwhile hauled up and was with difficulty resuscitated. A fourth man was let down but before reaching the bottom fainted and had to be hauled up. The bodies of the second and third men were fished up with grappling hooks but both were dead. In another place three deaths occurred in a similar manner. The *Sanitary Engineer*, commenting on these cases, impresses the danger of descending into a cesspool before testing the air in it.

Force in the Removal of the Secundines After Abortion.—*Dr. Munde* finds it necessary to explain in the *Bost. Med. and Surg. Journal* his meaning in using the word forcible in the above connection. He advocates, as will be remembered, "the immediate and forcible removal of the placenta." He now states that the word "forcible" did not mean *violent*. "*Well-directed and controlled intelligent force* is quite a different thing from brutal, ill-applied force or violonce. The force used in extracting a fœtal head by obstetric forceps is certainly great, often apparently excessive, and still if well-directed and carefully applied does no harm to mother or child. It is only the excess of force badly managed which harms, and it was in this sense that I used the word 'forcible.'"

State of Cervix Uteri During the Sexual Orgasm.—We ourselves have seen the gushing, almost in jets, of clear, viscid mucus from the external os during evident sexual excitement produced by a rather prolonged digital and specular examination in an erotic womon (a "femme entretenue," a blonde Swede). The lips of the external os alternately opened and closed, with each gaping emitting clear mucus, until the excitement (which we confess to having intentionally prolonged by gently titillating the cervix with a sound through the Sims' speculum) reached such a height as to cause the woman to sit upon the table, and thus end the experiment. It should be stated that a nurse was present and in view of that fact it was thought allowable to use this exceptional opportunity to test the correctness of the observations of the late Dr. Joseph R. Beck, of Fort Wayne, Ind., and of Dr. Wernich, of Berlin, to the effect that the external os alternately contracts and dilates during sexual excitement; a confirmation of their views was the result.—*Dr. Paul Munde in Am. Journ. of Obstetrics.*

Death From Lumbricoid Worms.—*Egeberg* (*Norwegian Journal* as quoted by *Dublin Jour. of Med Science*) exhibited before the Norwegian Society a portion of intestine from a girl, æt. 4, who when two years old had discharged a lumbricus in a bloody motion from the bowels. She had subsequently been healthy, except that off and on she had transitory pains in the abdomen. On the evening of February 11th she was attacked with violent pains in the stomach and incessant vomiting, but there was no evacuation of the bowels; she became collapsed and died next morning, twelve hours after the occurrence of the first symptoms. At the autopsy evidences of peritonitis were discovered and the terminal portion of the small intestine for

about eighteen inches upwards from the ilio-cæcal valve, was completely crammed with lumbrici. No other cause for the peritonitis could be discovered.

PROPHYLAXIS AGAINST CHOLERA.—If cholera is expected the best preparation to resist the invader is to have streets, houses, clothes, persons and water as free from filth as possible. The privies should be cleaned and carbolic acid or chloride of lime applied to them. The condition of the house-drains and main sewers and their traps should be looked after, and the defects which are sure to be detected, if looked for, remedied. The markets should be inspected and no unripe or over-ripe fruit or vegetables allowed to be sold. Ample stocks of disinfectants should be laid in, and vehicles for the removal of the sick to hospital should be provided. It is desirable to ascertain whether or not houses could be procured for the purpose of turning them into temporary hospitals, should the epidemic assume large proportions. In the larger towns the temporary hospitals should not be too distant from the localities likely to furnish their inmates. The nature of the supplies of water is a point of primary importance. Every source should be examined and those of impure or doubtful nature closed. As a rule the local wells and pumps in localities densely inhabited will be found unfit for use.—*Dr. Cameron*, Health Officer of Dublin, in *Dublin Jour. of Med. Science.*

PROLAPSE OF THE UTERUS DUE TO AN OVARIAN TUMOR.—The patient was a Singalese woman, æt. 26, of low stature, married, and having two children, the younger æt. 6. For over three years she had presented appearances mistaken for pregnancy, the swelling beginning below. Two months before Dr. Ashe saw her, the uterus began to protrude, followed by œdema of legs soon after. She presented herself with an immense, smooth tumor, freely fluctuating, with skin tense, glistening, and marbled by superficial veins. Heart rapid and feeble, lungs and legs œdematous. The uterus protruded completely, its fundus overlapping the os, and cervix pressed tightly against the pubic arch. Circumference of waist at umbilicus 43 inches. The uterus was ulcerated in places, and the lips of the os were thickened and everted; its depth was three inches. On tapping, 295 ounces of fluid were removed, whereupon the cyst collapsed, but could not be replaced because of an apparently solid and partially fixed cyst which remained in the pelvis, obstructing the vagina. Three months later she was again tapped and 105 ounces of thick, brown fluid withdrawn. The pelvic part of the tumor was now greatly enlarged. Ten days later death ensued from exhaustion. *Dr. Macan* had seen a similar case. The dense pelvic adhesions in the above case must have contraindicated ovariotomy.—*Proc. Acad. of Med. in Ireland, Dublin Jour. of Med. Science* for Aug.

ON FOODS.—*Prof. Albert R. Leeds*, in an article on "Health Foods, Invalid Foods and Infant Foods," in the Report of the New Jersey State Board of Health for 1882, concludes that of the first class, the farinaceous foods, since by no process of cooking or baking at present known can the larger part of the amylaceous matter be converted into sugar or dextrine, none are well adapted for the nourishment of young infants. The Liebig foods, which form the second class are deficient in carbohydrates, whilst the third class, the milk foods, also exhibit too great a proportion of saccharine matters to the albuminoids, so that "whilst the market supplies us many more or less excellent infant foods, one not open to these objections and entirely satisfactory has yet to be made."—*Am. Jour. Med. Sci.*

ORIGIN OF PUS CELLS.—There are two leading theories concerning the origin of pus cells: first, that of Cohnheim, who teaches the cell emigration theory, claiming that pus cells are leucocytes or wandering white blood-corpuscles and denying their origin from other sources; and second, that of Stricker, who, adopting with some modifications the teachings of Virchow, holds that pus cells are not emigrated cells but that they originate from the cells of the inflamed tissue, they having returned to their embryonal condition, and from these pus cells are differentiated.—*Minor.*

AN ANOMALY OF THE HUMAN HEART.—*Dr. Horace Grant*, of Louisville, reports in the July number of the *American Journal of the Medical Sciences* a remarkable anomaly of the human heart, interesting not alone from its striking singularity, but as well from its clinical importance.

In a post-mortem examination of a mulatto girl, aged 16 years, the right ventricle was found to communicate directly with the aorta, no pulmonary artery was to be seen attached to the heart. The left auricle was normal, the left ventricle presented only one-half the usual attachment of the aorta. In a word both ventricles opened with equal freedom into the aorta. At the pericardial attachment to the aorta two arteries were given off, each about one-fourth of an inch in diameter, they passed right and left backward from the front of the aorta, and evidently supplied the blood to the lungs. This curious anomaly is discussed in connection with the clinical symptoms observed during life.

Ice-Water and Tomatoes in Prague.—One misses ice-water and our various cooling appliances very much; it is possible with a good deal of trouble, to get a glass of water with a few pieces of dirty ice in it, but it always seems to excite so much surprise, alarm and horror in the spectators that one has to seek out a secluded corner of the restaurant to drink it. I do not know which they regard as the worst, drinking ice-water or eating raw tomatoes. Now, I am very fond of the latter, and always eat them when I can; but from seeing a crowd around my part of the room every day, I begin to have some suspicion that the proprietor uses me as an advertisement and that crowds come daily to see the great American tomato-eater. Ice-water seems especially to be regarded as a deadly poison, the cause of all the dyspepsia in America.—*Dr. W. T. Councilman, in Med. News.*

The Vienna School of Dermatology.—The method and manner of teaching (in Vienna) is dogmatic in style; it sometimes savors of conceit. It is not long before the hearer becomes impressed with the idea that the good work is being continued only in Vienna, and that that which is done outside of the beautiful capital is hardly worthy of honorable mention. Outside authority is only quoted to be brought to task for daring to disagree on some question with the Vienna school.—*Dr. Wile in Phil. Med. Times.*

Women Physicians in Massachusetts.—In a circular recently sent out to members of the Massachusetts Medical Society, this question was asked: Do you favor the admission of women to the Society on the same terms with the men? Of a total membership of 1,343, 1,132 answered the question, 706 "yes," 400 "no," while 23 were indifferent; 336 stated that they had consulted with female practitioners; 931 expressed a willingness to consult with them against 146 who would not.

Protection Against Yellow Fever.—The weight of evidence is in favor of the system of inspection, isolation, and disinfection recommended by the National Board of Health, which rests on the belief that while yellow fever is very rarely conveyed by persons, it may be so conveyed by persons under certain exceptional conditions not yet understood; that its period of incubation is in almost all cases less than ten days; that a ship, which is infected with the poison, may be, by thorough cleansing and disinfection, rendered harmless with so great a degree of probability that she may be allowed to re-enter the channels of commerce, and that when so disinfected, the sooner she is allowed to receive cargo and proceed to sea, the better, because if any germs survive the cleansing process, every day's delay increases the development of the poison.

The fact that the progress of a yellow fever epidemic is limited by season makes quarantine precautions against it much more important and valuable than they are against those diseases not so limited, such as small-pox and cholera, for even if the disease finally breaks through the barrier, yet as it increases in geometrical progression, every week's delay that can be secured is equivalent to cutting off a week from the epidemic when at its height. —*Med. News*, Aug. 11.

Central Rupture of the Perinæum.—*Prof. Tolochinoff*, of Kieff, attended a primipara, æt. 20, with extreme narrowness and rigidity of the vaginal entrance, in whom there suddenly occured a central rupture of the perinæum, about the size of a shilling. Further lesion was prevented by lateral incisions and by Ritgen's manipulation—by introducing two fingers into the rectum and pushing the fœtal head upwards and forwards in the direction of the vaginal orifice. The rupture had healed by the 9th day.—*Lond. Med. Rec.*, July 15th, from *Vratch.*

Successful Trephining in Rupture of Middle Meningeal Artery. — *Kronlein* reports a case of a man, æt. 60, comatose from a fall; the left side was paralyzed, there was slight facial paralysis, with relaxed sphincters and slow pulse, also conjunctival ecchymosis of right side, doughy infiltration of temporal region, with pain there on pressure. Fracture with rupture of middle meningeal artery was diagnosticated, the patient was trephined and an extravasation found with depressed fracture pressing on the brain. A large amount of coagula was removed. Two months after patient was well except slight paralysis of mouth.—*Cent. f. Chir., and Med. News.*

Traumatic Ruptures of Spleen.—*Konovaloff* reports five cases in three years practice among peasants of a highly malarious district—four women and one man, æt. from 30 to 40. The symptoms were strikingly identical. All were in their usual health and at work up to the very time of the injury. In all these were fist-blows (street-fighting, wife-beating) death following immediately, mostly on the spot. The spleen was found considerably enlarged, softened, friable, with wrinkled capsule, and dark-cherry-colored pulp. The ruptures were multiple, two to four, and re-

sembled an irregularly broken line or star. They were invariably in the lower half, the greater being on the outer surface and the lesser mostly around the hilus. The edges were generally widely gaping, and the rents penetrated more or less deeply into the substance of the organ. In all there was considerable hemorrhage into the abdominal cavity, coagula being found around the organ and amidst the intestinal coils. In one case only was there some bruising of the skin in the splenic region.—*London Med. Rec.*

Braun on Puerperal Uterine Inversion.—*Braun* refers uterine inversion to complete atony of at least a portion of the uterus, the inversion taking place at the time of the gush of blood, which has accumulated by the partial detachment of the placenta, and presses the membranes down to the vulva. Traction on the part of the membranes, abdominal pressure and pulling on the cord of course favor its occurrence. In the primipara, where it is not so rare as is supposed, it is due to feebleness of uterine contractions, from prolonged labor; to attachment of the placenta to the fundus, which is more common in the primipara; to tense vaginal walls which do not give way before the downward force, and to the narrow vulva hindering the outflow and producing distension and subsequent sudden escape of blood. In those who have borne children a predisposition may have been left by adherent placenta in previous labors.—*Lond. Med. Rec.*

Marriage of Neurotic Subjects.—To sum up the whole matter, one would say that marriage would relieve a certain number of hysterical cases, and that it is justifiable in a certain number of cases who have suffered from insanity. I should never advise marriage as a cure for hysteria, without warning the friends that it might or might not be beneficial, and that the good depends not only on the marriage, but on so many other circumstances. I should not oppose every marriage of those who had been insane, providing only one of the contracting parties had been so, and the other was of good physical health and not of nervous disposition.—*Dr. G. H. Savage* in *Jour. of Mental Science.*

Medical Items.

A dispensary has been opened in Louisville in which medical services alone are given free and to those only who are unquestionably worthy of the charity. Neighboring druggists have agreed to fill the prescriptions at cost price.=The *Fort Wayne Journ.* complains that the Indiana Board of Health is going backward and that most of the profession refuse to make the reports which it requires.=*In soda sanitas* is the way a druggist puts it.=When cousins are healthy and have no proclivity to disease, they may marry, but the existence of strongly-marked scrofulous or other taint in the blood should prevent such marriages. This should also be a reason for the non-marriage of those who are not in any way related.—*Lancet.*=In the Municipal Council of Paris a proposition was made to cremate the bodies of those dying of cholera should it appear in France, and at the next session of the Chambers an effort will be made to obtain a legal sanction of it.=Prof. Huxley says his belief in the truth of the doctrine of evolution is founded on twenty years' personal study, in which he has devoted all the time he could beg, borrow, and, he was afraid, steal, from other avocations.=Cook County Hospital, Chicago, has 440 patients. The internes of this hospital are appointed only after competitive examinations in writing. =The Cincinnati Board of Health, according to the *Lancet and Clinic*, is composed of one quack doctor and five saloon-keepers.=Messrs Hance Brothers & White, of Phila., desire us to state that although the damage by their recent fire has been considerable, the chief portion of their works was saved and their business is progressing as usual. They expect to have the destroyed buildings rebuilt in a few months, when the facilities for transacting business will be even more ample than before.=Dr. W. J. C. Duhamel died in Washington City, his native place, on Aug. 15th. He was at one time a member of the Medical and Chirurgical Faculty of Md., and lived in Baltimore for two years, just after the war. His father was a surgeon in Napoleon Bonaparte's army. He leaves two sons and two daughters.=Yellow fever has broken out among the marines at Pensacola, and the guard has consequently been transferred to Cape Anson, six miles distant. Surgeon-General Hamilton has isolated the Navy-yard by a cordon.=Dr. W. F. A. Kemp has been elected Treasurer of the Med. and Chir. Faculty, vice Dr. Gilman, deceased.

List of Changes in the Medical Corps of the Navy during the week ending August 25, 1883:

Ass't Surgeon A. A. Austin ordered to Naval Hospital, New York.

Ass't Surgeon T. C. Craig detached from the Naval Hospital, New York, and ordered to the U. S. S. Minnesota.

P. A. Surgeon M. H. Crawford detached from U. S. S. Pinta and placed on sick leave.

P. A. Surgeon W. G. G. Willson detached from the Minnesota and ordered to the Pinta.

Surgeon Chas, H. White ordered to the Museum of Hygiene, Washington, D. C.

P. A Surgeon J. H, Bryan detached from the Museum of Hygiene and ordered to the Miantonomoh.

P. A. Surgeon D. M. Guiteras ordered to the Navy Yard, Pensacola, Fla.

Selected Papers.

THE DIRECT ACTION OF ETHYL ALCOHOL UPON THE HEART.*

BY H. NEWELL MARTIN, M. A., M. D., D.Sc.,

Professor of Biology in the Johns Hopkins University.

The action exerted by alcohol upon the sytem is a question upon whose answer depend so many fundamental matters, both social and political, as to make a thorough exact study of the subject eminently desirable. But if that were all, I should not feel justified in discussing it before this Faculty: the action of alcohol has a more immediate interest to the medical man, as medical man. Alcohol in some form or another is a very frequently prescribed drug, administered for some direct power, stimulant or nutritive, which it is believed to exert upon the system in general or upon some special organ. Still more frequently the physician has to deal with pathological states resulting from or modified by the tippling habits of his patient. I believe, therefore, that I need make no apology for bringing before you an account of an experimental investigation as to the direct action of alcohol upon the heart, upon which I have been engaged for some months, in conjunction with Mr. L. T. Stevens, graduate scholar of the Johns Hopkins University.

The literature of the subject is immense; under the heading "Alcohol, Physiological Effects of," I find 160 titles in the Index Catalogue of the Library of the Surgeon-General's office. On looking down the list, however, one soon sees that very many of these papers may be thrown out of consideration from the point of view of the physician or physiologist; they are merely more or less rhetorical essays by persons who contribute no new fact which may aid us in arriving at a deliberate and unemotional scientific conclusion. Then there is a large class of pseudo-scientific writings, of what may be called the "egg-albumin-and-spirits-of-wine" type. That if we place some white of egg in a tumbler and pour strong alcohol on it the albumin will be clotted, and that museum specimens shrivel and harden in spirits of wine, are, in certain connections, important facts; but they have no immediate bearing on the question of the physiological action of alcoholic drinks. Beer and claret, and sherry and whiskey, are very different things from spirits of wine, and our stomachs and other organs are not mere test tubes. The fallacy which lies underneath this mode of arguing from the action of spirits of wine to that of ordinary alcoholic drinks may be made manifest by a parallel argument: heat coagulates egg albumin, even moderate heat, as 155° F.; therefore mankind should live on iced meats and drinks in order to avoid coagulating the gastric mucous membrane, producing cirrhosis of the liver, and fatty degeneration of the heart. That alcohol, if taken in any but very moderate quantities in health, is injurious to the body, probably no one will deny; but as to the how and why it is injurious the above class of experiments give us no information; we may, therefore, eliminate them from the mass of articles professing to deal with the physiological action of alcohol. This action can only be discovered by direct experiments on men or on the higher animals, and by prolonged and careful investigation of its influence on each particular living tissue and organ in the state of concentration in which it commonly meets the organs and tissues of those who drink it. In the hope of contributing something to our knowledge on this subject, Mr. Stevens and I undertook the investigation, some of whose results I propose to lay before you.

It is a somewhat ungracious task to criticise those who have worked before us in the same field, but it is necessary to point out still another fallacy which pervades a great deal of the so-called "alcohol" literature; namely, that experiments have been made with all kinds of beverages containing alcohol, and the result, if any, has usually been attributed to the alcohol in them. Ethyl alcohol is a definite chemical compound, with precise physical and chemical and, no doubt, physiological properties; but beer, and claret, and sherry, and whiskey, even when good of their kind, contain many things in addition to alcohol some of them known and some of them unknown; and of the known, some as amylic alcohol, which is always present in whiskey, have been found to have very marked effects on the system. Nevertheless, it seems to have been often assumed that one could give Rhine wine or brandy, count the

*From Transactions of Med. and Chir. Faculty of Maryland, 1883.

pulse and respiration, note the symptoms of disturbance in the nervous system, and then describe the whole as due to the alcohol. This is the more extraordinary as it is well known in daily life that different alcohol-containing drinks produce quite different effects; that four ounces of champagne, for example, containing less alcohol than one ounce of brandy, lead to far more exhilaration and talkativeness than the equivalent dose of brandy.

These facts, though well known, have, however, been often overlooked by experimenters, even since definite attention has been called to them. In the Philosophical Transactions of the Royal Society for 1859 is an article by Dr. Edward Smith, on the action of various substances on the respiratory process. Among other things he tried various alcoholic drinks, and found most of them differed in their action from alcohol. He writes concerning alcoholic beverages that his experiments show:

1. That the presence of alcohol, being one amongst many elements, and that one varying greatly in quantity, is an insufficient ground for classification, and does not give a common action to the members of this class.

2. The direct action of pure alcohol is much more to increase than to lessen the respiratory changes.

3 Brandy, whiskey and gin almost always lessened the respiratory changes, whilst rum as commonly increased them. Ale and porter always increased them, whilst sherry wine lessened the quantity of air inspired, but slightly increased the carbonic acid evolved.

If different alcoholic drinks affect the body differently as regards its respiratory processes, and most of them differently from pure alcohol, diluted with water, it is quite clear that they may also act very differently on the heart and blood-vessels; and that the question, What is the action of alcohol on the pulse? for example, may be quite a different thing from the question, What is the action of brandy upon the pulse? Yet in 1872 we find Rabow publishing a thesis on the action of alcohol on the pulse, in which he experiments on patients and himself with Hungarian wine, schnapps and brandy; and only in a sort of appendix to his paper, called forth by the criticisms of an opponent, making experiments with alcohol itself. I speak on this matter with some little feeling, because, through the courtesy of the officers of the Surgeon-General's Library at Washington, I have had the opportunity to investigate a considerable number of papers professedly on the physiological effects of alcohol, and have been more than once annoyed to find, after wading through a long German thesis, that it contained nothing at all about alcohol.

The influence upon the pulse of absolute alcohol, diluted more or less with water and swallowed, seems, from the majority of the evidence which I have had the opportunity to examine, to be *nil;* but there are some exceptions. Dr. Edward Smith, for example, always found his pulse quickened, while that of Mr. Moul, on whom he also experimented, was not affected. In 1869 Zimmerberg published a valuable series of researches both on men and animals. He found in men and in animals not tied down, no quickening of the pulse after the administration of alcohol, except in the case of rabbits. In the latter animals the injection of 30 per cent. alcohol into the stomach always caused a temporary pulse-quickening; but the injection similarly of pure water caused exactly the same: clearly then the result was psychical, due probably to the terror of these timid creatures, owing to the introduction of the œsophageal catheter. On dogs and cats no pulse-quickening or slowing was observed Rabow also, when experimenting on himself with alcohol, found no pulse-quickening.

In none of the cases is it stated whether the person experimented upon was accustomed to the daily use—or abuse—of alcohol. It therefore seemed possible that the pulse-quickening observed on himself by Dr. Edward Smith might be due to his not being a spirit drinker, while the others experimented upon might have been. We were therefore desirous to make an experiment in this connection on a total abstainer; and a friend was kind enough to place himself at our disposal for the purpose. The result shows, I think, that pure alcohol in a dose sufficient to affect the sensorium has no effect on the pulse rate, even in persons unused to it in any form.

Mr. J., on whom the observation was made, had taken his last meal at 7 P. M. At 9 P. M he lay down on a bed and the experiment commenced. His pulse was at first 74, but fell in twenty minutes to 71.5,

and remained between that and 73 until 9.30 P. M. From 9.42 to 9.58 P. M. he was drowsy and his pulse varied between 67.5 and 69 beats a minute. At 10.10 P. M. he was aroused and given to drink a little water sweetened with sugar, being informed that the liquid contained alcohol. This, I hope excusable, deception was practised with the view of testing how much the possible mental excitement attending the taking of the drug might influence the heart. Partly perhaps from this excitement, but more I think from his being aroused and from the muscular exertion used in taking the drink, his pulse went up at once to 73; at 10.30 it had fallen to 70. He was then given half a fluid ounce of absolute alcohol diluted with nearly two ounces of water. The subsequent pulse-rates were:

10h.	35m	71
10	40	70
10	45	72
10	52	70
11	00	67
11	07	69
11	19	68
11	25	67
11	35	68
11	48	70
12	00	68
12	10	69

It is very clear here that the alcohol caused no pulse-quickening, although the dose was sufficient to make Mr. J. complain of dizziness; it was, so far as quantity of alcohol is concerned, equal to rather more than an ounce of good brandy. The slight slowing of the pulse, amounting to two or three beats a minute, observed towards the end of the experiment, had, we believe, nothing to do with the alcohol. It is perfectly normal and physiological that the pulse-rate should fall slightly about midnight, and especially in a person who had been lying down quietly for two or three hours. It would seem, then, that even in the case of total abstainers, alcohol does not affect the pulse-rate in health. The quickening which Dr. Edward Smith found on himself was probably due to psychical causes. No man can make an experiment on a subject in which he is interested without some degree of mental excitement; and very little excitement may quicken the pulse.

Although the physiological effects of alcohol manifest themselves in many directions, we can only hope to arrive at valid conclusions by taking up the questions one by one. Our own researches made on dogs have been confined to a quite limited field, viz., what is the direct and immediate action of alcohol upon the heart, both as to its rate of beat, and as to the work done by it in a given time. Chronic abuse of alcohol of course affects the heart; but our enquiry has hitherto been limited to the immediate action of alcohol upon the heart of a moderate quantity of pure alcohol added to the blood flowing through it; the heart being put entirely out of control by extrinsic nerve centres, and isolated from all other organs but the lungs. In other words, our problem was, what is the immediate action, if any, exerted upon the heart by a single dose of ethylic alcohol.

As regards action upon the pulse-rate, our experiments confirm those of Zimmerberg and others: alcohol in doses not directly poisonous does not affect the rate of beat of the heart.

As to the influence of alcohol upon the work done by the isolated heart we have, however, obtained some results which we believe to be new.

Our method of experiment was as follows: A dog having been placed fully under the influence of morphia subcutaneously injected, its heart and lungs were isolated in the manner which I had the honor to describe to this Faculty two years ago.* The heart was then fed with defibrinated blood obtained by the previous bleeding of other dogs, and supplied to the superior vena cava under a constant pressure from Mariotte bottles. These bottles were four in number; two of them arranged to contain and distribute blood containing no alcohol, and two of them blood containing alcohol. By stopcocks any bottle could at will be connected with the heart. At the commencement of the experiment the heart was fed with blood mixed with one-fourth its volume of 0.75 per cent. solution of sodium chloride in distilled water —2,000 cubic centimetres of blood mixed with 500 cubic centimetres of the salt solution. This blood, passing from right auricle to right ventricle; was sent through the lungs to the left heart, and from the left ventricle was pumped out into a tube con-

*Transactions of the Medical and Chirurgical Faculty of Maryland, 1882, p. 203.

nected with the right carotid artery. The aorta was ligatured immediately beyond the origin of this vessel. The tube connected with the right carotid conveyed the blood to a height sufficient to maintain about an average arterial pressure, as measured by a mercury manometer connected with the root of the left carotid. The pen of this manometer recorded on the kymograph not only the average arterial pressure, but the pulse rate. Uniform and free artificial respiration was maintained by a water engine.

The mode of work was as follows: one of us took charge of the kymograph, and also was responsible for time signals. All being ready, the heart was placed in connection with a flask containing good blood and allowed to pump blood from this flask into another. Let us call the four flasks A, B, C and D respectively. When flask A was empty and B filled, it was easy, by opening and closing the proper stopcocks, to supply the heart from B and let it pump into A, and so on, to and fro, with the good blood for a certain time. At short intervals the blood pumped out by the heart in a minute was collected separately and measured. As soon as it was found that this work was pretty constant, varying not more than ten cubic centimetres in a minute, the good blood was shut off and the poisoned blood from C turned on; this was pumped into D and collected there. While this poisoned blood was circulating, the quantity pumped out by the heart was measured from minute to minute; then good blood again turned on, and the measuring continued. Any experiment in which the heart did not under these circumstances show marked recovery from the action of the alcohol was rejected, so as to avoid the risk of ascribing to the alcohol something which was possibly due to independent death of the heart.

The general result of our experiments may be primarily stated as follows: *Blood containing one-eighth per cent. by volume of absolute alcohol has no immediate action on the isolated heart. Blood containing one-fourth per cent. by volume, that is two and a half parts per thousand of absolute alcohol, almost invariably remarkably diminishes within a minute the work done by the heart; blood containing one-half per cent. always diminishes it, and may even bring the amount pumped out by the left ventricle to so small a quantity that it is not sufficient to supply the coronary arteries; hence blood is drained off by them from the outflow tube and at last none is pumped out from its upper end at all.*

I have graphically indicated in the diagrams† on the wall the results of two experiments with one-fourth per cent. alcoholised blood. Each inch on ordinates drawn from the abscissa line to the curve represents ten cubic centimetres in a minute. You see that when the poisoned blood is administered the work done by the heart falls very markedly, but that shortly after the poisoned blood has been replaced by good, the curve of work rises to near its original height.

We may here point out that the dose of alcohol was not *a priori* a large one. A man weighing 150 lbs. contains about 11½ lbs. of blood; one-quarter per cent. of this is 0.46 of an ounce, a quantity exceeded by that in a single ordinary drink of brandy, and some people take a good many such drinks in a day. Moreover, the alcoholised blood in our experiments could hardly have acted on the heart as it flowed through its cavities; it must almost certainly have acted only after it flowed through the coronary arteries to the capillaries of the organ and came into close relation with its muscular and nervous tissues. To get to these capillaries it had first to circulate through the lungs, and there no doubt some of even the small quantity of alcohol present was eliminated.

What is the cause of this diminution in the quantity of blood pumped out? To enable us to decide this, the first thing to do was to exclude any difference in the rate of supply to the auricle. It might be that the flask A, for example, fed the heart more freely than C. That this was not so was easily tested by changing the contents of the flasks, and putting good blood into C and alcoholised blood into A, and then trying again. This was done in several experiments, and always with the same result; no matter which flask or set of connecting tubes was used, the amount of blood pumped round by the heart was much less if it contained alcohol.

Differences in the flasks and rubber tubes being excluded as causes of the phenome-

†The diagrams referred to in the text were exhibited at the meeting, but have not been here reproduced.

non, we have to seek for it in some action exerted by the drug on the living organs; and here several possibilities suggest themselves. It might be that the alcohol constricted the pulmonary vessels, and so prevented the blood from reaching the left ventricle as freely as before; or it might be that it dilated the coronary arteries and so drained off more blood through the coronary circuit, and thus left less to be pumped out from the exit of the outflow tube; or it might be that the pumping power or the capacity of the left ventricle was altered; or, of course, there might be combinations of these.

We were set on the right track one day when we modified the experiment by cutting away the pericardium before administering the alcohol. To our surprise, even blood containing ½ per cent. of alcohol now had little or no effect on the work done by the heart. The curve obtained from such an experiment is shown in diagram 5. You see four doses of alcohol in all were administered, and no one of them had more than the most trivial influence upon the quantity of blood pumped out by the heart in a minute.

We tried this repeatedly in another manner. Keeping the heart in the pericardium, we administered alcohol and got the usual result; then recovered the heart by good blood, cut away the pericardium, again gave alcohol, and now with little effect. As the absence of the pericardium could hardly in any conceivable manner prevent constriction of the lung arterioles, or prevent dilatation of the coronary vessels, it was clear that neither of these would account for the results of the administration of alcohol.

Our attention was therefore turned to the proper heart substance. It has been proved by Roy, Gaskell, Donaldson and Stevens, Ringer,‡ and others, that various substances so modify the frog's heart as to make its diastolic relaxation incomplete, and hence diminish the quantity of blood pumped out from it at each systole; other substances produce exactly the reverse effect; they put the heart into a flabby condition, in which its diastolic bulk is greater than normal and its systole is never complete. It might be that alcohol acted in this manner upon the mammalian heart, and direct observation of the organ, in fact, showed it to become enormously distended when supplied with the alcoholised blood. Normally the dog's ventricle contracts so as to completely empty itself and obliterate its cavity. Under the influence of alcohol this is entirely changed; the ventricle ceases to contract completely; even at the height of its systole the organ completely or nearly completely fills the pericardiac sac; in its diastole it has little or no room to expand further and take in a fresh supply of blood.

Hence a great diminution in the quantity of blood which it has ready to pump out at its next contraction. If now the pericardium be cut away, the heart enlarges enormously in diastole, takes in its usual quantity of blood, and drives it out at the systole; hence the organ performs its usual amount of work. This seems to show that the muscular power of the organ is not at first influenced; if the heart be not confined in the pericardium, and the quantity of alcohol in the blood flowing through it do not exceed ½ per cent. by volume, the work done is not affected, at least for a considerable time. It is not the contractile power, but the elasticity of the cardiac muscle that is influenced; its "tone" is lowered, and it works under new and, when the pericardium is present, very unfavorable conditions. It acts like a greatly relaxed muscle, which contracts to half its normal extent, compared with a healthy muscle, in good tonic state, which when fully extended is shorter than the atonic, and whenever it contracts, contracts more completely; and, so far as the heart is concerned, to the fullest possible extent. If, however, the administration of alcoholised blood of ¼ or ½ per cent. be long continued, or if blood containing 1 per cent. of alcohol be used, then, even with the pericardium removed, the systole becomes feebler and feebler, the work done less and less, and finally *nil*.

Whether alcohol directly combines with the cardiac muscular tissue, or whether it

‡ Since this paper was read (April 27, 1883), and an abstract of it published, an article by Ringer and Sainsbury has been published in the *Practitioner*. They investigated the action of several alcohols on the ventricle of the frog's heart, and find that all those examined stop the heart in diastole, when administered until they cause cessation of the beat. This makes it still more probable that the action of ethyl alcohol on the heart of the dog is directly exerted on the muscular tissue.

indirectly influences it by interfering with its nutrition, we are not able to say. The rapidity with which the effect manifests itself seems in favor of direct poisoning; on the other hand, the dog's heart will only bear a very brief deprivation of oxygen, and it has been shown that alcohol added to blood makes it hold its oxygen more firmly and yield it less readily to the tissues; and the heart subjected to alcohol has very much the appearance of the heart of an asphyxiated animal. On the whole we are inclined to think that the poisoning is direct.

We have made a few experiments to see what dose of alcohol given by the stomach to a dog will produce some similar action on the heart. When the heart lies in the body and in connection with the central nervous system there are of course considerable difficulties to be overcome, and all we can say as yet is that to get any distinct influence on blood pressure one must put much more alcohol into the stomach than an amount equal to one-fourth per cent. of the total blood in the animal. It is either not absorbed fast enough to reach at any moment the heart-poisoning limit, or, more probably, is picked up by other organs, very likely the liver, and held back from the heart.

We then tried in another way, by directly injecting into the jugular vein of a curarised dog a small quantity of salt solution containing an amount of alcohol equal to one-fourth per cent. of the total blood of the animal, reckoned as one-thirteenth of its weight. In such cases we found usually a very temporary enfeeblement of the heart, indicated by a lower arterial pressure, but this seems only to last while the injected solution is flowing through the organ or for a few seconds afterwards. Before the blood returns it has apparently deposited its alcohol elsewhere in the body, or at any rate got rid of it somehow, so that it no longer acts immediately upon the heart, at least to a directly noticeable extent. No doubt, even quantities of alcohol in the blood much less than our one-fourth per cent. if kept circulating through the heart, day after day, will influence the organ injuriously; the "whiskey heart" is too well known for us to doubt this. But a study of such chronic action is rather pathological than physiological, and lay beyond the scope of our enquiry.

Correspondence.

LETTER FROM VIENNA.

VIENNA, Aug. 14th, 1883.

Editors Maryland Medical Journal:

As the hot weather approaches, the various professors one by one discontinued their lectures, and by the middle of July all the professional clinics had closed. Most of the students have gone home, and those that remain are chiefly foreigners, the U. S. of A. being well represented. Many of the assistants and docents have also taken a holiday, hence the private courses are much fewer than usual, and the choice of instructors more limited, but as most things have two aspects, so has this, and whilst but few courses are being given, those who take them have much greater advantages than when more students are present. The clinics also are conducted by the assistants, and there is a much better chance to see and examine the patients than during the session. The month from July 15th to August 15th is considered to be the dullest of the whole year, and yet one may occupy himself very advantageously here at this time. After the middle of August many new courses are given, and from that time on there will be an abundance to interest and instruct.

With this preface you will readily understand that any very startling news from Vienna at this time is scarcely possible. You have probably heard that Prof. Arlt, the great oculist, and the instructor of great oculists (notably of v. Græfe), having reached a green old age has retired, and is succeeded by Prof. Stellwag von Carion, who, with Prof. Jaeger. will conduct the regular university clinics; hitherto there have been three eye clinics in the hospital, besides those at the Poliklinic. It takes a long time to get well acquainted with the working of the vast hospital here, and even to learn the names of the various professors and attendants. There are usually two ordinary or regular professors in each department, and frequently a large corps of extraordinary professors. Thus Billroth and Albert are the ordinary professors of surgery, and have public clinics, but Weinlechner and Sultzer also have surgical wards in the hospital, and though they have equally as good cases they have no clinics, and are scarcely ever heard of except by accident; but besides these gentlemen there are several other extraordinary professors of surgery. Besides the wards belonging to the professors, there are others which belong to the primarii or primary physicians, who are appointed for life by the government, and who may be professors and docents, or may not teach atall. In close proximity to the hospital is the Poliklinic,

which is a dispensary, at which a tremendous number of patients are treated, and where many excellent courses are given. The St. Anna's Hospital for children is about five minutes walk from the general hospital, and affords excellent opportunities for studying the diseases of children. The Rudolph Hospital is a large institution, and has its corps of physicians and surgeons, who give instruction, but it is a long distance away and but few students attend the clinics. Besides the regular surgical clinics, at which one can see but very little unless his cheek is adamantine, there are excellent courses given upon operative surgery by the assistants of Billroth and Albert. Operative and anatomical material is to be obtained for an almost fabulously small sum; thus the writer and another gentleman bought a subject for $1.20, and this included the use of room and instruments, and I have been since informed that we paid entirely too much.

Courses are also given on fractures, dislocations and deformities, the theoretical part of which would be admirable for a student, but is rather superficial for one who has gone over the ground previously; the practical part, or the application of bandages, is very instructive to any one who is not acquainted with the methods in use here. Saturday is usually an off-day; none of the professors hold their clinics, and most of the private courses are discontinued, but some men choose Saturday and Sunday for their courses. Dr. Woelfler has an excellent propædeutic course on these two days, at which the students have a chance to examine the patients, make their own diagnosis, and to perform minor operations. Whilst we are talking upon surgical matters, I may say that Billroth's last pylorus excision, the ninth, made a rapid recovery and left the ward in four weeks. The longest case of survival upon record, after this operation, as far as I have heard, is one performed by Woelfler two and-a-half years ago, and that patient is now in the wards with a recurrent growth in the abdominal walls. The administration of anæsthetics is conducted here in a way that would make the *Phila. Med. News* turn purple with indignation. In some clinics pure chloroform is used, in others a mixture of chloroform three parts, ether one part, alcohol one part. The anæsthetic is poured upon a piece of flannel which is stretched over a wire frame, which probably allows a sufficient admixture of atmospheric air, but no attention is paid to the position of the patient, the head and thorax being placed high or low according to the fancy of the operator, and it is no uncommon thing to see the administration being pushed with the patient in the upright position and vomiting. A few days ago I saw a boy suddenly become pale and pulseless, and it was only after the most vigorous artificial respiration, with galvanism, enveloping the legs with Esmarch's bandage, injections of ether, elevation of the lower limbs, forcible injection of cold water against the pericardium, and brisk flagellation, that he was eventually restored to life. The surgery of Vienna differs widely from that of America. There is not nearly so much acute surgery, if I may be allowed the expression; that is fractures, dislocations and general mash-ups are not common, due partly to the fact that the railroads are better managed than with us, the staging and scaffolding around buildings much more securely erected, the buildings themselves more substantially built, and partly, perhaps, to the fact that the people themselves are naturally cautious, and that as they are punished for being run over, they take pains to keep out of the way of vehicles. Tumors of all kinds, carious and tuberculous processes of the bones, deformities, joint diseases and hernia, are very common.

But perhaps your readers will be interested in hearing about some of the other departments besides the surgical. The medical clinics are held by Profs. Bamberger and Nothagel, and whilst the former is unsurpassed as a diagnostician, he is a poor lecturer and speaks so low and indistinctly that it is hard to follow him; the latter is an acute diagnostician and a capital lecturer, and his clinic is very popular withh the students. Excellent private courses are given on medical diagnosis by the various docents and assistants. I would especially recommend American students to take courses under Dr. Jos. Toelg, Bamberger's first assistant. He is so much in demand that usually one must speak a long time in advance in order to get into his classes. Two gentlemen from Boston thought so highly of his instruction that they bought him up for a whole year, the two paying the same amount that he would get from six. He assigns a case to each student and tells him to examine it thoroughly and to find out all about it that he can, and then he comes and asks for the diagnosis, prognosis and treatment, and then proceeds to demonstrate the case, going through the examination from head to feet. It is wonderful to see the accuracy with which he brings a diagnosis out of an apparently unfathomable case, or what complications he finds in what seems to be a very simple trouble.

Another course which I can highly commend is that of Dr. Heitler, which is rather more theoretical than that of Dr. Toelg, but is in its way excellent.

Good practical courses are given upon the diseases of children at the Poliklinic, and still better at the St. Anna's Hospital.

In almost every specialty except gynecology one can get splendid advantages in Vienna. Excellent practical courses are given upon diseases of the eye, ear, throat and skin, at a small cost and with a great abundance of clinical material for illustration and practice. A rather unique course is given by Dr. Grünfeld upon endoscopy; but whilst it is certainly possible to see a considerable distance down the urethra, it is doubtful whether much practical benefit is to be derived from this method of investigation. It was Sir Henry Thompson, I believe, who said, unless a person had very great skill in the diagnosis of urethral diseases he could not use the endoscope, and if he had, he did not need it.

The Baltimore delegation has been rather small this summer, consisting only of Drs. W. B. Platt, Wilmer Brinton and the writer.

Yours, R. WINSLOW.

Society Reports.

BALTIMORE ACADEMY OF MEDICINE.

STATED MEETING HELD JUNE 5TH, 1883.

(*Specially reported for Maryland Med. Journ.*)

The Academy was called to order at 9 P. M., the President, DR. JAS. CAREY THOMAS, in the Chair.

Dr. Mackenzie read his admission thesis on "NOSE-COUGH AND THE EXISTENCE OF A SENSITIVE REFLEX AREA IN THE NASAL MUCOUS MEMBRANE."*

Dr. Richard McSherry then read a paper on "PRELIMINARY EXAMINATION FOR MEDICAL STUDENTS."*

The President said the Profession, as at present organized in America, consists of two classes, which receive two kinds of training. There is a demand for general practitioners throughout the country that do not seek a higher standard (however much they might be benefitted by it) than that indicated in Dr. McSherry's paper. But those who desire to become scientific physicians require more, and there is an increasing demand for those so trained. Undoubtedly the demand will regulate the supply. For scientific training there must be a *preliminary* knowledge of the laws of physics, of chemistry, and of biological laws and processes, and a fair acquaintance with German and French, besides the ordinary general essentials of education, before such a course could be properly entered upon. Not a very large number of persons have the time or ability for this, so the ordinary medical college will continue to supply general practitioners as at present. Although it is surprising that while the public schools offer such advantages, better preparation should not be demanded of all medical students. Franklin's case, as quoted from Jeffrey, by Dr. McSherry, did not seem to be true as applied to to-day. Each school would probably decide the question practically so as to meet its own needs.

Dr. Uhler thought the study of Latin and Greek aids the memory. Scientific men are out of place in the back settlements. The Johns Hopkins University will, as a rule, only educate teachers.

Dr. McSherry closed the discussion. He said we want the men who have the practical facts of medicine. Our population is not adapted for high scientific attainments.

The Academy then adjourned until October.

*See the JOURNAL of July 7th.

BALTIMORE MEDICAL ASSOCIATION.

STATED MEETING HELD FEB. 26TH, 1883.

(*Specially reported for Md. Med. Journ.*)

The Association was called to order by First Vice-President DR. JNO. MORRIS, 24 members being present. The Treasurer reported $70.77 balance in the Treasury. The Com. of Honor reporting favorably on the names of Drs. Z. K. Wiley and S. J. Fort, these gentlemen were elected to membership.

TETANUS FOLLOWING MISCARRIAGE reported by *Dr. John Neff.* The patient, who was an Irish woman æt. 38 to 40, and a hard drinker, was three months advanced in her pregnancy. She got along well after the miscarriage and came down stairs on the 2nd day. On the 9th day she went out in the yard, the weather being rather cold. On the 10th day she complained of stiffness of the jaws, followed by a similar condition of the cervical and spinal muscles and tetanic convulsions. Death took place on the 13th day after miscarriage. The treatment embraced cannabis indica, bromide of potash and chloral, and hypodermatic injections of morphia; the last seemed to give more relief than anything else. Her mind was clear up to just before the end. There was no apparent cause for the tetanus, no retained placenta or membranes.

CARBOLIC ACID IN PILES.—*Dr. Harvey Hill* reported a case where he had injected one to two drops of carbolic acid with a little glycerine into an inflamed pile with good results; violent inflammation was excited which led to the destruction of the tumor.

Dr. Chambers was of opinion that if the remedy be injected into a vein so as to cause coagulation within the vein and its obliteration, there would be little pain; if, on the other hand, it be injected into the cellular tissue

there would be great pain. He had observed that the greatest number of failures coincide with the greatest pain.

GUNSHOT WOUNDS ILLUSTRATED BY CASES AND BULLETS.—*Dr. Waters* opened the discussion of this subject by a paper (see *Md. Med. Journ.* of March 15th, and April 1st, 1883). Several members related cases of gunshot wounds.

STATED MEETING HELD MARCH 12TH, 1883.

First Vice-president, DR. JNO. MORRIS, in the Chair, and 23 members present.

PITYRIASIS ROSEA.—*Dr. Rohe* exhibited a girl, 13 years old, with the following history: When two years old a reddish patch was noticed under her eye. This spread until it involved the entire face, ears and neck to clavicle, the palms and back of hands, in one arm extending to the elbow, in the other to midway between the hand and elbow. There is very little infiltration, but the surface is rather scaly. There has never been any vesiculation, nor fissures, nor itching, nor discharge of fluid. The finger-nails are ridged transversely. There are circinate markings on the face. Under the microscope, with a one-fourth inch objective, no parasite is discovered. This is an affection which was described two years ago by Duhring, as *pityriasis maculata et circinnata;* but in the last edition of his book he terms it *p. rosea.* In D's cases it ran its course within two months, and the same occurred in some cases reported by French observers. The English have never observed it. The treatment which has now continued for three weeks has consisted of full doses of cod-liver oil and an ointment consisting of yellow oxide of mercury gr. xv. and vaseline ℥i, smeared on cloths in which the hands are kept wrapped all night. The ointment was used experimentally, but she has exhibited marked improvement, giving hope of her ultimate complete recovery. The pathology of the disease, of which Duhring is the only American who has described a case, is unknown.

EPITHELIOMA OF FOREARM.—*Dr. Chambers* exhibited a specimen obtained from a patient with the following history: A male, æt. 68, first seen last August, when an epithelioma was diagnosticated and removal advised. At that time there was no pain or enlargement of glands and operation was rejected. Two weeks ago amputation was effected at the upper part of the middle third of the forearm, and at the same time a number of axillary glands were removed. No examination has been made of the specimens. The disease was of four years standing.

CEREBRO-SPINAL MENINGITIS.—*Dr. C. H. Jones* reported the case of a boy, æt. 17, employed by a fertilizing company. The disease, which proved fatal, was characterized by a constant agitation of the arms, the other parts of the body being quiet.

Dr. Friedenwald alluded to the case of a porter, who had been sent home by his employers on account of an apparent purulent ophthalmia, supposed to be gonorrhœal. He had violent pain in his head and was delirious. Upon examination Dr. F. found in one eye extensive ulceration of cornea, and in the other spots of circumscribed ulceration. The fundus revealed suppurative choroiditis. The diagnosis of meningitis made on the eye symptoms alone was afterwards confirmed by the appearance of opisthotonos and other symptoms. The patient recovered but with loss of sight. Elsingfors has described a number of cases of suppurative choroiditis which recovered.

Dr. Waters said 56 cases of the disease had occurred in the National Hospital in this city during the war, and all had proved fatal. Every variety of treatment was tried without avail. One case which was remarkable on account of the delay in the appearance of the eruption was that of a robust young man taken sick on Friday. He was seen on the following Sunday when he suffered from great cephalalgia but was rational; pulse 125-130. Under 5 gr. doses of calomel he improved until Wednesday, when almond-shaped and generally distinct petechiæ appeared all over his body, and death soon followed.

Dr. Steuart spoke of the benefit he had derived in relieving the pain and spasm in this disease by combining the hypodermatic injections of morphia with the inhalation of chloroform; this may be repeated after some hours if needed. He did not remember to have seen the use of morphia thus supplemented by chloroform recommended in this disease. He had found the same combination servicable in dysmenorrhœa.

Dr. Erich had lost almost all his cases of cerebro-spinal meningitis treated by quinine in moderate doses with tinct. of iron. He then adopted the treatment by calomel and opium, and since that recoveries were the rule, death the exception.

Dr. Morris referred to a fulminant case, which terminated fatally in 16 hours. He believes the disease may originate from malaria.

ACUTE PEMPHIGUS.—*Dr. Ellis* reported the case of a carpenter, æt. 26, who presented himself Feb. 25th, with blebs upon his face which itched and tingled. There was some headache and fever. The eruption extended over face, arms and body, being most marked on the extensor surfaces. The impression had gotten abroad among his acquaintance that he had the smallpox, which was prevalent at

the time. On pricking the blebs with a needle the fluid escaped and a thin superficial scab remained. New crops of blebs were constantly appearing. The treatment has been Fowler's solution, the dose of which has been gradually increased to 14 drops. The man has a good mark on each arm, and has recently been vaccinated without effect. Dr. Ellis thought the case of interest on account of its rarity, and the difficulty of diagnosis and especially the liability at first sight to consider it smallpox. Dr Ellis had known cases of measles and chicken-pox to be mistaken for smallpox.

Dr. Rohe said the case reported by Dr. Ellis was the first he had seen in Baltimore. Many similar cases occur, however, which are not pemphigus. These are usually cases of *impetigo contagiosa* and get well under any or no treatment. The eruption does not here occur in crops. In pemphigus the blebs rise, and if punctured they fall flat. In smallpox the surrounding skin is inflamed. If closely examined the mistake in diagnosis is not liable to be made. He had met a case, however, in an Irish woman, with a *third attack of smallpox*, in whom pemphigus was suspected by her medical attendant. She had large bullæ on her arms and legs, a number of which were discolored by effused blood; many had been broken and presented an ulcerated surface. This patient presented the prodromata of smallpox and had considerable suppurative fever. The diagnosis of smallpox was made in this case.

Dr. H. F. Hill referred to a case in which vaccinia had been pronounced to be smallpox by the physician in attendance, and the yellow flag had been placed on the house.

A NEW TOURNIQUET.—*Dr. Waters* presented a tourniquet invented by him some years ago. It resembles Santorini's tourniquet and works by a screw by which any desired pressure may be secured. It may be applied at any part and effectually obviates loss of blood; it is applicable where the old tourniquet is not. It had been used in between 400 and 500 cases with satisfaction.

Hospital Reports.

REPORT OF THROAT DEPARTMENT OF THE PRESBYTERIAN EYE EAR AND THROAT CHARITY HOSPITAL.

FOR THE MONTH OF AUGUST.

BY JOSEPH T. SMITH, M D.

During the month of August 316 cases were treated. We note the following:

Pharyngitis, Acute, 5; Pharyngitis, Subacute, 1; Pharyngitis, Chronic, 9; Pharyngitis, Sicca, 2; Pharyngitis, Granular, 4; Pharyngitis, Specific, 1; Elongated Uvula, 1; Tonsillitis, Chronic, 3; Laryngitis, Acute, 1; Laryngitis, Chronic, 1; Laryngitis, Tubercular, 4; Laryngitis, Specific, 1; Aphonia, 1; Nasal Catarrh, 7; Bleeding from Nose, 1; Foreign bodies in Nose, 2; Goitre, 1.

Two of the cases of Nasal Catarrh were of interest, as showing how important it is that in the use of the douche certain rules should always be observed. Patients cannot be made to feel the great importance of these rules too strongly, and physicians cannot urge their observance with too much emphasis. Indeed, the douche had much better be let alone than improperly used. Both patients, under advice from their physicians, had used the douche for some time off and on, but complained of its giving them much pain and annoyance, and one said it had occasioned slight bleeding upon one or two occasions. Upon inquiry it was found that but little attention had been paid to the temperature of the fluid used, and in one of the cases too great a quantity of salt had been dissolved in the water. The rules which should govern those who use the douche are few, simple and easily observed, but if careful attention is not paid to each and all, trouble, and it may be serious trouble, will result. They are as follows: The fluid should be about or a little above blood heat; it should contain a drachm of the salt (carbonate of soda is the best) to the quart; this fluid of the proper temperature and specific gravity is then put into the proper vessel which is to be raised until its bottom is an inch or at most two inches above the patient's eyebrows, the nozzle of the attached tube is then introduced into one nostril, the mouth widely opened and kept so, the head being inclined forward until the fluid has ceased to pour through.

The danger to be looked for in all cases where these rules are not fully observed, are troubles of various kinds with the Eustachian tube or middle ear or both if the patient is allowed to swallow or the vessel is raised too high, inflammation or intense pain in the frontal sinus if the vessel is elevated too much, or a sensation of coldness, pain and even bleeding if the temperature and specific gravity of the fluid are not carefully looked after.

In all cases, if any of the troubles noted above are complained of something is wrong, which must be corrected or the use of the douche abandoned. It is a question of some importance if patients should be allowed to use the douche themselves; the evidence would seem to point to it as dangerous except with those who are intelligent.

In both cases noted the rules were insisted upon with a speedy subsidence of all the troubles complained of.

Reviews, Books and Pamphlets.

Transactions of the Michigan State Medical Society for the Year 1883. Lansing: 1883.

The eighteenth annual meeting of the Michigan Medical Society was held May 9th and 10th, in the village of Kalamazoo, which, if the local orator who delivered the speech of welcome is to be credited, must be a model of refinement, good government, good sanitation and healthfulness. The sessions were enlivened by some pretty lively we might almost say hot—discussions, in which elements of discord are painfully apparent. The *casus belli* on the present occasion was some criticisms indulged in by the President in his address which were regarded by its friends as an attack upon the Michigan University. In brief, the President objected that the University was cheapening medical education to such an extent that many were induced to enter an already overcrowded profession by the very ease with which this could be done; that it was offering hospital and dispensary advantages to those who were able to render compensation for the service and was thus underbidding the general practitioner; that the said hospital and the medical staff attached to it were extensively advertised throughout the State to the detriment of the rest of the profession, etc., and that all these objectionable practices were kept up at the public expense and by taxes imposed upon the citizens, including the suffering practitioners themselves. As remedies he urged a higher standard and attainments in the profession, and combined action between the Board of Regents and the Society so as to procure protective legislation against the evils complained of. These views seem to be shared by a majority of the profession in the State who are not friendly disposed to the University. Prof. A. B. Palmer, however, so eloquently, adroitly and dispassionately defended the University against these charges, that he got the decided advantage in the discussion which ensued.

Besides the minutes and President's address, the volume also contains the report of a case of "Sanguineous Tumors of the Scalp," by Dr. Brodie; "Clinical Notes on Errors of Refraction," by Dr. Lundy; "A Case of Foreign Body in the Ear" (a brass glove-button which remained imbedded in the tympanum for thirty years) by Dr. Smart; papers on "Ulcers of the Cornea," by Dr. E. Smith, "Etiology of Urethral Inflammation," by Dr. H. J. Reynolds, "Epidemic Waves of Diphtheria," by Dr. Baker, "Timely Catharsis," by Dr. T. N. Reynolds, "Water and its Relation to Health and Disease," by Dr. Post; and some very creditable stanzas entitled "Pro Bono Professionis," by Dr. Ward.

Notwithstanding the proceedings seem to have been taken down by a short-hand reporter, the Society has lost the laurels which it gained last year by being the first to issue its volume of transactions; it has been distanced this time by several competitors.

To sum up: The Michigan Medical Society is not at its best in this volume; it shows too great a disposition to thrust the scientific side of its work into the background, whilst its members are dragging it down by their little jealousies and petty squabblings over unimportant matters. It will be in a better position to talk of others raising their standards when it has raised its own. But it is capable of better things.

Transactions of Medical and Chirurgical Faculty of Maryland. Eighty-Fifth Annual Session. Baltimore: 1883. 8vo. Pp. 302.

The readers of THE MARYLAND MEDICAL JOURNAL are already familiar with the proceedings of the last annual meeting of the Society, held April 24th to 28th, 1883, through the very full report of it which appeared in our columns. Hence they are quite qualified to pronounce upon the merits of the present volume. With the exception of the Sesqui-Centennial year, this is the largest volume yet issued by the Society, and it is presented in a style in the highest degree creditable to the publishers, the Publication Committee, and the Society.

The Committee find it necessary to explain that the delay in its appearance was due to several causes which are not novel but more or less inherent in such undertakings.

The contributions are, we consider, above the average. Dr. Billings is, of course, quite at home on "Medical Bibliography," which formed the subject of the annual address. The paper of Prof. Martin on "Ethyl Alcohol" is a model of physiological research and we produce it entire in this number. It is well worthy of study and imitation by those engaged in similar investigations. The number of volunteer papers (eight) is, we believe, unprecedented.

The following figures may be of interest: The total membership at the date of the meeting was 234, viz., 217 active members, 11 honorary members and 6 delegates (who have all the privileges of membership for the year); there have been 31 presidents, of whom all are dead who held office previous to 1872; the assets of the Society are estimated at $9125, which includes the library and furniture and about $500 which has been set aside as the nucleus of a permanent building fund.

A supplementary volume will be issued this fall containing Dr. Quinan's History of Medicine in Maryland Since 1730.

The evidences of growth and development in the Medical and Chirurgical Faculty are subjects of congratulation to the profession of Maryland. It is only by an organization which will bring into union and harmony the influence and strength of individuals that we can expect to obtain that recognition and secure those rights and privileges that are our due.

Transactions of Medical Society of Tennessee Fiftieth Annual Meeting. Nashville: 1883. 8vo. Pp. 106.

The volume before us rather suggests the promise of future endeavor than of present fulfilment. We have the same complaint to make of it as in most of the State societies, viz., that the best men do not contribute, and work of an inferior kind is presented. There is a manifest determination, however, to elevate the Society to that place to which it is entitled as the representative of the profession of a great State and we particularly commend the stirring words of the Secretary, Dr. C. C. Fite, in his annual report. How invincible, for instance, is the logic of the following extract: "If the medical profession in this State would rise to its proper position before the people it must be united. Our interests are identical, our daily walk is in the same elevated and noble paths of duty and precious service to mankind. Whatever elevates one elevates the other, and whatever blackens one of us leaves a stain on us all; this we cannot deny, this we cannot hide from; whether we are in high positions of trust and influence in the cities, or riding in the rain and sunshine in the malarial flats, or up the mountain side with only our tired steed for a companion. It is useless to try to deny the fact that this Society does not wield the influence it formerly did and it never has had one-twentieth the power it could have. We are to blame for it; the Society is a State Society; it is for Tennessee; it is for the learned profession of medicine; it is as our constitution says, 'for the advancement of medical knowledge, the elevation of professional character, the extension of the bounds of medical science,'" etc. Again in a paper entitled "Historical Reminiscences," Dr. Lipscomb, of Shelbyville, sums up very effectively the good of such organizations. If such language was heeded we should not long have to complain of the "political powerlessness of the medical profession." By the way, Dr. Lipscomb mentions as an interesting fact that he travelled 1300 miles on horseback in 1830–31 in order to attend a course of lectures in the University of Penna., and rode 100 miles in order to be present at the second session of the Society. Have we degenerated in our professional zeal and ardor?

The Management of Abortion. By Walter Coles, M. D. (Reprint). St. Louis. 8vo. Pp. 119.=*Fifteenth Annual Report of Pres't of the Inebriates' Home.* Fort Hamilton, N. Y. For 1883. Brooklyn, 1883. 8vo. Pp. 7.=*Nineteenth Report of the Trustees of the City Hospital.* Boston, 1882-83. 8vo. Pp. 91.=*Artificial Infant Alimentation.* By Hugh Hamilton, M. D. (Reprint). Philadelphia. 8vo. Pp. 12.=*Dental Department of the University of Maryland. Annual Catalogue, Session 1883–84.* 8vo. Pp. 20.=*The Johns Hopkins University College Courses, 1883–84.* 8vo. Pp. 34=*The Prevention of Yellow Fever.* By Stanford E. Chaillé, M. D. New Orleans, 1883. 8vo. Pp. 22.=*Remarks on Hydrophobia.* By Charles W. Dulles, M. D. (Reprint from *Phila. Med. Times*). 8vo. Pp. 12.=*Report of Proceedings of Illinois*

State Board of Health. Quarterly Meeting June 29, 1883. 8vo. Pp. 33.=*Hosp. College of Medicine. Louisville, Kentucky. Special Announcement of Polyclinical and Laboratory Course.* 8vo. Pp. 4.

Editorial.

Danger From Mistaken Diagnosis of Small-Pox.—A case has recently occurred in the West which may be commented on, perhaps, with advantage. A young lady was attending a music-school in Cincinnati. After an absence of some days in Kentucky she returned and was immediately taken ill with symptoms of purpura hemorrhagica, this diagnosis being concurred in by two consulting physicians. She was treated for purpura and died in eight days. The possibility of its being hemorrhagic small-pox was suggested but not accepted. No precautionary measures were adopted. The body was sent by express to Illinois, where the coffin was opened and examined as to its identity in the presence of relatives and friends of the deceased. On the following day burial took place in the neighboring cemetery in the presence of a number of persons. Five of those thus exposed were taken sick on the eleventh day after and two died, one of hemorrhagic variola. Four other cases occurred subsequently, all recovering. At the school in Cincinnati three of the inmates were attacked, one of whom died of the purpuric form of small-pox.

What is the duty of a physician in the presence of such cases as this? It seems to us clear. In the presence of a case of doubtful diagnosis in which small-pox suggests itself as a possibility, one should act as though small-pox were present. This duty becomes more imperative if that disease be prevailing at the time. Of course every effort should be made to come to a positive conclusion and the advice of the well experienced physicians available should be secured, but as long as there is a legitimate doubt the course is clear.

But one creates so much excitement by the suggestion of this dreaded disease and by the adoption of measures of prevention, and there is so much discredit attached to an erroneous judgment. That is true but we must be prepared sometimes to bear ridicule and misrepresentation, assured that we are acting conscientiously and with the best light before us. It is a case for the exhibition of true moral courage.

Vaccination to be Continued.—We are glad to see it announced that the systematic vaccination introduced during the recent prevalence of small-pox in this clty will be continued. The vaccine physicians will be required to visit houses, and all persons needing it will be subjected to the operation in accordance with the infectious diseases ordinance rendering it compulsory. This is an admirable step on the part of the Health Department, for which, although a prescribed duty, it deserves commendation. Protective measures should be systematically and persistently carried out and not postponed until an epidemic forces them upon us. It should be the aim of the health authorities to keep the city in such a condition that the disease can never again obtain a foothold in it.

Miscellany.

Eighteen Successive Successful Cases of Battey's Operation and Ovariotomy Under Antiseptics.—*Dr. Robert Battey* reports these cases in the *Virginia Medical Monthly* for August, all operated upon within the last two years. Whilst for the most part favorable, they were not selected at all but were operated upon as they successively presented themselves. There were three single ovariotomies, four double ovariotomies and eleven Battey's operations. The author does not make any distinction between cases where the normal ovary alone is removed and those where the Fallopian tube is removed at the same time, but includes both under the title of Battey's operation. In two of this class of cases one Fallopian tube was removed, and in one case both tubes. In ten of the Battey's operations removal was effected by abdominal incision and in one through the vagina. The spray was invariably used, the pedicles were ligatured with carbolized silk and dropped free into the pelvis, a drainage tube introduced in some cases, instruments and sponges kept in carbolic solutions, and the wound dressed antiseptically. Of the four double ovariotomies, in three the menses disappeared; in one they continued as before. Of the eleven Battey's operations, both ovaries being removed in all, in six the menses ceased, in two continued, and in three the result as to this point is not given. The Battey's operations were done for the following conditions: pelvic pain and epileptic convulsions; oöphoralgia with great nervous disturbance; oöphoralgia and nervous system shattered; oöphoralgia and hystero-epilepsy; nymphomania; oöphoral-

gia; pelvic pain and dysmenorrhœa; oöphoralgia; oöphoralgia and demoralized nervous system; oöphoralgia and dysmenorrhœa; agonizing ovarian pain and dysmenorrhœa. Of the eleven Battey's operations, in two the cure is complete, in seven there has been greater or less improvement, and in two the result is still in doubt; it is proper to state, however, that a sufficient time has not elapsed in some of the cases to test the operation fully. "The antisepsis was not strictly Listerian. It consisted in the use of the spray by a very superior German silver instrument, long used by Mr. Law son Tait, who was kind enough to offer it to me on my visit to him in 1881, that I might 'bring it to America just to show how not to do it,' as he pleasantly remarked. I find this atomizer an admirable apparatus; it throws an ample spray to a long distance and will maintain it for two hours I use two-and-a-half p. c. solution of carbolic acid and the same for instruments and sponges, which are kept constantly immersed. Carbolized silk is alone used for ligatures and sutures. Precaution is observed that only clean and pure hands touch the abdomen. The greatest care is used in the purification of instruments and sponges. The wound is dressed with carbolic cerate, surmounted by a mass of loose raw-cotton and flannel bandage." As to the cause of his suddenly increased success: "I am, myself, inclined to look first, to the observance of *extreme cleanliness* in hands, instruments, sponges, bedding, furniture, etc.; second, to the discarding of the écraseur as an instrument full of crevices for the lodgment of filth, very difficult to clean and full of danger to the patient; thirdly, the use of hæmostatic forceps, which materially shorten the time of operating, save blood and lessen shock. Of the spray and use of carbolic acid in general, whilst I think it has been pretty clearly shown by Keith, Bantock and Tait, that neither is essential to the highest success, and when strong may even prove poisonous to patient and surgeon, I feel assured that weaker solutions do no harm, and think they may serve to guard the patient against any imperfection in the details of cleansing. Quite sure am I that my own results with the acid and the spray are now as good as I could desire—let those who can get the same results without these aids do so. For myself I am content to hold them as valuable assistants until their utter uselessness has been more conclusively shown."

Good-Humored. — It is said that Dr. Nathan Smith, the once famed Professor of Surgery in Dartmouth and Yale, who "did more than any other man ever did to extend medical and surgical knowledge in the Northern States," owed his start in life to his cool tact in making the best of the situation when he was the victim of a "put-up-job."

It was in Cornish, N. H., that Nathan Smith "hung out his shingle." While the newly fledged doctor was patiently waiting for business, a company of young men concluded to have a little fun at his expense. Their plan of procedure was suggested by the sight of a goose with a broken leg. Taking the tavern keeper into their confidence, they caught the limping bird; and, as soon as all arrangements were complete, a messenger was despatched in haste to tell Dr. Smith that a patient who had unfortunately broken his leg desired his services at the tavern immediately.

The doctor was promptly on hand with the necessary apparatus. As he drew near the house, and saw the preparation for his reception, his quick mind began to suspect a trick; but he proceeded without hesitation to the door, where, amid the ill-concealed tittering of the crowd, he met the inn-keeper, who informed him where the patient was.

Preceded by "mine host," and followed by the crowd all ready to burst with delight at the anticipated surprise and chagrin of the doctor, he entered the great hall of the house where, sure enough, lay the poor goose, extended in all honor upon a bed.

The doctor, without the least hesitation or show of surprise, advanced to the bed; and having, with scrupulous care, examined the broken limb, prepared his splints, reduced the fracture and bound it up in the most scientific manner; he then, with extreme gravity, directed the tavern-keeper to pay strict attention to the patient, on no account to suffer him to be moved from the bed for at least a week, but to feed him plentifully with Indian meal and water.

There was not much laughter when the doctor went away, though thus far all had gone well enough; but, the next day, the joke really became quite serious, when a

good round *bill for professional services* came to the landlord, which he found himself obliged to pay.—*Youth's Companion.*

PREGNANCY COMPLICATED BY OCCLUSION OF VAGINA.—*Dr. Edward Cross*, of Little Rock, Ark., reports the following case in the *Amer. Journ. of Obstetrics*, for August: A woman, æt. 24, married four years, had given birth during the first year of married life to a large infant after a labor lasting three days and necessitating delivery with the forceps. After two or three months she got up but had a constant dribbling of urine, which ceased after some months. She then found that the vulva was closed. An operation was now attempted by a physician but abandoned before completion; this was followed by temporary dribbling. When three to four months advanced in her second pregnancy Dr. C. saw her. Examination revealed an ostium vaginæ completely closed by dense *cicatricial* tissue; when this was stretched, however, it revealed a small opening just below the meatus admitting a uterine sound. Another sound passed into the bladder showed that there was a large vesico vaginal fistula, and that the occluding membrane was about one-fourth inch in thickness. An operation was advised but nothing further was seen of the patient until the 8th month, when the condition was the same except that the occluding tissue was much softened and somewhat relaxed. Cutting being objected to, a sponge tent was forced through the small opening and left six hours; this was followed by a free flow of urine through the opening. A large tent was then used, and so on until the fingers could be employed, with which the part was stretched and torn twice a day. This manipulation hastened the labor, when she was delivered without much inconvenience of a male child, which lived only a short time.

THE eighth annual meeting of the American Gynæcological Society will be held in Philadelphia, at the hall of the College of Physicians and Surgeons, on Tuesday, Wednesday and Thursday, September 18th, 19th and 20th. Papers are expected to be read as follows: "Superinvolution of the Uterus," by Dr. Joseph Taber Johnson, of Washington; "The importance of Cleanliness in Surgical Operations," by Dr. R. Stansbury Sutton, of Pittsburg, Pa.; "Some Points Connected With the subject of Dysmenorrhœa," by Dr. C. D Palmer, of Cincinnati; "An Unusual Form of Abdominal Tumor—Three Cases," by Dr. Thaddeus A. Reamy, of Cincinnati; "Is Extirpation of the Cancerous Uterus a Justifiable Operation?" by Dr. A. Reeves Jackson, of Chicago; "A Biographical Sketch of Dr. Nathan Smith, Founder of the Dartmouth Medical College" (being the President's address), by Dr. Gilman Kimball, of Lowell, Mass.; "The Management of Accidental Puncture and Other Injuries of the Gravid Uterus as a Complication of Laparotomy," by Dr. Charles Carroll Lee, of New York; "A New Method of Operating for Fistula in Ano," by Dr. E. W. Jenks, of Chicago; "Ergot: the Use and Abuse of this Dangerous Remedy," by Dr. George J. Engelmann, of St. Louis; "Congenital Fissure of the Female Urethra With Extrophy of the Bladder," and "Menstruation After Extirpation of the Ovaries," by Dr. Henry F. Campbell, of Augusta, Ga.; "Remarks on Chronic Abscess of the Pelvis," by Dr. William H. Byford, of Chicago. A discussion on death after labor will be opened by Dr Campbell.

CONTINUOUS EXTENSION IN THE TREATMENT OF SOME FORMS OF DISEASES OF THE SPINAL COLUMN.—*Dr. Jno. A. Wyeth*, of New York, holds the following opinion upon this subject: 1. Continuous extension by any apparatus which is not uncomfortable to the patient is the safest and surest method of relieving diseased vertebræ from superincumbent body weight, and of maintaining the necessary fixation of the spine. 2. In disease involving the last dorsal, the lumbar or the lumbo-sacral junction, the plaster jacket in two segments, the upper pressing merely around the thorax and the lower resting upon the iliac crests and around the pelvis, with four adjustable extension bars at equal distances from each other, meets all the indications more satisfactorily than any other apparatus. 3. For disease affecting the dorsal vertebræ other than the twelfth, this method is not successful. 4. For disease affecting the cervical vertebræ continuous extension offers the best hope of success.—*Am. Journ. of Obstetrics*, August.

DEATH FROM BEE-STINGS.—The *Lancet* mentions a case in which a farmer, æt. 59, whilst in good health and working in his garden, was stung on the eyelid by a bee; collapse rapidly set in, followed by death within a half hour. He had been twice previously stung by the same insect and was very ill each time. In such cases the *Lancet* suggests that the virus must be of an unusual nature, either from admixture from without or from some disordered physiological action. It may be, however, that the injection of the virus directly into a vein is the true explanation. Similar cases to the above have been reported from time to time.

Discovery of Prehistoric Men.—Recently while a new gallery was being pierced in a coal-mine at Bully-Grevay, in the French Department of Pas-de-Calais (*Lancet*), a cavern was opened where the fossil remains of five human beings were found, a man seven feet tall, two women six and six-and-a-half feet, and two children about four feet. Fragments of arms and utensils of stone and petrified wood, with remains of mammals and fish were also brought to light. A second chamber enclosed remains of eleven human bodies of large size, several animals, precious stones, etc. The walls exhibited drawings of men fighting with gigantic animals. The petrified bodies were brought to the surface and will be examined by experts from the Académie des Sciences and the British Museum.

Annual Meeting of the Penna. and Md. Union Medical Association.—The sixth annual meeting of this body was held at Mount Alto Park, a pleasure resort on South Mountain, about ten miles from Chambersburg, on the 30th ulto. The speech of welcome was delivered by Dr. John Montgomery, of Chambersburg; the President, Dr. W. W. Dale, of Carlisle, delivered the annual address. The following officers were elected for the ensuing year: President, Dr. J. L. Zeigler, of Mountjoy; Vice-Presidents, Drs. S. B. Keefer, of Carlisle, and John Lineaweaver, of Columbia; Secretary and Treasurer, Dr. S. J. Rouse, of York. The next meeting will be held at Ephrata Mountain Springs, Lancaster Co., Pa.

The Bicycle as an Aid to the Physician.—*Dr. Geo. S. Hull* has an article on this subject in the *Med. Gazette* of the 11th July, in which this passage occurs: To the physician who has mastered this iron steed it stands always at his bidding, saddled and bridled; it requires no feed, no stable, no groom, it goes night and day without tiring; needs no hitching, does not run away, nor kick, nor stumble; can be ridden over the majority of roads traveled by the horse and buggy, and is at home on many roads and short cuts, over which a horse cannot pass. During the early years of a physician's practice, it will often save the expense of a horse and buggy, while to the busy practitioner it offers itself as a means of saving his horseflesh, at the same time affording him the means of getting some healthful and invigorating exercise, without compromising his business or depleting his pocket.

Medical Items.

We have it, upon the authority of the *Scientific American*, that the immense crematory at Rome is in almost daily use. Cremation is becoming daily more popular and bids fair soon to dispose of more corpses in the Italian capitol than old-fashioned burial.=Dr. John A. Ccterlony, of Louisville, has succeeded Dr. Theophilus Parvin as one of the editors of the *American Practitioner*.=A State Board of Health has been created in Missouri under an act similar to that of Illinois.=M. Ségalas and M. Ricord are the senior physicians of Paris, the former obtaining his degree in 1817, the latter in 1826.=M. Victor St. Paul has placed $6 000 in the hands of the Paris Academy of Medicine as a prize for any one discovering an "infallible" cure for diphtheria.=Dr. W. E. Scott, Professor of Anatomy at McGill College, Montreal, is dead.=The municipal authorities of Berlin have adopted regulations forbidding the erection of houses over 79 feet in height and having more than five lodging floors; at present they are built with seven or eight stories.=It is officially announced that the number of deaths in Egypt from cholera since the outbreak of the epidemic have been 27,318.=Dr. David Street is a candidate for the Baltimore City Council from the Fifth Ward.=Every physician should register and be prepared to take his share in securing good government and capable officials for the city.

List of Changes in the Medical Corps of the Navy during the week ending Sept. 1, 1883:

Surgeon T. C. Walton detached from the "Powhatan" and ordered to the Naval Academy.

Surgeon W. J. Simon detached from the U. S. S. Constellation, and after completing temporary duty as member of a board at Annapolis, Md., to be placed on waiting orders.

P. A. Surgeon W. A. McClurg detached from the U. S. S. Dale and ordered to the Naval Academy.

Ass't Surgeon Oliver Diehl detached from the U. S. S. Constellation and ordered to the Naval Academy.

P. A. Surgeon M. D. Jones ordered to temporary duty at the Naval Hospital, Washington, D. C.

List of Changes in the Medical Department, U. S. Army, to Sept. 3, 1883:

Clements, Bennett A., Major and Surgeon: relieved from duty with the Army Medical Examining Board, New York City, N. Y. (Par. 11, S. O. 193, A. G. O., August 22, 1883).

Kimball, James P., Captain and Assistant Surgeon: relieved from duty in Department of the Platte and to proceed to New York City and report in person to the president of the Army Medical Examining Board for duty as a member of that board, *vice* Surgeon Clements, relieved (Par. 11, S. O., 193, A. G. O., August 22, 1883.

Wakeman, W. J., First Lieutenant and Assistant Surgeon: assigned to temporary duty at Fort Sidney, Nebraska (Par. 2, S. O., 92, Department of the Platte, August 28, 1883).

Original Papers.

DYSPEPSIA.

BY A. B. ARNOLD, M. D.,

Prof. of Clinical Medicine and Diseases of the Nervous System, College of Physicians and Surgeons, Baltimore.

(*A Paper Read before Baltimore Med. Association.*)

The term dyspepsia has nearly gone out of use as implying an independent disease since an improved pathology has shown that it is essentially a symptom just like hæmorrhage, dropsy and paralysis, which attend diseases of the most diversified character. Perhaps it is not quite correct to speak of dyspepsia as a symptom, for it rather expresses an assemblage of morbid phenomena indicative of disturbance of the digestive apparatus. These mainly embrace impaired appetite or anorexia, nausea and occasional vomiting, eructations and a sensation of heaviness and uneasiness in the epigastric region. Among the adventitious symptoms may be mentioned irritability of temper, nervous and muscular weakness, disturbed sleep and a general indisposition to mental and physical exertion. In a more restricted sense the so-called dyspepsia signifies indigestion. This evidence of gastric disturbance is so commonly of an incidental nature that it loses much of its diagnostic value. I do not here allude to organic diseases of the stomach and of adjacent viscera, nor to chronic catarrh of the gastric mucous membrane which directly give rise to indigestion. Every practitioner is familiar with those obstinate cases of gastric derangement which result from intestinal, renal and uterine affections. Even diseases of remote parts of the body sometimes simulate gastric disorders and may deceive the most skilful clinician.

The often quoted case, related by Abercrombie, is very instructive in this connection. This eminent physician and author had treated a female patient for what he thought to be a serious disease of the stomach. At the autopsy he found a large abscess of the brain. The digestive organs were perfectly healthy.

The occurrence of gastric symptoms in intestinal, renal and uterine affections, is usually referred to reflex action, though it would be difficult to point out the precise anatomical mechanism which subserves the reflexes between the nerve-centres and many of the internal organs.

It is easier to account for the occurrence of dyspeptic symptoms that arise in the course of organic diseases of the heart and lungs. The mucous lining of the stomach becoming involved in the general venous congestion which is sure to follow in the wake of the disturbed circulation, gastric disorders must necessarily develope, which frequently give more annoyance to the patient than the primary affection.

In the order of frequency there is probably no form of gastric derangement which takes precedence of the dyspeptic symptoms characteristic of chronic alcoholism. The nature of the stomach affection is often little suspected in respectable people who are sly drinkers or secret tiplers. They usually tell us that they have a poor appetite, are bad sleepers, feel nervous and wretched, especially in the morning, and that they throw off a good deal of mucus from the stomach.

In enumerating the gastric disturbances which result from well-known causes it may be expected that imprudence in diet should have been awarded the first rank. I do not share the popular opinion that taking heavy meals or habitually indulging in food difficult to digest is a common source of chronic dyspepsia. Dr. Richardson, in his excellent little book on "Diseases of Modern Life," uses very strong language on this subject. He says: "My experience fails to supply me with a single instance in which it could be said that diseases originated from the habitual excess of any particular food." In fact, the tolerance of the stomach is something marvellous. Here we have a comparatively thin membrane in the form of a sack, which can conveniently and comfortably store away a hearty dinner, consisting of the most heterogeneous articles. And then the stomach is a remarkable physiological and chemical laboratory, secreting acids, alkalies and ferments that change and work up everything within their reach into a homogeneous mass, ready for further useful purposes. Individual difference in the digestive power is an every-day observation, and yet this patent fact is often little taken into consideration when persons complain of their defective capacity of digestion. I remember an amusing instance of this kind,

a young man, who thought he suffered from dyspepsia, for no other reason than that a person who sat next to him at his boarding-house could eat twice as much as he did and in much less time.

If a person crams himself with an undue amount of food, or maltreats his stomach with a medley of incompatible eatables, he will at the most suffer from a bilious attack that soon passes off and leaves him a wiser but a sadder man. Chronic indigestion is not thus produced.

This leads me to speak of a species of dyspepsia which attends dilatation of the stomach. I do not refer to that distension of the stomach depending upon mechanical obstruction at the pyloric orifice from malignant disease or stricture, but the enlargement of that organ from deficiency of its muscular contractility. A dilatation of this character is apt to develope in persons who are in the habit of swallowing bulky food which the incompetent stomach retains too long and can only imperfectly digest. In consequence, an increase of the volume of this viscus takes place analogous to the dilatation of the heart and of the bladder when their contents tarry too long within them. Beer-drinkers who consume fabulous quantities of the beverage are frequently troubled with such a condition of the stomach. Diabetic patients suffer in a similar manner, as they are plagued with an immoderate appetite.

In addition to the ordinary dyspeptic symptoms, a splashing noise is heard in the region of the stomach, which can be artificially produced by palpating the part, or when the patient turns from side to side. The ejected contents of the stomach consist of a browish fluid containing crystals of fatty acids and an abundance of sarcinæ.

When it is considered that the stomach is always contracted during its state of inactivity, the importance of preventing any hindrance to the resumption of this normal condition becomes apparent. The regular evacuation of the stomach by the pump or the œsophageal tube arranged into a syphon, gives great relief to the patient. It will be found that small portions of solid food are more easily digested than soups and slops.

Nearly all systematic writers on diseases of the stomach speak of an 'atonic dyspepsia,' which particularly affects aged people. This form of gastric trouble is said to be due to atrophy of the secreting apparatus of the stomach, as a part of the senile changes. More frequently, however, the indigestion of elderly persons must be ascribed to the want of teeth, which prevents the proper mastication of solid food. An appropriate diet and an occasional rum and milk punch of a night seems to answer best in the way of treatment.

After having eliminated in a cursory manner most of the affections of which dyspeptic symptoms hold but a subordinate rank, there still remains to be considered a group of gastric disorders, which for want of an accurate anatomical basis may be viewed as functional diseases of the stomach. At least many well-marked cases of this description are observed in association with nervous maladies, which include a wide range of functional disturbances.

Women, in whom the hysterical element is predominant, invariably suffer from ailings which they ascribe to disorder of the stomach. As usual the dyspeptic symptoms are urgent and obtrusive. Such are the cases of persistent attacks of vomiting in young girls that baffle all reputed remedies.

No other cause, on the most careful examination, can be discovered than that peculiar perversion of innervation which characterizes the hysterical diathesis. A notable instance of this nature led me to try a plan of treatment which may be of some interest to mention: a young unmarried woman, who suffered from spells of retching without any assignable cause, and was also, as she said, the victim of great nervousness. I prescribed ten-grain doses of ipecac in pills, which she was ordered to take immediately before each meal. As I expected, the drug did not disturb her stomach in the least; on the contrary the retching entirely ceased; but she declared that she preferred her bad stomach to the nervous complaints which had all come back again. Dyspeptic symptoms of a more moderate intensity are common enough in hysterical females, but they are none the less rebellious to treatment.

In the long run the violence of the stomach trouble abates or disappears altogether and then a hap-hazzard remedy or some worse stuff receives the undeserved credit.

The hypochondriac disposition is a fruitful source of gastric complaints in men.

During the time that the morbid attention is concentrated on the digestive organs every unusual sensation is referred to the stomach. It is quite natural that dyspeptic symptoms originating in this manner refuse to yield to the best directed efforts of the physician, for therapeutics against dyspepsia is of little avail in removing symptoms which partake of the character of delusions; though the patients may never lose faith in the virtue of medicines. It is amusing to listen to the rehearsal of their dietary, which they think they have got down to a nicety that defies criticism.

Still I know of a few cases that did well as soon as the anxious and timorous patients discovered that no harm resulted from making a breakfast of a bloater herring, two soft eggs and a slice of cheese, washed down by a large cup of hot Java. These are extreme cases, but others of a milder character are far more common than is generally believed. Normally the process of digestion is unfelt. In healthy people a sense of comfort is experienced after each meal. There are persons, however, of a hypersensitive nature, who are not thus pleasantly affected; they are rather apt to feel some 'twinges' of the stomach after a repast, however modest and well selected their menu may be. They are sure to accuse some innocent article of diet of not agreeing with them, and if they are at all but slightly hipped they become so watchful of these feelings and apprehensive of future mischief that affairs of the stomach will completely dominate over them. Such is the history of many dyspeptics.

The term 'nervous dyspepsia' may be fairly applied to the symptoms of indigestion which come from nervous exhaustion. To the late Dr. George M. Beard belongs the credit of having drawn particular attention to the prevalence of a large group of disorders, which have their common basis in neurasthenia. It is not difficult to understand why enfeeblement of the digestive apparatus should be so common whenever the tone of the nervous system is under par. In many such instances patients accuse their gastric trouble of being the cause of the debilitated state of their health, and no doubt the evil is aggravated and rendered permanent by insufficient nutrition. An indifferent or capricious appetite is the most constant of all the dyspeptic symptoms in cases of this kind. The tongue is seldom coated, but is flabby and pale. A bad taste in the mouth or a fetid smell is much complained of. The bowels are sluggish and the urine deposits a white sediment. Headache is also a troublesome symptom. It is sometimes so severe, especially in female patients, that they pass much of their time in the recumbent position, which affords them some relief. Pain resembling intercostal neuralgia and epigastric pulsation give rise to much anxiety and alarm. Mental depression or irritability of temper is a noticeable feature, and persons predisposed to psychical disturbances may eventually be thrown into a state of mind bordering on melancholia. These symptoms and numerous others must of course be attributed to the effects of nervous exhaustion, but although the dyspeptic trouble may be regarded as incidental, in actual practice it frequently takes the lead and entirely absorbs the attention of patients. A routine treatment exclusively directed to the improvement of the digestive powers would shoot wide of the mark. The judicious management of every individual case requires above all things a due regard to the etiological factors.

It is unnecessary to enter into a detail of the manifold morbid influences that lower the energy of the vital activities. But among them it may be assuredly said that those of the nervous system are the soonest to give way. In view of the wear and tear of the body and mind in the hot race for wealth and distinction and the immoderate demands continually made upon the resources of the most delicate and complex apparatus of the human organism, in that one high pressure mark of modern civilization, there is no wonder that the nicely adjusted gear of the nervous mechanism so frequently breaks down. This disturbance of the higher functions will inevitably involve those of the lower; and thus a vicious circle becomes established, which constantly initiates new disorders, and aggravates them in turn.

The daily experience of the physician furnishes him with numerous examples of such ill-defined and complicated maladies, which he recognizes as the manifestations of a depressed condition of the nervous system. In a majority of instances a greater or less failure of the appetite or some other dyspeptic symptom becomes an ob-

ject of special treatment. Circumstances will not always favor a compliance with the rational recommendation for restoring the vigor of the body, by sufficient rest, change of occupation and healthy out-door exercise, and then the physician must be contented to make the most of a general tonic medication. I am firmly convinced that a nervous dyspepsia of this character is that form of stomach trouble which is now so prevalent, and which taxes the judgment and skill of the medical attendant to the utmost.

Correspondence.

ST. LOUIS, Aug. 29th, 1883.

Editors Maryland Medical Journal:

I have just read "*A Criticism on the Views of the St. Louis Obstetrical and Gynecological Society, with Reference to the Operation for Lacerated Cervix*," by Dr. T. Barton Brune, of Baltimore (MARYLAND MEDICAL JOURNAL, Aug. 25th, 1883), to which, as an officer of the Society referred to, I trust you will permit me briefly to reply, since the Doctor seems to be laboring under a misapprehension in regard to the sentiment of the members upon this question.

In the first place, it appears somewhat strange that Dr. Brune should have launched forth into a lengthy "criticism" of a *Society*, when he prefaces his remarks by the admission that he has only seen an "extract" from its debates. Had he read the whole discussion, he would have seen at once that the "extract" referred to was altogether one-sided, and hence misleading in its purport. He would have been convinced that the "radical views," as advanced by a few members, did *not* "pass unchallenged," nor were they endorsed by "a majority of the members" of the St. Louis Obstetrical Society; on the contrary, the drift of sentiment was overwhelmingly opposed to the promiscuous performance of Emmet's operation for lacerated cervix.

The fact is, many members expressed their opposition in such strong and bitter terms, that their remarks had to be toned down a little before going to the press. As it is, Dr. Brune will find that he has entirely misinterpreted the position of the St. Louis Obstetrical Society—as a body—on this subject, if he will take the trouble to read the whole discussion as it appeared in the *St. Louis Courier of Medicine* for June, and as *continued* in the *July number*.

There is probably no city of its size in the United States where the generality of leading gynecologists hold as conservative views concerning this operation as in St. Louis.

Very respectfully,

WALTER COLES.

Society Reports.

PROCEEDINGS OF THE SEVENTH ANNUAL MEETING OF THE AMERICAN DERMATOLOGICAL ASSOCIATION, HELD AT THE "SAGAMORE HOUSE," LAKE GEORGE, AUGUST 29TH, 30TH AND 31ST, 1883.

(*Specially reported for Maryland Med. Journ.*).

The American Dermatological Association held its seventh annual meeting at "The Sagamore House," Lake George, August 29th, 30th and 31st, the President, Dr. Robert W. Taylor, of New York, in the Chair.

A large number of members were present, and the papers read were of great scientific interest. After a business meeting, the regular session was opened by the President in a short address of welcome. The first regular paper was read by Dr. Piffard, of New York, on the "Treatment of Acne." Dr. P. recommended, first, calcium sulphide. Bromide of arsenic in alcoholic solution, in doses of 1-50 grain, was highly praised for the same form of acne. For external treatment he thought best of the incision of the papules followed by lotions of hot water, etc. Stramonium ointment, freshly prepared with benzoated lard, is also very useful. In subacute acne calcium sulphide should be given in larger doses. Arsenic and mercury often do much good internally administered. The local treatment should be more stimulating. Green soap, sulphur, mercury, etc., should be used. In acne indurata ergot has often been employed, and with success. This paper was discussed by Drs. Van Harlingen, Alexander, Sherwell, Rohé, Taylor, Stelwagon and Atkinson. Several speakers referred to the general advantages of the sulphur preparations in these affections, and especially of Vlemingkx's solution of various strengths. Dr. Stelwagon had seen great improvement follow the application of a lotion of zinc sulphate and of potassium sulphide (of each ʒ i to ℥ iv aq.). Dr. Taylor frequently used with advantage an application to the separate papules of acid nitrate of mercury and water (1 to 8) in acne indurata.

Dr. Graham, of Toronto, read a paper entitled "General Exfoliative Dermatitis." The conclusions were based upon a study of twenty-four cases, including four cases of the writer. The symptoms consist of, first, hyperæmia of the skin; second, exfoliation of the epidermis;

and third, various constitutional disorders. In the discussion it was generally agreed that a number of varying processes were included under the term, as defining a symptom of trophic disturbance and not a distinct, well-defined disease. Drs. Fox, Morrow, Sherwell, Hardaway and Atkinson expressed generally similar views upon the subject. Dr. Piffard thought three affections were included under the term: 1. Pemphigus foliacious. 2. Pityriasis rubra and 3. Dermatitis exfoliativa proper. Dr. Wigglesworth agreed with Dr. P.'s views. Dr. Taylor reported two very interesting cases, one of quinine dermatitis resembling scarlatina; the other in a boy, who lately had had a chancre, but whether of infecting character could not be determined.

Dr. Stelwagon, of Philadelphia, next read a paper on "Impetigo Contagiosa." He took the position, first, that it is not due to the presence of a fungus in the pus (this after 500 microscopic examinations); second, that it is a separate and distinct affection, sui generis; third, that it does not always follow preceding vaccinia; fourth, that it is due to a specific principle and is systemic. Drs. Hardaway, Atkinson, Rohe, Fox, Graham, and Piffard discussed this paper. Several members had noticed in the affection a tendency to occur after vaccination.

Dr. Piffard thought the fungus seen and descibed by himself in the crusts was identical with that seen in vaccine crusts. Other members, while considering the disease sui generis, would not admit that it was systemic.

In the evening session, the first paper was by Dr. Atkinson, of Baltimore, on "Multiple Cachectic Ulceration." This was based upon an almost unique case of ulceration in a child. Its relationship with one or two rare cases recorded as "multiple cachectic gangrene," and with the "local asphyxia and symmetrical gangrene of Raynaud," was shown and the probability of the group of affections having their genesis in disturbances of the trophic centres, was shown. Drs. Van Harlingen and Taylor discussed this paper.

Dr. Van Harlingen, of Philadelphia, read a paper entitled "Experiments in the use of Napthol." Dr. Van Harlingen's experience convinced him of the value of the article *b* Napthol in a number of skin diseases. It is suitable in squamous eczema of the scalp, but has not the wide range of usefulness in ezema claimed by Kaposi. Kaposi's high praise of it in psoriasis of the face and head was thought merited (local applications of 15 per cent. solutions). The same author's good results in treating hyperidrosis of the palms was not attained, nor was it found useful in tinea tricophytina or t. versicolor. In scabies it was found very efficient. Dr. Fox considered the remedy unequal to tar. Drs. Wigglesworth Hardaway, Stelwagon, Piffard and Taylor discussed the paper.

Dr. Fox, of New York, read an account of a "Trip to Tracadie," the district in Nova Scotia where leprosy prevails. This was a very interesting account of a visit made with the purpose of thoroughly investigating the etiology of the disease. Dr. Fox concluded that leprosy was undoubtedly contagious and transmissible by heredity. He saw and examined a woman who had leprosy forty years ago, carrying the unmistakeable scars of it upon her person, and yet in whom all activ symptoms had subsided, and during the time mentioned no new ones had appeared. He offered the following summary: 1. Leprosy is both constitutional and hereditary. 2. It is contagious. 3. It is not otherwise transmissible. 4. In the majority of cases it is not communicable. 5 It is not as contagious as syphilis. 6. It is usually fatal. 7. Recovery rarely occurs. 8. It is not absolutely incurable. Dr. D. B. Simmons, late of New York, upon invitation, related some very interesting experience in Japan. Dr. Graham, of Toronto, gave an interesting personal history of the original settlers of Tracadie, illustrating the contagiousness of the disease, by which alone he considered it communicable. He thought it can be hereditary only by the transmission of a specific influence as in syphilis. Dr. Sherwell, of Brooklyn, next read a paper upon "Malignant Papillary Dermatitis" (Paget's Disease).

AUGUST 30TH.

The first business of the morning session of the second day was the election of officers. Those elected were: Dr. Robert W. Taylor, of New York, President, Dr. Arthur Van Harlingen, of Philadelphia, and J. E. Graham, of Toronto, Vice Presidents, Dr. W. T. Alexander, N. Y., Secretary, of and Dr. George H. Rohe, of Baltimore, Treasurer. West Point, N. Y., was selected as the place for the next Annual Meeting. The Report of the Committee on Statistics was read and adopted.

The first paper was read by Dr. Morrow, of New York, on "The Pathogenesis of Drug Eruptions." Eruptions from the internal administration of drugs were either specific or anomalous. The writer discussed the theory of attempted elimination. He concluded that there is no reason to suppose that impaired renal function determines drug eruptions. They are also independent of functional activity of the sweat glands. Dr. M. also discussed the dynamic theory of Behrend and the neurotic theory. He referred most drug eruptions to disturbance of tropic influences. Anomalous drug eruptions are due to idiosyncrasy.

The next paper was on the "Polymorphous Changes Observed in Tubercular Syphilide," by Dr. Taylor, of New York. This related to an unusual variety of "syphilide intermediaire." The points of singularity were: 1. Its resemblance to psoriasis. 2. Colloid condition of the tubercles. 3. Degeneration of colloid material. 4. Formation of bullæ from the degenerative process. 5. Development of tubercles with crusts like rupia. 6. The resemblance to psoriasis rapioides. 7. Formation of true rupia crusts from the bullæ. 8. The non-ulcerating tubercular syphilide serving as the starting point of severe and extensive gummatous infiltration.

Dr. Sherwell, of Brooklyn, then read a paper on "Pseudo-psoriasis of the Palm," maintaining that palmar psoriasis is always syphilitic or in a syphilitic subject. Dr. Alexander, of New York, took directly the opposite position in the next paper. It was entitled "Psoriasis Affecting the Palms," and gave the histories of three patients, without any evidence or history of syphilis whatever, affected with simple general psoriasis and presenting unquestionable lesions of psoriasis upon the palms. Recovery followed in these without general treatment. The paper of Dr. Hyde, of Chicago, on "A Study of the Coincidence of Syphilitic and Non-syphilitic affections of the Skin," addressed to the consideration of the co-existence of syphilitic and non-syphilitic affections, and more especially of psorasis and syphilis. Dr. Morrow, in the discussion of these papers, declared that until recently he had believed that all palmar psoriasis was syphilitic. Within a short period he had had under his own observation cases of simple psoriasis of the palms. Dr. Taylor called attention to the usual starting point of palmar psoriasis, *i. e.*, the tips of the fingers near the border of the nails. He thought this was at a point of great irritation and that the affection only developed upon these parts after it had affected other parts for years. He regarded the tendency of the whole cutaneous surface to be at a minimium at the palms.

At the evening session, Dr. Taylor read a paper on a "Peculiar Appearance of the Initial Lesion of Syphilis at its Beginning." In this case the chancre appeared as a small, oval spot of silvery glistening appearance upon the penis. It shortly increased in size, remaining epidermal with unbroken surface. After ten days it was discoid and one line in diameter. At the end of twenty days it had become ulcerous and typical.

A paper "On the Value of a Lotion of Sulphide of Zinc in the Treatment of Lupus Erythematosus" was read, in the absence of the author, Dr. Duhring, of Philadelphia, by Dr. Stelwagon. The formula for this lotion was,

℞. Zinc. Sulph.
Potass. Sulphuret. āā ℥ss.
Aq. Rosar. f℥iiiss.
Spts. Vin. Rect. f℥ss.
M. Ft. Lotio.

The improvement noted after the use of this lotion was most noticeable, though it could not be claimed as curative. Dr. Piffard had used a similar lotion, but had not observed good results. Various opinions were expressed by Dr. Van Harlingen, Wigglesworth, Fox and Stelwagon. Dr. Stelwagon also read for Dr. Duhring a "Report of a Case of Ainhum with Microscopic Examination." The case was of a negro, whose left little toe showed typical symptoms of Ainhum. The patient's father and mother had had the same affection. Dr. Wile's microscopic examination confirmed the report of the Committee made at a former meeting of the Association, that the deformity had been produced by a ligature around the toe designedly applied.

Dr. Hardaway, of St. Louis, read a paper on "A Peculiar Papular Eruption." This eruption consisted of lemon colored papules upon various parts. They ran a chronic course; were of a dull lemon color; gave a deceptive resemblance to a vesicle, though they bled freely upon incision. They varied in size, some being as large as a grain of wheat, others as large as peas. Dr. H. had been unable to classify the affection.

The concluding paper of the meeting was by Dr. Graham, of Toronto, on "Lymphangioma Cutis," an interesting history of this affection, involving the arm and forearm of a young lady.

The third morning was devoted to the examination of many instructive microscopic preparations and photographs, illustrative of the papers read on preceding days, and at 11 o'clock, Aug. 31st, the meeting was adjourned *sine die*.

BALTIMORE MEDICAL ASSOCIATION

STATED MEETING HELD MARCH 26TH, 1883.

The Association met at the usual hour, with the President, Dr. JOHN S. CONRAD, in the Chair, and twenty-six members present.

CEREBRO-SPINAL MENINGITIS WITH POST-MORTEM.—*Dr. A. B. Arnold* reported the following case, which occurred at the City Hospital last week. The patient was a colored boy, who was admitted about a week ago, having been sick two weeks. He was brought in in a semi-comatose condition. A fly-blister had previously been applied to his neck. The range of temperature was about 102.5°, of the pulse about 96. The expression

of his face indicated pain and he cried out every now and then, his cry resembling the hydrocephalic cry. There was considerable retraction of the head, and very marked hyperæsthesia especially over the joints, the moving of which caused him to cry out. There were some dark spots on his face, as he was a rather bright mulatto. He was occasionally somewhat delirous, and was fed with difficulty. The coma became more and more profound until he died.

The *post-mortem* was made by Dr. Chambers. There was deep vascularity of the pia mater extending down the whole length of the cord. There were deposits of yellow pus about the tentorium cerebelli. The lateral ventricles contained three drachms of serous fluid. Nothing else was found about the brain or cord. The lungs were normal. There was one to one-and a-half ounces of fluid in the pericardium. There were also evidences of past pleurisy on both sides. Over the visceral portion of the pleura there were ecchymotic spots, and the same over the transverse colon. The liver was anæmic and spleen shrunken.

Illusional Insanity Characterized by the Hearing of Conversations, with Unimpaired Intelligence.—*Dr. Conrad* reported the case of a young lady, æt. 18, a type of a curious class of cases, three of which he had seen, but of which there was no mention in the books. The patient's memory and perception are perfectly good and no jury would question her intelligence, yet a conversation is continually going on in her brain, which to her appears a reality. Her ideational centres appear to be in constant action. She hears nothing but there is something in her brain talking to her, and at times she is frantic to answer. There seems to be a mental duality, on one side there being normal cell action, and on the other abnormal, creating a dual individual so to say. The patient plays beautifully, and Dr. Conrad has talked with her for four to five hours in a day without the slightest evidence of mental derangement becoming apparent; yet at times she exhibits the excitement due to the impression of persons talking within her brain. Her ideas seem to be projected by cell-action into speech.

Dr. Arnold said we know so little of the normal brain that it is difficult to say what is going on in a crazy one. He thought the case described showed more evidence of delusion than illusions. We may have delusions without aberration of senses, without hallucinations.

Dr. Conrad said a delusion must be either a systematised or unsystematised delusion. She realizes perfectly the illusion and that it is unreal. She does not hear the voices. The brain-cells create an image as a motor impulse will project a convulsion. Something projects thought which she cannot but express. It is just as much an epilepsy of the intellectual cells as the spasmodic movements of that disease are of the motor. Her ideas project themselves into thought and speech.

Dr. Arnold said many insane recognize that they are the subject of delusions and deplore them. He thought the analysis of Dr. Conrad quite rational, yet we are absolutely ignorant of the changes actually going on in the brain. There is not a shadow of a pathological change to be found in many of these cases.

Dr. Conrad referred to a man who dared not to go over the viaduct. He is a person of strong intellect and discretion and without emotional pertubation of any sort; yet he had to go to Spring Grove Asylum for protection against his suicidal impulses. These cases cannot be classed with emotional insanity. The lady says: "I hear nothing, but I must say something, do something."

Glissement or Sliding in Surgical Wounds.—*Dr. Christoper Johnston* presented a paper on this subject which has hitherto appeared in this journal in full (see the number for April 15th).

Editorial.

"The Political Powerlessness of the Medical Profession."—In a forcible and eloquent address delivered at the Annual Meeting of the Birmingham and Midland Counties Branch of the British Medical Association (*Brit. Med. Journ.*, June 30), Dr. Balthazar Foster points out very clearly and convincingly the causes of the political powerlessness of the medical profession and suggests its remedies. Let us examine his views upon this important subject, for, perhaps, they may concern us no less than those to whom he addressed them. He describes the efforts of the English profession to obtain reform in medical legislation since 1837, as but a "catalogue of petitions presented and forgotten; of deputations courteously received and dismissed; of select committees and royal commissions framing laborious reports; of remonstrances unheeded; of hopes raised and disappointments reaped." In 1858 a medical act was obtained, but included neither of the essentials demanded, viz: a single mode of entering the profession, and direct representation in the Council, which was and is the governing body of the English profession. In 1866 the failure of the medical act became apparent and three years later the in-

dignation of the profession found expression in a monster petition of 10,000 practitioners. But, notwithstanding this, notwithstanding medical bills introduced into Parliament year after year, the profession has failed so far to see its wishes realized. This year it has been cheered by the prospect of an act which will secure a uniform examination in each of the three divisions of the Kingdom, and will give to the profession four of the eighteen members of the Council. "Worn," says Dr. Foster, "by the long weariness of waiting; broken by repeated disappointments and defeat, we accept the bill as the best we are likely to obtain. But surely such small success, after such long labors, must convince us of the political impotence of the profession to which we belong." Even this moderately cheering prospect has been overclouded by delay and uncertainty, for since Dr. Foster's address was delivered, Parliament has adjourned without taking action upon the bill, a result which is attributed to the machinations of the corporations whose franchises it will curtail. Dr. Foster also cites the passage of the Cruelty to Animals Act, which practically abolishes physiological research and consequently modern experimental medicine, which is based upon it—in spite of the opposition of the profession, societies, colleges and council, for once united in a common effort, and the abolition of the Contagious Diseases Acts for which there is abundant proof of their having diminished disease and improved morality—as further illustrations of the truth of his remarks.

Dr. F. next discusses the causes of this condition of things, and he finds them to apply to medical institutions and to individual physicians. The former, he says, are not backed by power and numbers sufficient to give weight to their voices; they should go as the representatives of the entire profession, elected by it and responsible directly to it. With reference to individuals he complains that though perhaps belonging to the most broadly educated class in the community, they are timid and reticent and shrink from taking their due share in the public work of communities. They shrink from "the dust and noise of the forum." Absorbed in their professional work they tend to become rather narrow-minded and wanting in sympathy with great movements going on around them. It is wrong, he says, to decline all public offices, for there are constant and increasing demands in the public service for just that knowledge which the physician alone can supply. The effective administration of many laws and the good of the profession and community demand that we should participate more in public affairs. Our influence and the estimate in which the public regard our profession depend much upon the political weight which our members have in our public councils. To the lack of this influence is due the indifference to our protests and the neglect of our claims, the inability to direct much of the legislation into right channels, and the lost opportunities of securing medical reforms beneficial both to the community and ourselves. "It is our apathy and our want of courage in the past that have placed us in the position in which we now are." "We must remodel our institutions, we must organize and consolidate our profession and infuse into our ranks the self respect and dignity that come from discipline."

The subject is a practical one and its importance cannot be exaggerated. Dr. Foster's address has greatly elucidated it and gives us much to think on. If there be one thing more than another to which our helplessness is due it surely is our want of union; too much stress cannot be laid on that. "In union there is strength" is a sentiment which should be ding-donged into our ears until we not only comprehend its truth but agree to live by it. As to our greater participation in public affairs we must confess that we are quite convinced on this point by Dr. Foster's reasoning, and appreciate as we never did before the importance of having representatives in our public councils. We cannot contemplate the usefulness of such men as Virchow, and Paul Bert, and our own Rush and Archer, in the national councils without wishing that we had more of such representatives to help guide the destiny of nations and to shed lustre upon our common profession. There is one thought in this connection to which we may allude with pardonable pride, and it is that we seek political power from no motive of selfishness; it is the general good and the public interest alone that we desire to subserve.

Yellow fever is spreading at Pensacola, 18 new cases being reported at the Navy Yard to the 7th.

Shall the Quarantine at the Mouth of the Chesapeake be Abandoned?—The unnecessary delay at the Capes of vessels on which there rested no suspicion of infection, and the consequent interference with the commerce of the Chesapeake and its tributaries, have had their natural results, and a strong pressure is being brought to bear upon the authorities at Washington to induce them to abolish the national quarantine. That the latter has been defective in many particulars there can be no doubt. The want of suitable vessels, the difficulty of procuring supplies and conveniences, the defective hospital accommodations on board a rickety old barge, and other deficiencies, have been from the beginning painfully apparent. Much of the difficulty was dependent upon the natural disadvantages of the situation, a barren and inhospitable coast beat upon almost constantly by winds and storm, much upon obstacles inherent in the inception of all such undertakings. In the nature of the case, then, it was impossible to avoid some censure. Doubtless the details will be more and more perfected with time, and the complaints will diminish *pari passu.*

The Surgeon General appreciates the difficulties of the situation, and has ordered Dr. P. H. Bailhache to take up his quarters on board the revenue cutter Ewing at the quarantine station for the purpose of assisting Dr. Smith in his onerous duties. It is also announced that a new steamer, the General Wool, built expressly for the duty, has been added to the quarantine equipment, making the third now engaged in that service. With a view to securing advantages of a permanent character at the site selected for quarantine, Surgeon Gen'l Hamilton is reported to be in favor of building there a complete dock and establishing a station which will provide telegraphic communication and other adequate facilities for the satisfactory maintainance of the service.

It seems to us that whilst just complaints are always in order, and are often productive of prompt relief of existing evils, our commercial bodies should consider not merely the inconveniences imposed upon commerce by the detention of vessels at quarantine—temporary at most—but also the safety thus secured against the admission of the germs of a pestilence which besides other untold evils might sweep away our commerce entirely. Nevertheless they seem to be determined to do away with the national qaarantine so far as it relates to this port, and, therefore, in accordance with the advice of the Surgeon General, will endeavor to induce the Mayor and Board of Health of Baltimore, *who were instrumental in having it established at the Capes* (see resolution offered by Dr. Benson, Health Commissioner of Baltimore, Baltimore *Sun*, July 30th, requesting the Secretary of the Treasury "to immediately place a rigid quarantine between the Capes"), to request its abolition. At present it is the intention of the authorities to continue the quarantine at the Capes next year.

The Causes of Malaria.—The views so long held without question in regard to the causes of malaria, and which associated this morbid state with moisture of soil, high temperature and vegetable decomposition have been subjected recently to such criticism as to demand a new a and more scientific study of the subject than has yet been given it. Investigation seems to have developed the facts that the disease may appear upon high mountains, of which Tommasi-Crudeli has observed numerous instances in Italy; that it has been known to occur even in the Artic regions, and that drainage does not always suffice to dispel its influence. Dr. Charles P. Russel, Sanitary Inspector of the New York Health Department, discusses the subject (*Med. Record*, Aug. 18) in the light of the recent mill-dam suits in New England and adopts the new negative views. We must confess, however, that from all we have read upon the subject we are not convinced as yet that our former opinions were altogether wrong and must therefore await further evidence upon the subject which in the present active state of the medical mind should not be long in forthcoming.

Reviews, Books and Pamphlets.

A Manual of Histology. Edited and prepared by Thomas E. Satterthwaite, M. D., of New York, Professor of Histological and Pathological Anatomy in the New York Post-Graduate Medical College, etc., etc. Second Edition. William Wood & Co.

This work fills a want that has long been felt in America; while the largest works of Quain, the translation of Stricker's work and the atlas of Klein leave little to be desired

by the advanced worker in histology, still not only their cost but their very completeness put them practically out of the reach of the average medical student and beginner. The author has adopted the excellent plan of associating with himself various co-laborers whose names are for the most part a guarantee for the excellence of their work. The main facts in histology are stated in a clear and concise manner, the student is not confused by an eumeration of the many theories and opinions in cases of doubt, but the most probable conclusions are given. This we think decidedly the better way although it may lead to wrong views in some cases. The first two chapters relating to general methods of microscopic work are we think rather faulty. The instruments recommended, microtomes, etc., are poor ones, having the disadvantage of being both complicated and expensive. In the chapter on staining tissues numerous reagents are mentioned and methods given which belong mostly to a past era. The simple manner of staining with two per cent. solutions of aniline colors so much used now, and by which such beautiful results are obtained, the author scarcely mentions. The illustrations on which the excellence of a histological work so much depends are mostly old familiar ones which have appeared in almost every text-book on histology for the last twelve years. The familiar name of Alex. St. Martin has now almost ceased to appear in text-books on physiology, and it is time these old familiar plates, most of which give very imperfect ideas of what they are intended to represent, should disappear. The new illustrations are uniformly poor and detract greatly from the value of what is in spite of all its faults a very excellent book. The type and binding leave nothing to be desired.

W. T. C.

Miscellany.

Habitual Constipation.—*J. Mortimer Granville* advises the following in constipation dependent upon a lax and torpid condition of the muscular coat of the alimentary canal, a loss of the reflex contractility that is natural and necessary to proper action:

℞. Sodæ valerianatis, - grs. xxxvj.
Tr. nucis vomicæ, - ℥j.
Tr. capsici, - - m. xlviij.
Syr. aurantii, - - ℥iss.
Aquæ, - - - q. s. ad ℥vj.

M. Sig. A tablespoonful three times a day a half hour before meals.

When there is constipation depending on a deficiency of glandular secretions generally throughout the intestine, manifested by a peculiar dry and earthy character of the dejecta when the bowels *do* act, he gives something like this:

℞. Aluminis, - - - ℥iij.
Tr. quassiæ, - - ℥j.
Infus. quassiæ, - - ℥vij.

M. Sig. Take two tablespoonfuls three times a day after meals.

When constipation is due to the interruption of the *habit* of a daily evacuation of the bowels, he often prescribes the following with satisfactory results:

℞. Ammoniæ carbonatis, - ℥j.
Tr. valerianæ, - - ℥j.
Aquæ camphoræ, - - ℥v.

M. Sig. Two tablespoonfuls to be taken in the morning immediately on rising.

It is, as a rule, neither necessary nor desirable to continue it for a longer time than a fortnight.—*Brit. Med. Jour.*

Salicin and Rheumatic Endocarditis.—*Dr. T. J. Maclagan* remarks: "Salicin is the preparation to which I give preference, not because I regard it as superior to salicylate of soda as an anti-rheumatic, but because it may be given in large and frequent doses without causing such disturbance of the system as not unfrequently follows the use of salicylate, and necessitates its suspension. My experience, too, is that those treated by salicin (which is a bitter tonic) convalesce more rapidly than those treated by the salicylate. There is an impression abroad that it is very expensive. It is not so. Two of the chief English manufacturers of it have told me that they are prepared to supply it to hospitals and dispensaries at 10s. 6d. a pound. Convalescence is so much more rapid under its use, that I am not sure that it would not in the long run prove cheaper than salicylate of soda. But, whichever is employed, let it be given in large and frequent doses. I make this appeal in the interest of the heart as well as of the joints. Let every case of acute rheumatism be regarded and treated as one in which heart complications may possibly be prevented and it is probable that in some cases they will be prevented. But every hour is of importance for it needs no argument to show that the danger to the heart is less in a case in which the disease is arrested within twenty-four hours than it is in one in which three or four days are expended in the process. The fact has never been accepted by the profession that the course of acute rheumatism may in many cases be arrested within twenty-four hours of the time that treatment commences. The recognition of that fact is the keystone to all possible success in the prevention of cardiac complications.—*British Medical Journal.*

A Three-Barrelled Penis.—*Dr. Luxardo*, describes a rare anomaly of the penis which he observed in a young man under treatment for gonorrhoea. The meatus presented three openings, which corresponded to as many distinct urethral canals. The upper one gave passage exclusively to seminal fluid, the lower to urine. The middle tube appeared to communicate with the lower one. The gonorrhœa, affected only the two inferior canals.—*L' Union Medicale, and Med. Rec.*

On Personal Precautions that may be Adopted by Medical Men whilst Attending Cases of Infectious Disease.—Dr. Charles Green makes these suggestions in the *Lancet:*

1. Always have the window opened before entering the patient's room or ward.
2. Never stand between the patient and the fire, but always between him and the open window.
3. If possible, change your coat before entering the room.
4. Do not go in for unnecessary auscultation or other physical examination.
5. Stay as short a time as possible in the room.
6. Never, while in the room, swallow any saliva.
7. After leaving the sick room, wash the hands with water containing an antiseptic.
8. Rinse out the mouth with diluted "toilet Sanitas" or Condy's fluid, also gargle the throat with it, and bathe the eyes, mouth, and nostrils.
9. Expectorate and blow the nose immediately on leaving the sick-room.
10. Keep up the general health by good food, exercise, and temperance.
11. In addition to the above recommendations, which are all pretty generally known, I would suggest another, which is, in my opinion, the most important of all. This is to filter all the air you breathe while in the sick-room or ward through an antiseptic medium. My method is to use a McKenzie's inhaler over the nose and mouth. I carefully soak the sponge in a strong solution of carbolic acid before entering the sick-room. It is so made that all the air breathed must necessarily come through this sponge, and the expired air is emitted by a valve action at another place. I have worn this not only in the Fever Hospital wards, but in many of the typhus dens in this borough. It is to this method that I attribute the fact that although I have attended between 200 and 300 cases of typhus during the last twelve months, and seen many more, I have hitherto escaped infection myself. The only objection (which is not of much importance in a hospital) is the unsightly appearance one has with the inhaler *in situ*. This objection, is, however, a very slight one when weighed against the greatly increased safety one not only feels, but I believe actually possesses. I am not aware of this method having been mentioned previously; and this fact, and my desire to prevent a repetition of the late disastrous fatalities, must be my apology for bringing it before the profession.—*Med. and Surg. Report.*

Abortion Advertisements in Baltimore.—Judge Stewart, of the Criminal Court of Baltimore in his charge to the Grand Jury on the 10th said: "The Court is directed to call your attention to the subject of abortion and to the offense of publishing advertisements giving information where persons may be found, or drugs obtained to produce miscarriages or abortions. It is believed that since the passage of the act of 1868, the number of cases of this character has sensibly diminished. At all events the profitable and flaunting cards of those persons who in language not to be misunderstood advised the public where they may be found engaged in their horrible occupation, have disappeared from the columns of the press. It is doubtful whether an offender against the advertising branch of the law can be found."

The Uterus.—Frommel has arrived at some novel conclusions with respect to the movements of the uterus (*Zeitsch. f. Geb. u. Gyn.*, viii. p. 205; and *Cent. f. d. Med. Wiss.* 1883, p. 418). He finds that these movements are not referable to a uterine centre lying without the organ. Its contractions are spontaneous, and may occur rhythmically in all stages of its development. Disturbances of the circulation have a marked influence upon the uterine movements, compression of the aorta completely arresting them, and compression of the inferior cava producing the same effect, though less quickly. Fall of the body temperature slows the contractions without interfering with their energy; elevation of the body temperature accelerates them, but high fever completely arrests them. The results apply to rabbits only—*Brain.*

How to Hold the Laryngoscopic Mirror.—Don't hold your mirror as you would a cart whip; hold it as you would a pen, and pass it over the extended tongue without hitting that sensitive organ. If you scrape the tongue with the mirror, ten to one the patient will gag. When you get it beyond the tongue, lift the uvula gently on

the back of the mirror, and you will be almost sure to see the reflection of the epiglottis and more or less of the larynx. A gentle motion of the mirror toward one side or the other, or forward or backward, will enlarge the field of vision correspondingly.—*The Polyclinic.*

Bathing Infants in the Sea.—At the present season a mistaken and mischievous practice is much in vogue. Daily torture is inflicted on thousands of tender and helpless infants by forcibly plunging their bodies, in spite of shrieks and struggles, into the open sea. This cruel and time-honored process may now be seen in full operation at any seaside resort. Affectionate mothers hand over their infants to stalwart and impassive bathing-women, to be plunged head foremost into the sea, under the absurd notion that the procedure vastly benefits the little ones. Day after day, with relentless regularity, very young children and babies are borne out amid the waves and subjected to their dreaded ducking, in the firm belief that their trembling bodies, often writhing to the verge of convulsions, are thus made healthy and hardy. All experience on the subject, and the teachings of all medical authorities on sea-bathing, agree in support of the two following rules—namely, that a child under two years of age ought never, under any circumstances, to be bathed in the open sea, and that no one, child or adult, can enter the sea without danger while under the influence of emotional excitement.—Under two years of age, a child's body is too weak to gain any benefit from the shock of immersion in the open sea. Its nervous and circulating forces are too feeble for the development of that vigorous reaction without which sea-bathing is either useless or hurtful. In the absence of strength for such reaction, a sea-bath tends to chill an infant's body, and predisposes to internal congestions. At any age, the shock of immersion in the sea brings risk of danger, and even of death, when the emotions are powerfully excited, and especially when the mind and body are dominated by that most depressing of human emotions—fear. Infants are not always bathed in the sea merely with the intention of making them strong. There is an old sea-side tradition that babies diligently bathed become fearless in the water when they grow up. This notion is also false. Than that infants gain courage by being plunged in the sea, it is more probable that many a nervous child has acquired a dread of bathing which no after experience could remove, because it was compelled in fear and trembling to plunge under water. If a child be sufficiently robust to develop a good reaction, if it be over two years of age, and, above all, if it be not afraid, it may be bathed in the sea with advantage. If any of these conditions be wanting, sea-bathing for children is likely to be positively injurious.—*British Med. Journal.*

Suburban Homes—Dr. R. S. Guernsey, of New York, in a short article on "Suburban Homes" (*Sanitarian*, Sept. 6, 1883), makes the statement that inspection of almost any of the suburban houses near large cities and towns in the United States, as well as in Europe, will show an entire absence of sanitary knowledge or foresight on the part of the architect. "Generally," he says, "the larger and more imposing the structure, the less sanitary knowledge or care for it is shown. If any knowledge or interest in regard to it appears, its effect is in the negative, by boldly violating the plainest rules of temperature, ventilation, pure air and proper light for the good health and happiness of the household, as well as a disregard for every-day conveniences of home life. These are all swept away by the architect for the purpose of giving outside 'effect' to the structure and its surroundings, for a few months in the summer."

Proposed Measures of Relief Against Malaria in Italy.—Professor Tommasi Crudeli has presented a report to the Italian Minister of Agriculture, Industry and Commerce, upon proposed legislation in the Italian Parliament, of which he is a member, having in view the general suppression of malaria throughout Italy, especially in the Roman Campagna. He appears to regard so herculean an undertaking as feasible under administration pressure. His plan would involve an extensive concerted system of thorough cultivation (*cultures intensives*) and drainage, for the destruction and prevention of the ferment which he avers can only be set free under three indispensable conditions: 1st. A temperature of about 68° F. 2nd. A

moderate amount of soil humidity. 3rd. The direct action of the oxygen of the air upon those portions of the soil containing the malarial ferment, and should but one of these be absent, the development of malaria in his opinion would be suspended. In addition to agricultural measures he insists upon the universal administration of arsenic to the farm hands.—*Dr. C. P. Russel, in Med. Rec.*

Intra-Pelvic Inflammation in the Chronic Form.—Dr. W. H. Byford, of Chicago, in a paper with the above title, read before the section on Obstetrics and Diseases of Women, at the last meeting of the American Medical Association, concludes with the statement that the main object had in writing the paper was to caution his associates against the dangers of converting a chronic pelvic inflammation into a disastrous acute form. He appends the following summary of suggestions (*Journal of American Medical Association, September 1, 1883.*)

1. The sometimes terrible effects of examinations or operations in the pelvis do not often, if ever, take place when there is not a perceptible predisposing inflammation.

2. The inflammation may be so slight as to be easily overlooked.

3. It may be an original condition—the sequence of an acute attack long gone by, or it may be the product of some immediately previous examination or operation, the effects of which have not subsided.

4. To avoid the dangers of acute inflammation we should, in making a first examination for pelvic disease, conduct it in such a way as not to give the patient much pain, and when she complains of much suffering, desist at the sacrifice of completeness of diagnosis.

5. Complaints of much tenderness to the touch on the use of instruments, especially in parous women, is sufficiently diagnostic of inflammation upon which to base treatment for that condition.

6. If, with such tenderness, a thorough examination or an operation is imperative, it should be done under profound anæsthesia. There is no question in my mind that much less danger of ill effects is incurred in making examinations or operations on susceptible subjects, under the free use of anæsthetics.

7. Examinations or operations should not be repeated until the effects of the first have entirely passed off.

8. As chronic parametritis is a frequent complication of most of the morbid conditions of the uterus, it should be always suspected, and its diagnosis be carefully considered in all cases of metritis.

9. When chronfc parametritis is present it should be the chief, if not the exclusive object of treatment until removed.

10. It is not safe to use the sound, sponge treatment or intrauterine stem when there is perimetric inflammation.

11. It is especially dangerous to replace a displaced uterus when it is bound down by inflammatory adhesions by any means which will overcome its fixedness by force.

12. The use of pessaries or supports of any kind which find their lodgment in the pelvis is generally followed by disastrous consequences when there is even slight primitive inflammation.

13. All local treatment of the uterus must be conducted with the greatest care in all cases where this complication is present.

Paraplegia in a Child Caused by Intestinal Worms.—A child of ten years was brought to the London Hospital and placed under the care of Dr. Torowgood as a case of infantile paralysis. She had lost strength in her lower limbs gradually, for three months had been unable to walk, and was then quite unable to stand. The legs were not much wasted. Upon inquiry, it was ascertained that the patient also had been troubled with ascarides. An aloetic purgative mixture was given for several days, which acted well, and brought away many worms. In two days she was able to run and walk about the ward as well as could be desired, and a few days later, as she seemed perfectly well, she was allowed to go home.—*Lancet*, July 28.

Water for Infants.—With the exception of tuberculosis, no disease is so fatal in infancy as the intestinal catarrh of infancy, occurring especially during the hot summer months, and caused, in the great majority of cases, by improper diet. There are many upon whom the idea does not seem to have impressed itself that an infant can be thirsty without at the same time being hungry. When milk, the chief food of in-

fants, is given in excess, acid fermentation results, causing vomiting, diarrhœa, with passage of green or greenish-yellow stools, elevated temperature and the subsequent train of symptoms which are too familiar to need repetition. The same thing would occur in an adult if drenched with milk. The infant needs not food but drink. The recommendations of some writers that barley water or gum water be given to the little ones in these cases is sufficient explanation of their want of success in treating this affection. Pure water is perfectly innocuous to infants, and it is difficult to conceive how the seeming prejudice against it ever arose. Any one who has ever noticed the avidity with which a fretful sick infant drinks water, and marks the early abatement of febrile and other symptoms, will be convinced that water, as a beverage, a quencher of thirst, as a physiological necessity, in fact, should not be denied to the helpless members of society. We have often seen an infant which has been dosed *ad nauseam* for gastro-intestinal irritability, assume, almost at once, a more cheerful appearance and rapidly grow better when treated to the much-needed draught of water. If any one prescription is valuable enough to be used as routine practice it is—"Give the babies water."—*Medical Record.*

"On a Case of Sawyer's Cramp."—W. W., æt. 38, came as an out-patient to University College Hospital, March 8th, 1883, under the charge of Dr. G. V. Poore; the ailment then being of a year's duration. He was a maker of packing cases, and had been engaged in piece work, making his cases against time as it were for ten or eleven hours a day, and occasionally for fourteen hours. On taking the saw in his right hand there was noticed a slight tremor of the blade, due to a little shake of the hand. The saw was thrust forward through the wood fairly well, but the back stroke could not be accomplished, and the attempt was accompanied by abnormal elevation of the shoulder, scapular movement, adduction of the elbow, rotation outward of the forearm, flexion of the wrist and swaying to and fro of the body. These movements were difficult to analyse, the general impression left upon the observer being that the whole of the muscles of the upper right limb behaved tumultuously when the man attempted to saw. With the left arm he could saw perfectly well. The patient stated that he could perform every movement and every act with the right hand, with perfect readiness, with the exception of the act of sawing. On close inspection there was seen to be distinct diminution in size of the right supra-spinatus, and pectoralis major muscles. The muscular wasting in the above situations, though very slight, was undoubted. The next step in the examination was to determine if any nerves of the brachial plexus were tender. There was no tenderness above the clavicle, nor over the situations of the great nerve trunks of the upper limb. There was a markedly tender spot in the right pectoral region, in the second interspace, midway between the mid-sternal line and the point of the shoulder; and a second one just where the inter-scapular nerve enters the infra-spinous fossa of the scapula. Next the muscular irritability was tested by faradism. It was found that the muscles of both upper limbs manifested equal degrees of irritability with one exception; both portions of the right pectoralis major showed a marked degree of excessive irritability, and contracted readily to a current which produced no effect on the left side. The position of the supra-spinatus prevented its being accurately tested, since the movement of the trapezius effectually masked any movement of the muscle beneath it.

The writer remarks that it will be observed that the case lends no support to the statement which is generally found in the text books; that in the professional ailments of this kind, there is nothing the matter except the derangement of a special co-ordinated movement. In this patient distinct evidence was obtained of derangement of special muscles and special nerves.—*Brain*, July, 1883. H. J. B.

The Heart—Perhaps no portion of morbid anatomy is so much a blank as the diseases of the nervous structures of the heart. Dr. Uskow has investigated with care the condition of the nerve fibres and ganglia in a certain number of instances of enlargement, and other morbid states of the heart, and has arrived at the following conclusions (Virchow's Arch. Bd. 91, III). In hypertrophy of the heart, the cardiac nerves lose their medullary sheaths, and undergo a process of unclear proliferation. In unilateral hypertrophy of the heart these

changes may be found to be confined to the corresponding side. In certain acute diseases the cardiac nerves undergo parenchymatous inflammation. The only changes which Uskow could discover in the nerve cells was thickening of the capsules, and nuclear proliferation, the protoplasm never presenting any appreciable alteration.

THE PHYSICIANS OF PARIS.—There are in Paris and its environs 1915 doctors of medicine, 12 doctors of surgery, 83 officiers de santé, 43 foreign medical men, 1500 sages-femmes, 845 pharmaciens, and 95 veterinary surgeons. A list drawn up by order of the prefect of police is to be posted at each police station to act as a check upon those who have no right to practice. Among foreigners authorized to practice, 10 obtained their diplomas at Jena, the others in England and Germany. There are two lady doctors, one French, one Russian. The average is one to every 1100 inhabitants.—*Paris Cor. of Lancet.*

REFLEX PARALYSIS.—Several instances are recorded of paralysis of a limb in connection with pleurisy, mostly after removal of the exudation, or in consequence of washing out of the pleural cavity. Francotte has recently described a case in which paralysis of the right arm occurred during the spontaneous disappearance of a moderate empyema of the same side. The paralysis was but slight and transitory. In the opinion of Francotte it was reflex in its nature, the seat of the irritation being the sensory nerves of the pleura. (Cent. f. d. Med. Wiss., 1883.)—*Brain*, July, 1883, (Reports on Visceral Neurology.

CHOLERA EPIDEMICS IN BALTIMORE.—*Dr. Geo. H. Rohe*, of this city, editor of the *Medical Chronicle*, has been investigating the history of former outbreaks of cholera in Baltimore. The results seem to confirm the views of Pettenkofer, that the disease spreads by poisoning of the soil and air in the immediate vicinity of cholera patients, rather than by contamination of drinking water. The disease showed a decided preference for certain circumscribed localities, which were low, damp and filthy situations, and serving as drainage areas for the higher grounds around.

FOR my own part, so fearless am I now of abdominal surgery, so splendid have been my results in fields of practice, which until three years ago seemed hopelessly inclosed, that I venture to lay down a surgical law, that in every case of disease in the abdomen or pelvis, in which the health is destroyed or life threatened, and in which the condition is not evidently due to malignant disease, an exploration af the cavity should be made."—*Mr. Lawson Tait*, in "Pathology and Treatment of Diseases of Ovaries."

POP-CORN FOR THE VOMITING OF PREGNANCY.—*Dr. H. v. Sweringen* writes to the *Obstetric Gazette* for Aug., 1883, as follows: "Six or eight months ago or more, I noticed in one of my journals,* I cannot remember which one, and I have not the time at present to look it up, a short article by some physician whose name I also fail to recall, recommending ordinary pop-corn as an efficient remedy in the vomiting of pregnancy. If I had not seen it under the circumstances I will presently relate, I would undoubtedly have given it but a passing notice, inasmuch as it did not strike me favorably at first sight. If its worthy advocate had fixed it up in some kind of "scientific" shape or infused into it a little Latin, as, for instance, "cornum explosivum," or "cornum poppum," or "poppum cornum," it might have attracted my attention under *any* circumstances, but bare "pop-corn," simple, harmless, innocent "*pop-corn*," as a high-toned therapeutical remedy among high-toned, scientific physicians was too much, "too utterly too too" for a physician of my cloth and attainments. But seriously, it proved a God-send to me and my patient (more particularly the latter), having had at the very moment one of the most intractable cases probably that ever occurred. I had exhausted the usual remedies employed in this distressing ailment, and was about to cauterize or do something to the os uteri when my eyes accidentally fell upon the above-named remedy. To make a long story short, it acted *marvelously* not only in the case referred to, but in three subsequent cases; in fact in *every* case in which I have prescribed it."

USE OF THE LIBRARY OF THE SURGEON-GENERAL'S OFFICE.—In answer to a letter of inquiry upon this subject, Dr. Billings writes to the *Phila. Med News*, that "books are loaned to other libraries which undertake to be responsible for them and have suitable buildings for their safe preservation. Books which can be readily replaced if lost, are also loaned to individuals upon their making a deposit with the Librarian of funds sufficient to make good any damage or loss. Books must be transmitted each way, by express, and not by mail, and the cost of this expressage must be paid by the borrower. The funds deposited

*See Md. Med. Journ., March 1, 1883, p. 594.—EDS.

with the Librarian are of course returned when the books are received back in good condition."

Boracic Acid.—*Dr. Squibb* writes of boracic or more properly, according to the nomenclature of the late Pharmacopœia, *boric* acid, as follows: If the powder be needed, as is generally the case, it should be specified in the prescription. The powder should be very fine and should be white and light, and entirely free from particles when rubbed between the finger and thumb, feeling very like powdered soap. It is only such powder that answers well in eye surgery or general surgery for dressings, and solutions are also best made from it. A saturated solution contains about 19 grains to the ounce, and from 10 grains in the ounce to saturation it is used as an eye-wash or to granulating and suppurating surfaces. It is a very bland and soothing application, both in powder and solution, relieving irritation and arresting suppuration. It is a potent antiseptic, much less expensive than salicylic acid, and it is odorless and more easily managed than carbolic acid. It is probably better than either to preserve hypodermatic solutions. In surgical dressings it has the great advantage over carbolic acid of not being irritant nor poisonous. But not being volatile it does not deodorize the air.—*Ephemeris*.

Medical Items.

The National Retail Druggists' Association was instituted in Washington City last Saturday, its object being "to obtain protection in mutual business interests from evils known to exist and for mutual support and protection." Henry Canning, of Mass., was elected President, and J. W. Colsard, also of Mass., Secretary.=The National Pharmaceutical Association met in annual session in Washington on the 11th inst. The meetings were held in the National Museum Building.=At the recent meeting of the Virginia Med. Society papers were read by Drs. Chisolm, Tiffany and Mackenzie, of Baltimore.=An addition of brick three stories high, is being built, 40x80 feet, to the Nursery and Child's Hospital; it will contain a meeting room, conservatory, dormitory, hospital and other apartments. There are 50 inmates in the institution.=The Grand Jury of Baltimore reports the Maryland Hospital for the Insane, near the city, as so overcrowded that the proper care and treatment of the inmates is seriously interfered with. "Into rooms intended for only one occupant two have to be placed," and "apartments intended for recreation and amusement have to be converted into dormitories." At Bayview Asylum (Almshouse) the ventilation is reported very defective in the main building. The additional building, now in process of construction, will be completed shortly and will admit of proper separation of the inmates.=The session of the Baltimore Medical College, Paca St., was opened on the 5th inst., with an Introductory Lecture by Prof. L. M. Eastman.=The subject of the Astley Cooper prize for 1886 is "Diseases and Injuries of the Nervous System, and Their Surgical Treatment."=Dr. Bowditch, of America, is still alive, yet I cannot help alluding to his invention of the method of paracentesis which is more commonly called aspiration. It is true that the adaptation of a syringe to a cannula is as old as Anel and perhaps older; but it is no less true that the chest was not aspirated before the day of Dr. Bowditch.—*Dr. Samuel Gee*, at Brit. Med. Ass'n. =Dr. J. H. Jerome, a prominent physician of Michigan, twice President of the State Society, died at Saginaw City, Aug. 8th, æt. 70.=At the recent meeting of the Virginia Medical Society Dr. J. E. Chancellor, of Charlottesville, was elected President and Dr. R. G. Cabell, Jr., Secretary.=Prof. Silvestrini, of Italy, collected the dew and soil from notoriously malarial regions and injected them hypodermically on himself and others fifty-two times without any result.=According to a dispatch of the 11th, the average daily death-rate from cholera in Alexandria is reduced to four, and the mortality is also diminishing in the provinces.=Surgeon-General Hamilton has directed Surgeon Henry Smith, in charge of the Capes Quarantine, hereafter to allow vessels from non-infected ports to proceed to their destination without detention unless there is contagious or suspicious disease on board; also not to detain vessels for disinfection when the port to which they are bound has a local quarantine.

List of Changes in the Medical Corps of the Navy during the week ending Sept. 8, 1883:

P. A. Surgeon Oliver Diehl detached from the Naval Academy and ordered to the U. S. S. Quinnebaug, European Station, per steamer of the 15th

P. A. Surgeon Frank Anderson detached from the U. S. S. Quinnebaug on reporting of his relief and granted leave of absence for three months.

List of Changes in the Medical Department, U. S. Army, Sept. 3 to Sept. 10, 1883:

Shufeldt, Robert W., Captain and Assistant Surgeon: granted leave of absence for three months on surgeon's certificate of disability, with permission to leave the Department of the South (Par. 3, S. O. 204, A. G. O., Sept. 5, 1883).

Clinical Lectures.

TRAUMATIC HEMATOCELE.—LITHOTOMY.

BY J. EDWIN MICHAEL, M. D.,

Professor of Anatomy and Clinical Surgery, University of Maryland.

(*Delivered in the University Hospital*).

GENTLEMEN:—This patient, whom I have the pleasure to show you to-day, is a Frenchman, aged about 40. About two weeks ago he got into a row with an acquaintance and was kicked on the scrotum. He tells us that there was an intense sickening pain immediately after the receipt of the blow, and that the right side of the bag swelled rapidly. He was treated at home with various domestic remedies, under which the pain gradually subsided, so that now he suffers chiefly from the discomfort produced by the swelling. Let us now examine into his condition. You see that the right side of his scrotum is about the size of a large goose-egg. This swelling, while not painful when left undisturbed, is somewhat sensitive to the touch. It is pretty regularly pear-shaped and fluctuation shows its contents to be in great part, if not altogether, fluid. In addition to the swelling there is very considerable discoloration extending over the scrotum up over the belly as far as the umbilicus, involving the right groin nearly as far as the anterior superior spine and extending over the upper and inner portions of the right thigh. The skin of the penis, as well as the perineum, is also discolored. The patient tells us that he has no trouble with his bowels, and that his water passes freely and without pain. The two great clinical questions are, therefore, placed before us for answer, viz: what is the extent and nature of his trouble and what can be done for his relief? The complete answer to the first of these questions will require some consideration of the anatomical relations of the parts involved, and perhaps cannot be answered in full, without operative procedure. The scrotal tumor, as has been noted, is pear-shaped, and fluctuates distinctly, and when we know that it came rapidly after a violent blow on the scrotum we have little hesitation in pronouncing it hematocele of the tunica vaginalis. Moreover, it does not transmit light, and presents no sign of inflammation, thus excluding hydrocele and abscess the only two other possibilities. The explanation so far is simple enough. The blow was of sufficient violence to rupture a blood-vessel in the tunica vaginalis, and the sack is thus distended with blood. The question as to what blood-vessel was torn, whether it was one or more of the veins of the cord or the substance of the testicle itself, cannot be answered by external examination but is of grave import to the patient. We shall probably be able to answer it later. Let us now consider the bearing of the extensive ecchymosis of the neighboring parts. You will remember that when we discussed the perineum in the anatomical lectures during the session, special stress was laid upon the arrangement and relations of the various fasciæ. Our dissections led us to observe that what we called superficial layer of the superficial fascia was composed of loose areolar tissue and that it was continuous with the dartos of the scrotum and the subcutaneous cellular tissue of the belly, groins and thighs, while the deep layer was more aponeurotic in structure and was attached firmly to the rami of the pubis, its lower margin dipping down behind the *transversus perinei* muscle to join the deep fascia of the perineum. What we learned didactically we see here portrayed—marked out in purple, so to speak. The extravasated blood starting from the seat of injury, perhaps from lacerated scrotal vessel, perhaps from a rent in the tunica vaginalis, starting from a different point, has occupied the same space we so often see filled by extensive urinary extravasations from rupture of the urethra anterior to the triangular ligament. Fortunately for our patient the extravasated blood is much less harmful than urine in the same situation, and we can leave it without hesitation to the good offices of Dame Nature, who will dispose of it by absorption. Not so, however, with the collection in the tunica vaginalis. It is true that nature could also take care of that, as she has in hundreds of other cases where the nature of the affection was not recognised or where no surgeon was at hand, but it would be at such great expense of time, inconvenience and danger to the patient, that we are called upon to lend a helping hand. I shall, therefore, put the patient under the influence of chloroform and relieve him of the accumulation, taking measures at the same time to prevent sep-

tic trouble by absorption from the open wound, which I shall make.

Operation.—The patient being chloroformed, the tunica vaginalis was laid open by a long incision from top to bottom, proper care being exercised in order to avoid wounding the testicle. Several ounces of dark fluid blood flowed out and a number of fibrinous clots were removed by the finger. The cavity was then carefully washed out by a stream of hot carbolized water, the whole surface well dusted with iodoform powder, a drainage tube placed in the lower angle and a large pad of oakum applied; a bandage completed the dressing.

LITHOTOMY.—The next patient is one whose condition is much more grave than the preceding, and whose case requires the most careful consideration before deciding upon what course of treatment should be instituted. In the former case the diagnosis being made, the treatment was obvious. Here we have our choice between two methods, and the life of the patient may very well depend upon the discretion we show in the selection. The patient is a man of seventy-six years of age, whose general health is good notwithstanding the fact that he has suffered for a long time with bladder trouble. For the last nine or ten years he has noticed that he could not pass his water satisfactorily. He would have to stand some time in the morning before the stream would start, and there was more or less dribbling at the end of the act of urination. It became necessary for him to urinate occasionally during the night. With the gradual increase of his trouble urination during the night once or more became the rule. About three years ago he had an attack of retention, which was relieved by a neighboring physician. After several attacks of the same kind he learned to use the catheter himself and had to resort to it more and more frequently. His symptoms became more aggravated. He passed a little blood occasionally with his urine; the act of urination gave great pain; there was great straining; piles were produced and his suffering was very great. About a year ago he came to Baltimore and placed himself in the hands of a skilful surgeon, who, after sounding him repeatedly for stone without success, ordered him to keep his bladder well washed out and put him upon treatment suited for enlargement of the prostate. About three months ago the patient came to me with the history just related and complained that his sufferings were not relieved by the treatment. I examined him with considerable care using several different sounds but found no stone. There was, however, a sacculated bladder and great enlargement of the prostate. I could do no more than repeat substantially the treatment, which had been adopted by his former attendant, and I requested him to visit me again should he find no relief. About a month ago he came to me again and I placed him in the hospital determined to search again repeatedly for stone and if I did not find it to at least see what could be done for the relief of his symptoms. My first examination met the same fate as the preceding one. Two days afterwards, having searched in vain with the ordinary searcher, I introduced Thompson's, and after awhile a "click" rewarded my patience. There was the stone, and its presence was recognized by Dr. Steiner and Mr. McCormack, who were in the room with me. The case was now plain. The patient had hypertrophy of the prostate, which caused retention and sacculation of the bladder; and the stone was the consequence. The question now arises as to whether we shall remove the stone by crushing or cutting. As a rule I think children should be cut, adults crushed (and when I say crushed I would wish to be understood as referring to Bigelow's operation—litholapaxy), but each case should be a law unto itself, and the surgeon should decide with reference to the peculiar features of the case in hand. We have before us a man of 76, upon whom any operation would be severe. But we must remember that his prostate is enlarged, his bladder sacculated; he has cystitis and his bladder is extremely irritable. If we do litholapaxy on him, his bladder must be distended; its walls will probably be wounded by the lithotrite; it will be almost impossible to remove all the particles of stone; his bladder must be constantly irritated after the operation by the passage of instruments, and his cystitis would probably be aggravated very considerably. If we do lithotomy, on the other hand, which is the graver operation of the two, *ceteris paribus*, we are almost sure to get all the stone, and after the operation the bladder has rest and drainage. I decide, therefore, on lithotomy.

Operation.—I have now placed the patient in the classical position for the operation and proceed to sound for the stone, for we should never cut without being able to find the stone after the patient is in position. At last I find it, and if you will listen you can hear the "click," not very loud or sharp, but rather dull, which would indicate a soft stone. I now introduce the staff, and my assistant holding it in place, I make the superficial incision. Now finding the groove in the staff with the forefinger nail of the left hand, and using this as a guide, I insert the point of my knife into it. I am on the road to the bladder, but if I go directly in I will cut the rectum. Hence, you see, I "lateralize" my knife, remembering at the same time the position of the internal pubic artery, pushing on into the bladder as I turn my hand. I find considerable resistance owing to the enlarged prostate. Introducing my finger I find the prostate so thick that I can barely reach the inner surface of it. I therefore introduce this guide on the staff and remove the latter. With the guide I search in vain. I introduce the forceps on the guide, withdrawing the latter in order that I may search better. At last I feel the stone, grasp it and withdraw it. You see it is about the size of a pigeon's egg, soft, phosphatic, just the kind we would expect under the circumstances. The bladder will now be thoroughly washed out, the tube inserted in the perineal wound and the patient put to bed. The after treatment will be, washing out the bladder, opium and whiskey if the circumstances demand it.

Original Papers.

REMOVAL OF FOREIGN BODIES FROM THE STOMACH.

BY J. R. UHLER, M D., BALTIMORE, MD.

In the Transactions of the Medical and Chirurgical Faculty for 1883, pages 81 to 86 inclusive, the Chairman of the Section on Surgery quotes with approval several operations taken from the journals, where the stomach was opened for the removal of foreign bodies that had been swallowed, and strengthens his opinion by statistics of recoveries in five out of seven cases where this procedure had been tried. He also (as a matter of precaution, perhaps) says "that incision in the stomach itself should not be longer than one-eighth of an inch unless made for the removal of a foreign body and then as small as will permit of its extraction." Now I want to protest against such a dangerous and pernicious procedure as the opening of the stomach for the removal of foreign bodies until all other means have been tried and failed, since there are cases on record, where these substances have remained in the body for a considerable time with little harm, and chiefly, because I can scarcely conceive of a foreign body being swallowed, and passing through the œsophagus, that cannot by one means or another be extracted or rendered harmless by manipulation through that tube alone or through the œsophagus and unopened stomach walls after the peritoneal cavity has been cut into sufficiently to admit the thumb and one or two fingers. It will hardly be worth while to occupy space with a minute recital of the means at our disposal for the removal of foreign bodies, as most surgeons are, or ought to be, familiar with them, but a few that may be useful and that depend upon anatomical considerations, may not be out of place. The stomach, as all physicians know, consists of a musculo-membranous sac and walls so thin that any hard object may be felt in it and grasped through its walls when the hand is placed in the peritoneal cavity. The same can be done through the abdominal walls in a very thin subject, while the patient is relaxed or kneeling, and perhaps, as related some years ago, by a little arm and hand feeling through the walls of the colon, though not often. At the pyloric orifice and also at the cardiac one the stomach is more or less funnel-shaped or contracted, and when a person lies on the right side, its contents gravitate towards the pylorus, but should he be reversed (head downwards) with the body leaning somewhat toward the left, objects in the organ may be made to gravitate in the neighborhood of or into the entrance of the œsophagus at the cardiac end. This much being granted, it is only necessary to pass forceps of the sliding, self-expanding variety, shaped like an old-fashioned lithotrity instrument or crayon holder with a ring around it or any other forceps that will suit, through an œsophageal tube, and when this tube has reached the entrance to the stomach protrude its claw-like blades, reverse and shake your patient, and with the thumb and forefinger

on the outside of the abdomen, by external manipulation, guide the foreign body between the blades of the instrument, which can now be tightened and if properly grasped be gently withdrawn. Now this, to the uninitiated,may seem a very difficult procedure, but after having passed the œsophageal tube several hundred times, I can state that it is not so,but only requires gentleness and caution. The blades of the forceps, should not at first, be drawn too tight, but barely press against the foreign body, so as to give it a chance to swing around a little, if caught in the wrong direction when we pull upon it, but as soon as it is withdrawn a little way and you find it comes with ease, make it as tight in the grasp of the forceps as possible. In the case of a fork or any cutting instrument, surround the lower part of the many bladed forceps, by a funnel of thin rubber tubing attached to the bottom of the œsophageal tube, and after the object has been grasped, slip this well over it as a cover and withdraw. Where none of these procedures will do, and the object is of such a character that there is no hope of its partial disintegration in time from the juices of the body, or other means that I may mention hereafter, the peritoneal cavity may be opened, and the finger and thumb or even our whole hand, be passed into it; and while the forceps are protruding through the œsophagus into the stomach, the foreign body, may be placed by said finger and thumb grasping it through the uninjured stomach walls, in any position we please in the jaws of the forceps and safely withdrawn, or if it be of such a character as to cut the œsophagus, the forceps may be used to bend or break it as with a calculus in the bladder. The dental engine or universal jointed lathe can also be employed to grind it or to cut it off in a tube or otherwise as may seem most desirable. Should light be required to aid the hand, Edison's small electric bulb or some other form may be used though the œsophagus, being passed into the stomach before the forceps are introduced. Under no circumstances that I can think of, should a large incision be made in the stomach to remove a foreign body entire, but at the worst, only one sufficient to admit small forceps,cutting instruments,the dental one previously mentioned or something of the sort to break in pieces, grind or otherwise reduce in calibre, so as to allow of ready extraction through a small wound. Foreign bodies may be dealt with in the intestines, by the employment of the fingers to push a substance out of the contracted portion of the gut, after the peritoneum has been opened, or when in the colon, they may be removed by a small hand through the rectum.

234 W. Fayette St.

ILLUSTRATIONS OF MEDICINE IN "YE OLDEN TIME."

BY JOHN R. QUINAN, BALTIMORE, MD.

NO. V.

MEDICAL FEES.

For more than a century after the settlement of Maryland, the want of coin forced her people to resort to barter in wampum, beaver skins, powder and shot, bullets, corn and tobacco—the latter staple becoming at length the chief medium of exchange and standard by which all values were estimated, and in which, or its equivalent, all debts were paid.

It soon became evident that the fluctuation in the price of tobacco, varying, as it did, according to the supply and demand, from one penny to one shilling or more a pound, would cause frequent disputes in the settlement of accounts, and hence as early as 1638, the Assembly passed a law entitled "An Act for settling artificers' wages," which authorized the county courts "to moderate the bills, wages and rate of artificers, laborers and *Chirurgeons*, according to the most recent rate of tobacco, proportioned to the rate of the price of the same, or the like art, labour or workmanship in England (Lib. C. & W. H., 1638–1678, p. 70).

In accordance with his position at that day, chirurgeon (hand-worker) was classed with the laborer, and it is fair to presume that our forefathers adopted *English* rates in settling the accounts of physicians also.

The records show that the litigation of professional accounts was of frequent occurrence, but to the credit of both the court and the medical men, I find but one case in which the amount claimed was "moderated" by the court."

Of these accounts we offer some illustrations, as follows:

"George Binx,* gent., demandeth of Col. Fr. Trafford, Esq., 300 pounds tobacco by account of physick for the servants of deft., as per bill on file (Lib. 1642–5, p. 193). The same demandeth of Nat. Pope 5 bbls. corn, due for physick to Thomas Oliver, and 2 brls. more for labor and physick extraordinary to the said Oliver" (ib. p. 362).

Robert Ellyson,† Barber-Chirurgeon, demandeth of Nicholas Hervey, 955 lbs. tobacco for the residue of an account due to the said pltff. for chirurgery and physicke this last summer (ib. 339). The same suit is again docketed as follows: "Robert Ellyson, barber-chirurgeon, complaineth against Nicholas Hervey,‡ planter, for that whereas the sd. pltff. did agree with the deft. for the cure of his man, Henry Spere, for the sum of 955 lbs. tobacco, the plf. did accordingly take in hand and follow the said cure for divers months, and brought it to a good state, and was ready to perfect it, till he was hindered and put off it by the deft., nevertheless the sd. deft. denieth to satisfy the sd. price to the pltf. of and by the deft., but did voluntarily neglect and depart from it to the endangering of the man." * * * "If in his absence, upon reasonable cause, any charge or damage was incurred by the deft., he is willing to deduct out of his price, as the court shall think fit, 100 lbs. of tobacco" (ib. 387).

The court found for the "chirurgeon" 955 lbs. tobacco, less 100 lbs. allowed Hervey for a fee to that amount paid Doctor Henry Hooper for perfecting the cure." (Ib., p .418).

"Thomas Hebden proves upon oath that his *wife did chirurgery* upon the legg of John Greenvick, the man-servant of Ed. Hall, the deft., and did diet him for 7 weeks, or thereabouts, for which sd. chirurgery and diet the sd. Ed. Hall agreed to pay, he believeth, 190 lbs. tobacco, beyond 20 lbs. received in hand, and hath received no satisfaction for it." (Ib., p. 498).

The Judge found for Mrs. Hebden 210 lbs. tobacco.

*George Binx is elsewhere styled "Licentiate in Physicke" (Lib. C. & W. H., p. 110, 1642).

†Robert Ellyson was in 1643 sheriff of St. Mary's County.

‡Nicholas Hervey was commissioned to command the forces against the Indians, 1639. (See Bozman, 164.)

These suits, unfortunately, give us no clue to the exact rate of charge, as the gross amount of the bills alone appears on record, the original itemized accounts being lost. If they conformed to the rates in England, as the law before mentioned required, they were probably 10 shillings for a visit; for a julep, 6s. 8d.; a bolus, 4s. 6d.; a draught, 3s. 4d. In 1700 it was the same: 10 shillings for a visit for a "Graduate in Physicke," while but 6s. 8d. for a "Licentiate in Physicke." A surgeon received 12d. a mile for his visits, and 10 groats, or 40d., for setting a limb* or reducing a dislocation; 1 shilling for venesection, and £5 for amputation of a limb.

The first itemized medical bill I have found, is one by Dr. Rd. Smith, of Pr. Georges County, Md., dated 1749,† which is as follows:

"Clement Hill.

To Dr. Rd. Smith, Dr.

1749.

	£	s.	d.
To visit to ye negro girl with ye wounded head. - -	0	15	0
" Digestive ointment. - -	0	7	6
" Visit to ye woman in the flux - - - - - - - -	0	15	0
" 1 ounce Liq. Laudanum -	0	5	0
‡" C. C. C. with Cinnamon -	0	1	6
" Lunar Caustic for ye girl's head - - - - - - - -	0	5	0
" Attendance on the cure of ye girl's head. - - -	1	0	0
" Epispastic Plaister - -	0	2	6
" Ye children, a Vermifuge Electuary - - - - -	0	7	6
" Do. Cort ℥i - - - - -	0	5	9
" " Strengthening Elect.	0	7	6
" " Emetic Wine- - -	0	5	0
‖" Wife, Pacific Pills. - -	0	2	6
" 7 oz. Tr. Rhubarb - - -	0	10	0
" Hysteric pills for wife -	0	5	0
" Mist. Putorii - - - -	0	4	0
" Pulv. Nervos. dos vi. - -	0	9	0
" Syrup de Rhamna - -	0	5	0
" Pulv. Diaphor. dos. vi. -	0	9	0
" Gtt. Volatil. - - - -	0	2	0
" Pill Hyster. Wife - - -	0	5	0
" Julep. " " - - -	0	5	0
" Fol. Sennæ ℥ss. - - -	0	2	6

*See Jefferson's "Book About Doctors." Chapter Fees.

†See Hill Papers, Md. Hist. Soc. Lib.

‡Chelis Cancrorum Comp. ‖Op.—Lic.—Sapo.—Pepper.

To Chart. Astring. - - - 0 7 6
" Curing ye man Charles of ye C—p. - - - - - 3 0 0

£10 4 0"

The next examples of medical fees I have obtained from the ledgers of the late John Archer, M. B., while practicing in Newcastle Co., Del., 1767–1769, and in Harford County, Maryland, 1779–1784.* For the sake of comparison I will group his charges for similar services, by years :

			£	s.	d.
"1767.	Ad.	visitandum - - -	0	5	0
"	"	" - - -			
"		in consultatione - -	0	12	0
"	"	Reduct. Os. Humeri-	1	12	6
"	"	Op. Thoracentesis -	4	12	0
"	"	Extrahend. Dent. -	0	2	6
"	"	Insert. Seton - - -	0	5	0
1768.	Ad.	Visitand. - - - - -	0	5	0
"	"	" in cons. -	0	15	0
"	"	" nocte - -	0	10	0
"	"	Reduct. Os. Hum. -	3	18	0
"	"	Amput. Cruris - -	5	0	0
"	"	V. S. Brachio. - -	0	2	6
1769.	"	Visitand. - - - - -	0	5	0
"	"	" in consult. -	0	10	0
"	"	Inoculand. - - - - -	1	0	0
"	"	Reduc. Os. Femoris -	2	15	0
"	"	" " Tibii -	2	5	0
1779.	"	Visitand. - - - - -	0	10	0
"	"	Inoculand. - - - -	1	0	0
1780.	"	Visitand. - - - - -	0	15	0
"	"	" obstetricand.	3	0	0
"	"	Paracentesis - - -	1	2	6
1781.	"	Visitand. - - - - -	0	10	0
"	"	" in consult.-	1	10	0
"	"	" nocte - -	4	10	0
"	"	Inoculand. - - - - -	1	0	0
"	"	Visit. obstet. - - -	3	10	0
1782.	"	Visitand. - - - - -	0	15	0
"	"	" nocte- - -	1	10	0
"	"	Inoculand. - - - - -	1	2	6
"	"	Visit obstet. - - -	3	10	0
"	"	Reduct. Os. Tibii- -	2	5	0
1783.	"	Visitandum - - -	0	15	0
"	"	Inoculand. - - - -	1	2	6
1784.	"	Visitand. - - - - -	0	15	0
1785.	"	" - - - - -	0	10	0"

These accounts are credited with very little cash, but chiefly by corn at 2s. 6d. per bushel in 1767, at 3s. 6d. in 1769, and 6s. in 1785; wheat at 6s. per bushel in 1767, and at 7s. in 1768; by beef at 3d. per ℔. in 1768; pork at 3d. per ℔. in 1767, fowls at 1s. apiece in 1769, and servants' hire (domestic) at 12s. per month, in 1768, &c.

These low rates of the necessaries of life helped to compensate, in some measure, for the depreciation of the currency created by the Revolution, but not altogether, as during this period (1779) the physicians of Baltimore, including Doctors Wiesenthall, Haslett, Boyd, Andrews, Coale, Ridgely Beard and Labesus, had, in self protection, to readjust their "fees in accordance with the high price of the necessaries of life." The exact rates agreed upon I have not found published. I do not think it necessary to quote Dr. Archer's charges as to prescriptions, except in regard to the prices of Peruvian Bark, which cost, it seems 4s. per ounce in 1767, and nearly $2 per ounce in 1782.

To enable the reader to estimate the cash value of these charges, I would state that $1 in specie was equal to 7s. in Maryland currency in 1729, to 7s. 6d. in 1773, and 8s. 4d. in 1785.

In examining the accounts of these two representative Maryland men, it is gratifying to observe their good sense in abstaining from the employment in their treatment of cases, of those ridiculous and disgusting agents authorized by the standard Pharmacopœias of even their day. The London Pharmacopœia of 1745 still contained formulas for the preparation of pearls, millipedes, lizards and jus viperinum (snake broth), not to speak of the Mithridate of 41 and the Theriaca of 61 ingredients, one of which is three ounces of dried vipers. Our medical forefathers of this State rejected these "legata damnata" of a superstitious age, and administered good, sound, decent, christian physic in sensible, honest doses, and I venture to say could show as large a percentage of recoveries as we can by the sugar-coated pills, fanciful elixirs, and other nugatory niceties of therapeutic *diletanteism* in our own day.

The only exception to a decent therapia that I find recorded, is in a letter to Dr. Mead of London by Dr. "R. B."(rooke) of Maryland, where, after stating, "I was concerned for a woman who had an ascites between the muscles of the abdomen and

*These interesting souvenirs of an eminent physician were donated to the Med. & Chi. Faculty of Md. by his grandson, Dr. George W. Archer, of Harford County, Md.

the peritoneum. After blistering the abdomen, and giving her several purges and diuretics to very little purpose, I scarified the abdomen pretty deep, and daily laid over a cataplasm, by which means she recovered;" he adds: "The best cataplasm I know of for this purpose is *fresh cow-dung boyled in milk.*" (Gent. Mag., vol. 22, 457, 1752.)

Whether our fastidious dames of the 19th century would like their abdomens spread with so fragrant a cataplasm, is a matter of some doubt, but we may rest assured, that if driven to the alternative they would prefer even Brook's cataplasm to the therapeutics of that learned Leech, Cotton Mather of Mass., who would have assured them: "There is rime as well as reason in the statement that makes *stercus et urina medicorum fercula prima;*" that "*the excrement of humane bodies* is a remedy for humane bodies that is hardly to be paralleled." ("The Angel of Bethesda" in Proc. Amer. Antiq. Soc., vol. v, p.22.)

THE DRAINAGE TUBE AS AN OBSTACLE TO UNION BY FIRST INTENTION.

BY ALEX. C. ABBOTT,

Student of Medicine, University of Maryland.

After closely observing for a period of about three years, those cases of solution of continuity in which as a factor in the healing process drainage has been instituted by the rubber tube, and on the contrary, those in which the secretions were allowed to pass off by means of gravitation, through the most dependent angle of the wound, with no other inducement to this point than probably the extremities of the ligatures, I am forced to conclude that in ordinary surgery the tube, instead of assisting the surgeon in procuring good results, frequently frustrates what might even be a better ending than he had anticipated. My conclusions are based on the following reasoning: If you insert into a wound any other foreign body, or set up an irritation by allowing any irritating substance to be left in the flesh, suppuration is bound to keep up until nature herself throws off this offending substance, or until it is removed artificially. Now in what manner does a rubber tube differ from an ordinary irritating foreign particle? It is true that it is never allowed to remain in the wound sufficiently long to cause an accumulation of pus, although it certainly does excite a formation of that matter. But does it not seem needless in ordinary cases that we should excite this irritant action at all? when by thorough irrigation of the wound, and by not too closely suturing together its edges, we might more frequently procure union by first intention. It is doubtless true that each surgeon gets the best results from those dressings with which he is most acquainted, but I can not avoid taking this opportunity of mentioning the excellent results that I have seen obtained from accurately but not too tightly suturing the wound, without using the drainage tube, and with the simple cold water dressing; the wound not to be uncovered for at least ten days unless otherwise indicated by the thermometer. I have gathered these observations not from any personal experience, but from what has been brought to my notice as assistant to a gentleman who has had considerable and varied opportunities in both minor and major surgery, and I have yet to see a drainage tube used or any dressing other than the cold water compress, and that not removed inside of the period mentioned above, unless otherwise indicated. In amputations and all other incised wounds this treatment has been pre-eminently successful. I am not prepared to say how this treatment would answer in hospital practice where the air is supposed to abound in septic germs, but surely in private practice the results that it has been my privilege to see have been uniformly encouraging.

Correspondence.

BALTIMORE, Sept. 11th, 1883.

Editors Maryland Medical Journal:

GENTLEMEN:—In your journal of the 15th inst., which I have just read, is a letter by Dr. Walter Coles, written in reply to mine of the 10th ult.

Permit me to send a few words in reply to his letter.

In the first place, as you, Messrs. Editors, are aware, the heading of my letter was inserted by you and was not part of my letter. The prime object of that letter was to comment upon the remarks of Drs. Barret, Ford and G. A. Moses; inasmuch, however, as the apparent position of the St. Louis Obstetrical and

Gynecological Society was criticised in it, the heading is no doubt a proper one and is accepted by me. Dr. Coles is greatly in error in stating that "he (I) prefaces his remarks by the admission that he has only seen an 'extract' from its debates"—i. e., the debates of the St. Louis Obstetrical and Gynecological Society. He has "misinterpreted" my remarks. No such admission was made by me, as a reference to my letter will show. So far from having read only an "extract" from the "debates" referred to, I had read and re-read the whole discussion, which took place at the meeting on *March 15th*, as far as published in the *June number* of the *St. Louis Courier of Medicine*, and it was from this report, and not the "extract," that my impression of the sentiment of the St. Louis Society was obtained. The fact that the "extract" referred to was published in the MARYLAND MEDICAL JOURNAL, without comment, was the cause of my letter. A reperusal of the *June number* of the *St. Louis Courier of Medicine* convinces me that most readers of the discussion which took place on *March 15th* would have inferred that the opinion of, "at least, a majority" of the members of the St. Louis Obstetrical and Gynecological Society was what I stated it "*seemed*" to be. If the remarks of any of the gentlemen were incorrectly reported, or so "toned down" as to lose their force, it is unfortunate, but Dr. Coles must remember that we at a distance from St. Louis can only judge of the discussions which take place there by the published reports of them. That there was a further discussion of Emmet's operation on *April 18th* by the same Society, which put the matter in a very different light, I was not aware until I read Dr. Coles' letter and the *July number* of the *St. Louis Courier of Medicine*. There was nothing in the *June number* of that journal to lead one to suppose that there was to be a further discussion of the same subject, on the contrary it seemed to be completed. That the views of a majority of members of the St. Louis Obstetrical and Gynecological Society are not what I supposed them to be, I am sincerely glad to learn, and am much obliged to Dr. Coles for having satisfied me of the fact.

Yours respectfully,

T. BARTON BRUNE.

Hospital Reports.

REPORT OF THE PRESBYTERIAN EYE AND EAR HOSPITAL FOR AUGUST 1883 TREATMENT OF CORNEAL OPACITIES.

BY HIRAM WOODS, M. D., ASSISTANT SURGEON.

There were 2,282 visits paid at this institution during August, and of this number 297 were new cases. The average daily attendance was 84—a large average for the season and weather. The number of operations performed was 42, 25 being upon the eye, and 14 upon the ear. The experience at the hospital has led to the almost entire adoption of a very simple, old, and easily applied remedy in the treatment of corneal opacities. This trouble is so very common—especially among our poorer classes—and is so frequently a sequel of some of the diseases of childhood, that its treatment becomes a matter of great interest to the entire profession. The opacities to which allusion is made are those which are *superficial*. If satisfactory results are to follow our treatment, care must be taken that the diagnosis is correct. Opacities of the cornea resulting from granular lids or trichiasis can, of course, only get well when the cause is completely removed. In those resulting from ulceration, or from the new formation of connective tissue in the interstitial structure of the cornea, no special line of treatment seems to be of much benefit. Some cases, clearly due to syphilis, will clear up nicely under a mercurial course, but, as a rule, when scar tissue has once formed in the cornea it is permanent. An iridectomy which can put an artificial pupil behind the clear portion of the cornea—if any remain—is the only way in which vision can be improved. A large number of corneal opacities, however, have not this bad prognosis. There are many in which the trouble lies only in the superficial layers or in the epithelium of the cornea These result from a superficial keratitis, and, more frequently, from phlyctenular corneitis. They are little nebulæ in the epithelium, sometimes requiring lateral illumination to be clearly seen, but giving rise to great interference with distinct vision. After trying all the various remedies, the practice at this hospital has settled down to calomel powder. Iodoform, iodine, tannin, ointments of the red and yellow oxide of mercury have all been highly recommended. They have been faithfully tried, but they do not seem to give the benefit which accrues from daily dusting the nebula with calomel powder and then for a moment rubbing it over the corneal surface. In children, it is true, these nebulæ tend to disappear spontaneously as the health improves. There can, however, be no doubt that this old plan of treatment hastens their removal. During last spring there was a large number of phlyctenular cases treated at the hospital, and in many superficial nebulæ remained after the acute inflammatory symptoms had subsided. A large proportion of these have done well under this simple treatment combined with the internal use of tinct. of iron. In many the cornea has become perfectly clear.

Society Reports.

BALTIMORE MEDICAL ASSOCIATION

STATED MEETING HELD MARCH 26TH, 1883.

(*Specially reported for Maryland Med. Journ.*).

The Association was called to order by the President, Dr. J. S. Conrad, at 8.30 P. M., in the presence of twenty-three members.

The Committee of Honor reported favorably on the names of Drs. C. D. Smith and John N. Mackenzie, who were then elected to membership.

Drs. Z K. Wiley and S. J. Fort were proposed for membership.

Dr. Cordell reported the following case of Adherent Placenta Following Miscarriage Accompanied by Alarming Hemorrhage Necessitating its Forcible Removal.—A young unmarried girl, æt. 19, who had missed her monthly sickness, according to her account, for two months, began to have a slight discharge of blood Feb. 6th. This had ceased by evening, to return more freely two days later. She passed a large quantity of blood, both fluid and in clots, until the night of the 9th, when severe intermittent pains in the back and abdomen set in. Being called on the following morning Dr. C. found the os firmly contracted. Not being able to find out whether any portion of the ovum had been passed or not, opium was given freely with the object of arresting if possible the pains and preventing miscarriage. The pains were relieved but the oozing of blood continued copiously, so that at night the patient was much exhausted. The os was now softer and patulous and clots of blood protruded from it. Deeming the miscarriage now inevitable, and fearing the effects of further hemorrhage, he proposed introducing a tampon but the patient obstinately refused to allow it to be done. Accordingly she was left for the night as she was. On the following morning she was very weak and anæmic, suffered with giddiness on motion, with nausea and vomiting, fluttering pulse becoming very rapid on the least exertion.

Her dangerous condition was now fully explained to her, with the statement that unless she consented to being treated as he thought best he would resign the case. Upon these representations she consented, and he proceeded to empty the uterus, after having given two drachms of Squibb's fluid ext. ergot at intervals of a half hour.

During the pains excited bythis agent, he introduced two fingers of the right hand and found the os soft and patulous and the supposed blood clots protruding from it. He had no difficulty in reaching the cavity of the uterus, and by pressing down the abdominal walls (the patient being under the influence of chloroform) detaching and withdrawing the placenta, which he found quite firmly attached to the fundus. Having thus emptied the uterus he passed a sponge tampon dipped in vinegar up to the os. The after-birth, which seemed by its size to indicate a more advanced period of pregnancy that corresponded with the patient's statement, was found in fragments in the bed among the blood clots. The sponge was removed in a few hours, and it was found that the os was contracting and there had been no hemorrhage. The patient is now doing well (Under the use of the tinct. ferri chloridi, whiskey, milk and beef-tea, she made a rapid recovery and was up on the ninth day. Rep.).

Dr. Erich spoke favorably of the suggestion made by Dr. Williams, viz., to give small doses of ergot frequently for the purpose of arresting hemorrhage in threatened miscarriages. He had tried it in the case of a lady, two months pregnant, who had had a large hemorrhage, giving ten drops every hour until the hemorrhage ceased, then at longer intervals. She continued using the remedy thus—having recurrence of the hemorrhage at intervals—until the fifth month. Then, in consequence of the loss of her father she miscarried twin children. She had meanwhile taken a large quantity of the remedy. Although he failed to accomplish his object of carrying her to term, he felt confident that her pregnancy had been protracted by the treatment. The case shows that ergot will arrest hemorrhage occurring under such circumstances, and that it is safe. He has used it repeatedly and always with satisfaction.

Dr. Ellis thought that in recurring hemorrhage without pain it would be safe and efficient, but where pains are marked it would be a very dangerous agent.

Dr. Erich said hemorrhage causes abortion by filling the cavity of the uterus and exciting contractions. There is then alternate relaxation and contraction; the small doses of ergot render the contraction continuous.

Dr. Browne said a woman having a fall and then threatened abortion demands opium not ergot. The rule is with much pain and cervix contracted, give anodynes; if there be flooding, patulous cervix and considerable hemorrhage, give ergot. In some cases we unite the latter with opium or viburnum prunifolium. In many cases of abortion ergot is not applicable.

The President observed that ergot has two distinct effects, one its specific action on the uterus, the other its vaso-motor or hemostatic action. The small doses spoken of, therefore, may produce the latter, and not the specific effect.

PHTHISIS ARRESTED BY AN ATTACK OF TYPHOID FEVER.—*Dr. Gilman* reported the case of a young lady predisposed to phthisis, her father and mother both having died of it She went to Europe after the signs of phthisis had developed in her, had typhoid fever in Rome, and came back apparently well. Dr. Gilman then referred to a letter received from Dr. Buckler, of Paris, in which the writer takes the view that typhoid fever is prophylactic against phthisis.

By vote, Dr. Gilman was requested to present Dr. Buckler's letter to the Society at the next meeting.

WHAT SHALL WE DO WITH CHLOROFORM?—*Dr. Jos. T. Smith* opened the discussion of this subject with a paper, which has been published in the *Southern Clinic*. The conclusion of the paper was in favor of chloroform. In children and obstetrics it is not in question, but only in surgical practice. It is far superior to ether in its action and effects. Ether kills in but one way, chloroform in two.

Dr. Rohe said it was a mistake to suppose that choloform is entirely safe in children. Ten per cent. of all cases of death under the anæsthetic are observed in children under twelve. He believed that the proportion would even reach one-half if the ratio of children to adults operated upon were taken in consideration. The safety of chloroform in labor depends upon two causes: 1st. It is rarely given to complete anæsthesia; 2nd. there are good grounds for believing that there is hypertrophy of the heart at this time, as pointed out by Dr. Fancourt Barnes.

Dr. Erich said one reason of the opposition to ether is that very few know how to use it. He had used it for twenty years, and uses it alone. Has not seen any ill effects from it. At first he employed the cone formed by a towel, when a half hour was required to produce anæsthesia, the room was filled, and the operator became nearly as drunk as the patient. He used choloform in labor, and regards it then as safe, the excitation and pain producing a tolerance of it.

By excluding air we get the patient under ether in three minutes—on the average quicker than chloroform. In a case of vesico-vaginal fistula only a little over two ounces were used. Dr. Erich regularly employs Rohé & Leonard's India-Rubber Bag with mouth piece. The patient must be prepared for a feeling of suffocation at first, and his hands must be held for a few breaths. If he understands fully what is being done he will co-operate. After he gets under the influence of the agent we may give air as freely as we please. Here we may have vomiting after the operation, but not during it. In chloroform the reverse is the case. The opposition would cease if the proper method of using ether were known and practised.

Dr. Waters had been present at about 1,000 administrations of chloroform. The only case of a threatening character from the use of anæsthetics was when ether was used. In that case the patient had been sinking.

Dr. Rohe quoted Lyman's Statistics, according to which 104 died before the full effect of the chloroform was secured, 105 after. It is a mistake to suppose death always occurs at the beginning of the anæsthesia.

Dr. J. T. Smith replied that authorities, as Stillé, state that chloroform is safe in childhood. The struggling by ether is not to be prevented. In chloroformization, vomiting may be prevented by not allowing food for some hours before anæsthesia.

The President said on the battle-field chloroform was given with the utmost freedom and there was never any bad result. It was only when he got into civil practice that he began to hear of bad results. But in twenty years' practice (in which he had given it once a week on an average) he had experienced bad results in but two cases, viz.: in a boy who had strangulated hernia, for which taxis was being employed, and who became rigid and collapsed, but was restored by prompt treatment; in a case of fistula where the respiration and heart-beat ceased but were restored by treatment. One of the greatest recommendations of chloroform is the small bulk required, one ounce usually sufficing.

TREATMENT OF ACNE.—*Dr. Rohe* opened the discussion of this subject. Acne, he said, is due to an alteration in character and quantity of the sebaccous secretion, and is especially liable to occur at puberty, when functional disturbance of these organs is common. The thickened sebum plugs and distends the ducts, and its summit is dark from adhesion of dirt.

This is the first stage; the second being characterized by congestion, inflammation with its consequences, pus-formation and hyperplasia of connective tissue. The progress of the papule was next traced from its stage of commedo. Inflammation is due to the pressure of the plug on surrounding tissues, and is characterized by a bright red color and pain; pus may or may not form. An advanced stage is that known as indurated or tubercular acne, and causes those unsightly physiognomies often seen in young adults. Acne rosacea, or toper's nose, differs clinically, etiologically and therapeutically from the last-named condition. It results from constant flushing of the face from excess in wine or strong liquors, or, in a mild degree, from defective cutaneous circulation in young people. There is not only enlargement of vessels but

connective tissue hypertrophy. Stasis of blood in minute areas leads to small abscesses.

In the majority of cases of ordinary acne the abstention from soap is doubtless the immediate cause of the disease. In some women acne occurs during menstration, in others during pregnancy. Certain drugs, as iodide and bromide of potassium, frequently cause it. Exposure to the vapors of tar and petroleum not unfrequently produce it. As for the treatment, Dr. Rohé has not found it necessary usually to give internal treatment; he allows the patient to eat anything that agrees with him; he encourages the use of fatty food, with cod liver oil where defects of nutrition are present. A mild laxative may be useful. Tinct. ferri chloridi is always indicated with considerable congestion or suppuration. Dr. Rohé had not used sulphide of calcium, and his experience had not been favorable to the use of ergot. The local treatment which is most important and generally suffices for cure is as follows: The plugs of sebum should be pressed out nightly by the ring of a watch-key placed flatwise over each papule, the face being afterwards washed with warm water and soap, the lather remaining on all night. In the morning the face is dusted with oxide of zinc, calamine or starch. In simple cases three or four weeks of this treatment will effect a cure. With a thickened epidermis a more active treatment is needed; then the following should be painted on nightly with a camel's-hair brush and allowed to remain through the night: ℞. Sulph. lot., potass. carb., alcohol., glycerin., aa ʒi. In a few days this causes slight irritation, when it should be discontinued for a few days. Where many pustules form, puncture with a fine bistoury followed by hot water douche gives great relief. In indurated acne the tubercles should be scarified, and after bleeding has ceased mercurial ointment applied for the night; they may also be painted with a 20 p. c. alcoholic solution of carbolic acid every two or three days. In Dr. Rohé's experience these measures have never failed. More severe local measures, even caustics and the curette have been recommended. Should the above measures be too irritating, glycerine soap or a weak alkaline lotion may be substituted. In a. rosacea the use of stimulants must be prohibited. The carbolic solution is useful where there are patches of diffused redness. Dilated veins must be slit up and nitrate of silver applied to obliterate them. A plastic operation is sometimes necessary to restore a distorted nose. In mild cases corrosive sublimate (gr. i to ʒi diluted alcohol) is sometimes all that is necessary.

STATED MEETING HELD APRIL 9TH, 1883.

LACTATION WHICH HAS LASTED FOR TWENTY MONTHS.—*Dr. Gibbons* reported the case of a lady who had had a continuous flow of milk for twenty months, *i. e.*, since the birth of her last child, which died at six months of age. Last week she miscarried a two and a half-months fœtus. The flow is in one breast, only the nipple being deficient in the other. She is in good health except that she is debilited by the excessive discharge. Various remedies have been tried for it, as ergot, iodide of potass., strapping, camphor and belladonna ointment, etc., but it continues unrelieved.

Dr. Ashby had never known a case to continue so long. The best treatment for galactorrhœa is camphorated oil locally, iodide of potash internally, and low diet.

Dr. Morris had frequently seen two successive children at the breast.

OFFENSIVE URINE WITHOUT APPARENT CAUSE.—*Dr. Joseph T. Smith* reported the case of a lady, æt. 51–52, whose urine is so offensive that the females of the house where she boards make complaint of it. There is no apparent cause for the trouble, which has continued without intermission for two years. The urine is of normal specific gravity, and she has no whites. The urine smells like partially decayed meat. She has to use an air-tight closet. She is in perfect health otherwise. There are no bacteria visible in the urine. She ceased menstrating five to seven years ago. Alkalies and other remedies have been tried without effect.

Dr. Mackenzie suggested the use of bichloride of mercury 1–32 gr. three times a day. Microscopic growths may cause the odor.

CHRONIC FOLLICULOUS SORE THROAT.—This was the regular subject of discussion for the evening, and was introduced by *Dr. D. J. Reinhart*, who read a paper upon it (published in the JOURNAL of Aug. 11).

Dr. Mackenzie said sprays and topical applications are only palliative. Where we have large granular masses with vessels running into them, we must remove these in order to cure. Dr. Morell Mackenzie uses the so-called London paste and says he cures them by it. Dr. Mackenzie, however, prefers other means of treatment; he was cognizant of several cases in which a small piece of the caustic paste had dropped into the larynx. The galvano-cautery is the best method of getting rid of the redundant tissue. It is absolutely painless, and the granules are forever destroyed. But this instrument is constantly getting out of order, and we may find a substitute for it; with a long pharyngeal bistoury we may incise the granules to the base, or simply make cross sections, or, as Dr. M. has frequently done, make an incision all around the follicle. This is not very painful, and in a few days the majority will complete-

ly disappear; or we may cut the whole granule out, which only leaves a small scar, with the author's forceps. It is not necessary to cut out many. By incision we effect a cure and avoid the continuous application of remedies. Constitutional treatment is also needed, but there can be no radical treatment without destruction of the follicles. But recent investigations show that the growths are not follicles, but masses of epithelium in a state of proliferation. Whilst nitrate of silver destroys, it also stimulates, and does not bring permanent relief, but is only a palliative. Moreover, these stimulating applications frequently cause atrophy of the membrane, and then the Doctor is at fault. The tinct. of galanga—an old Indian remedy—has recently been introduced, being used in the form of powder, as snuff. Dr. M. uses the tincture as spray, not being able to get a fine enough powder. It acts like guiac, causing a smarting sensation. It gives great relief, and can be used for twenty-four or forty-eight hours without fear of injury to the membrane. But it is to be always remembered that the destruction of the granules is the great essential in successful treatment.

Dr. Rohe said if the granular elevations described are proliferated epithelium the treatment Dr. M. recommends is not adapted to the case; but the nitrate of silver is just the remedy needed; nothing is so safe as this agent in destroying overgrowth of epithelium.

Dr. Reinhart objected to the galvano-cautery because it destroys the follicles. Nitrate of silver is dirty, but yet the most efficient application.

Destruction of tissue is not desired, and cutting off the vascular supply causes atrophy. Doesn't see any advantage in the London paste over the lunar caustic. Dr. Mackenzie must not confound healthy follicles with unhealthy masses.

Editorial.

Yellow Fever Epidemic on the West Coast of Mexico.—Whilst this disease has been raging for some time in its old haunt at Vera Cruz, on the eastern or gulf coast of Mexico, and has, consequently, created much anxiety in all our Atlantic seaports, alarming reports now come of an epidemic which has broken out suddenly and with excessive violence on the west coast of the same country. According to a letter from the deputy collector of customs at Yuma, which is on the Colorado River, at the junction of California, Arizona and Mexico, dated the 8th, the disease was then prevailing in Guaymas, on the eastern coast of the Gulf of California, having been brought thither apparently from Mazatlan, a Pacific port further south. Later advices by way of San Francisco represent matters in the worst light; the citizens are said to be fleeing from Guaymas, the streets are deserted and business is suspended; eighteen deaths were reported on the 16th, and many more not reported are said to have occurred; there was such haste to bury the dead that the Indians, to whom the duty was entrusted, are said to have interred many who were still living but comatose. At Mazatlan the epidemic was said to be even more serious, and it also prevailed at Hermosillo, a town to the north. San Francisco has declared quarantine against the infected ports, and measures are being instituted with a view to preventing the spread of the disease northward into Arizona and Southern California by railway, by the Colorado River which empties into the Gulf and by the ocean. The remoteness of the points named and the little communication with Atlantic ports take away the personal interest that we might feel in these events under other circumstances. The near approach of the cold weather gives hope that the season may pass away without the disease gaining a foothold on our side.

The Quarantine at the Capes and the Baltimore Authorities.—The pressure brought to bear by commercial bodies of this city, with the view of removing the restrictions imposed upon the business of the port by the Government quarantine at Capes Charles and Henry, at the mouth of the Chesapeake, has caused a surprising change of mind on the part of our authorities with reference to the need of such quarantine. Not eight weeks ago we found the Health Commissioner offering resolutions requesting the Secretary of the Treasury to immediately place a rigid quarantine between the Capes. That this was not done without the knowledge and sanction of the Mayor we feel assured. Now when the Secretary has complied, the Mayor writes to him that the quarantine seemed to him, "so far as the vessels bound to this city are concerned, not be needed at this time." He is satisfied that a local quarantine will be amply sufficient to protect the city, and is therefore constrained, in behalf of our commercial interests, to request that vessels bound to Baltimore may be allowed to come to our local quarantine station without detention. The Secretary replies that on no account will vessels having cases of infectious disease on board be allowed to come up the bay except after the removal of the sick to the quarantine hospital and upon a special request in each case; all other vessels will be allowed to pass. These authorities of ours who control the interests of our health and lives must have very fickle understandings; they hardly seem to know what they want two months in succession.

THE LICENSING OF PLUMBERS BY MUNICIPALITIES.—The Town Council of Bradford, England, has recently adopted by-laws to regulate the laying, fixing and fitting of pipes for the distribution of water and gas in houses and other buildings. These by-laws not only provide for an efficient method of doing this work, but also enact that no person shall act as a plumber within the borough who is not duly licensed by the corporation for the purpose. As was to be expected, a strong effort was made against a system of licensing this body of tradesmen, on the ground that licenses might as well be required for masons, joiners and slaters. The Town Council was wise enough to understand the responsible nature of the duties of plumbers, and the necessity of throwing around this branch of trade proper restrictions and qualifications to guarantee an efficient service. The average citizen has some means of protection against the bad work of the mason, joiner and slater, but how few people are able to judge of the fitness of the plumbing done in dwelling houses is shown by the vast amount of wretched work which is passed off on the purchasers and renters of houses in all of the large cities. The plumber's trade offers the widest field for the practice of faulty and irregular methods, and, perhaps, on this account is adopted by many unreliable people. In every city by-laws similar to those adopted by the Town Council of Bradford should be in force. A system of license will work no injury to the honest and skilful plumber, but rather enhance the value of his trade by regulating his prices through the crowding out of an inferior and unscrupulous class of workmen.

THE PHYSICIAN HIMSELF.—The third edition of this most excellent book has been issued by the publishers, Messrs. Cushings & Bailey, of this city. The book has had a most remarkable sale, two large editions having been exhausted within a period of twelve months. The fact is the book is one which every physician may read with profit. We are not surprised that there has been an unusual demand for it. The present edition contains numerous improvements. The author, Dr. Cathell, is to be commended for his effort to make the book a model guide in medical ethics, and, may we add, medical æsthetics.

PERSONAL.—Dr. Robert B. Morson, of this city, who has been in Europe the past two years studying Dermatology at Vienna and Prague, has recently returned home, and, it is understood, will limit his practice to his speciality. The Doctor, during his stay abroad, was a frequent contributor to this and other medical journals.

Reviews, Books and Pamphlets.

A Treatise on Therapeutics, Comprising Materia Medica and Toxicology, with Especial Reference to the Application of the Physiological Action of Drugs to Clinical Medicine. By H. C. WOOD, M. D., Professor of Materia Medica and Therapeutics, and Clinical Professor of Diseases of the Nervous System in the University of Pennsylvania, etc. Fifth Edition. Revised and Enlarged. Phila: J. B. Lippincott & Co. 8vo. 1883. Pp. 740. For sale by Cushings & Bailey, Baltimore. Price in Cloth $6.

Prof. Wood is well known as one of the earliest advocates of the physiological method of studying the effects of drugs in contradistinction to the older, and, until about a quarter of a century ago, the almost exclusively employed one, of clinical observation. In the preface to his first edition, published in 1875, he gave his reasons for adopting this method. Whilst not denying the benefits derived to practical medicine by the empirical method—"a highway already worn with the eager but weary feet of the profession for two thousand years"—he complains of the shifting nature of the knowledge thus gained, scarcely anything being permanently and indisputably established "beyond the primary facts that quinia will arrest an intermittent, that salts will purge, and that opium will quiet pain and lull to sleep." The changes and inconsistencies and absurdities of the past have led to their legitimate results—the therapeutic nihilism of the present. This is strong language but that there is much to justify it we must acknowledge.

The effects of drugs, says the author, are not to be determined by a study of their use in disease. To the natural complexity of the subject are then added the new and varying phenomena due to the morbid processes going on within the system. The rational use of remedies demands that we should ascertain their effects first upon the lower animals or upon healthy human beings. To the objection —so commonly made and by its offerers considered so unanswerable—that drugs do not act upon the lower animals as they do upon man, the author replies that it is not true, that the differences are apparent not real, and that the more our knowledge increases the fewer exceptions there are to this statement. In many cases the differences depend upon varia-

tions of susceptibility, of which an illustration is afforded by atropine, which will produce convulsions or paralysis according as the spinal cord or nerve trunks exhibit most susceptibility to that agent. So the more highly developed cerebrum of man receives the full narcotic effect of opium whilst the proportionately developed spinal centres of the frog manifest the effects of the drug first in the production of tetanic convulsions. Great differences of function also influence the effects of drugs, as in the alimentary canal of the herbivora and carnivora.

It is a one-sided view, however, that ignores the practical test of remedial agencies at the bedside, and whilst the exclusive scientist will give the preponderance to his experimental researches, the physician who has to to deal with disease in its realities will demand the clinical tests before being willing to accept as true pathologically what has been proven so physiologically. We would not at all underrate the value of laboratory research, nor ignore the desirability of having such a scientific basis for our therapeutic knowledge, but the little practical benefit thus far gained by such means should inculcate modesty in its advocates, and we doubt whether the author will ever realzie his conception of a scientific treatise, viz: one which "would in each article simply show what the drug does when put into a healthy man and afterwards point out to what diseases or morbid processes such action is able to afford relief."

The plan of Dr. Wood's work is probably well known to most readers. A brief introduction ushers in a classification remarkable for its simplicity and designed only, as the author says, to serve as "a convenient row of pegs upon which to hang our ideas and facts so that they may be easily retained and be easily accessible when wanted." He thus recognizes the temporary and transient nature of any system of arrangement than can at present be adopted. Briefly he makes two divisions—drugs and not drugs; the former are further divided into those which act on the solids and fluids of the body (a. general, b. local), and those which act externally to the body.

It would evidently be impossible to deal with the details of this work. Every page shows the hand of a master. It is an authority wherever civilization reigns. The literature of the world is rendered tributary to it. It not only compiles facts scattered far and wide for the use and convenience of the reader, but it sifts them and seeks to present an accurate picture of what is actually known at the present day in regard to the agents which are employed in the treatment of disease. It is particularly rich, as may be inferred, in all that relates to the physiological or experimental side of remedies.

The entire work, with the exception of a few pages, deals with the individual remedies. An appendix conveys information in regard to the art of prescribing.

Two omissions have struck us, one, absence of mention of oleum santali flavi, the other, failure to mention the excellent work done by Messrs. Donaldson and Stevens, of the Johns Hopkins University, in connection with the influence of digitaline on the heart. Can the latter have been a mere oversight?

E. F. C.

The New York Post-Graduate Medical School. Announcement of Second Year, 1883–84. 8vo. Pp. 16.—*The influence of Digitaline on the Work of the Heart and on the Flow through the Bloodvessels.* By H. H. Donaldson, A. B., Fellow of the Johns Hopkins University, and L. T. Stevens, A. B. (Reprint). 8vo. Pp. 197.—*Louisville School of Pharmacy for Women.* Announcement for 1883-4. 8vo. Pp. 16.—*Some Remarks on Naso-Aural Catarrh and its Rational Treatment.* By John N. Mackenzie, M. D. (Reprint from Trans. Med. & Chir. Faculty of Md.) 8vo. Pp. 22.

Miscellany.

Subcutaneous Ligature of Varicose Veins.—At the meeting of the British Medical Association, recently held in Liverpool (*British Med. Journ.*, August 18, 1883), Mr. W. H. Folker read a paper on this subject. Formerly, he adopted the method of treatment by potassa fusa and lime eschar, but at present he only uses the ligature or suture. Either of these, which are applied merely till a clot is produced in the vein, and then removed without completely dividing it, he considers not only unreliable, but dangerous, as the clot might subsequently become loose, and be carried up the vein.

Whatever method is adopted, it is absolutely necessary that a complete division of the vein should be effected; but, that accomplished, he thinks the more formidable operations of slitting up or dissecting out portions of the vein are then quite unnecessary. A hare-lip pin passed under the vein, with silk twisted over it, is effective if allowed to cut its way through; but it is clumsy, and also very uncomfortable to the patient to have three or four needles in his legs, with the cut ends projecting, however carefully they may be dressed. The brooch with pad and screw only serves to stop circulation in the vein till a clot is formed; but it does not sever the

vein completely, and is, therefore, not to be depended upon.

The plan which he now proposes to bring before the profession is that of subcutaneous ligature of the vein; it will be found safe, efficacious, and very simple and easy to apply. It is safe; for the ligature is applied with the slightest possible disturbance of the surrounding parts. It is efficacious, as it completely stops all circulation in the vein for ever afterwards; and the operation is extremely simple and easy to be performed.

A very small incision is made on each side of the vein, of the width of a tenotomy knife. The ligature is then passed under the vein with a curved needle, which is made to enter at one incision, and is brought out at the other and withdrawn, leaving the ligature *under* the vein. The straight instrument, which is just sharp enough to go through fat and cellular tissue, but not sharp enough to endanger a vessel, is passed from one incision to the other between the skin and the vein; it is then threaded with the ligature and withdrawn. The ligature now encircles the vein, with both its ends through the first incision. It is tied as tightly as possible, and the ends cut off closely. If a spot of blood remain, it is to be sponged away, the skin dried, and the incisions pencilled over with collodion, and the operation is complete.

Of course he does not pretend to say there is anything new in tying a varicose vein subcutaneously, though he wishes to suggest its more general adoption, as being thoroughly effectual, aud by using the little instrument devised for the purpose, the operation may be performed in the easiest manner possible, even by any one not much accustomed to operating. There is nothing unsightly for the patient to see, and the part may be easily and comfortably dressed.

This last may be considered by some a trivial matter, but many of the patients will be induced to submit to this, who would be frightened at the idea of a cutting operation.

Mr. J. R. Humphreys (Shrewsbury) said that he had applied the various methods for the relief of varicose veins, and amongst them the method of subcutaneous ligature; but of late he had cut down on the vein, and tied it below and above, and about an inch apart, and cut the intermediate portions. He had had some troublesome cases of varicocele which he had readily cured by this means, and had no bad result.—*Med News.*

Persistent Hiccough Due Apparently to Tubercles Pressing on the Phrenic or Pneumogastric Nerve.—*Stevenson* reports the case of a man, æt. 44, who was seized with pain in the lumbar region gradually extending around to the epigastrium and accompanied by thick and scanty urine. During the next four weeks there was some improvement but there was continuance of pain in the back. He then left hospital but returned in four months with supposed abdominal aneurism. There was distinct pulsation felt in the epigastrium, he was emaciated and had an anxious expression. Hiccough continued unrelieved except by an occasional purgative until his death three weeks later. On *post-mortem*, pericardium was adherent to the heart, and upper lobes of lungs firmly attached to chest walls by old adhesions. Numerous small caseous masses were found in the lungs and at the root of each, large masses the size of almonds surrounding the bronchus, and implicating probably either the phrenic nerve in front, or the pneumogastric behind.—*Lancet.*

Iodoform as a Wound-Dressing.—*Dr. J. Edwin Michael*, of this city, contributes to the *Medical News* (Sept. 8th, 1883) an instructive article on the above-named subject. He refers to the need among surgeons of a dressing capable of preventing the presence or destroying the vitality of micro-organisms, and then contributes to the general study of the subject an experimental study of one of these agents, viz., iodoform. He next gives an account of its introduction into surgical practice; its use by others and then the results of his own experience, which are based upon a study of fifteen surgical cases treated at the University Hospital since January 1, 1883.

The summary of results is as follows: Greater amputations, 4; sequestrotomy, 1; axillary tumors, 4; amputation of breast and axillary glands, 3; atheroma of back, 1; tumor of neck, 1; hydrocele laid open, 1. In these fourteen greater operations, excluding atheroma of the back as rather a small matter, there was seen no septic trouble whatever. The highest temperature reached was 103°, which occurred upon the supervention of a pleuritis in a patient whose surgical condition was excellent.

There were two deaths, one of fatal injury and one which is regarded as due to iodoform poisoning. In this case the order to discontinue the dressing of iodoform had been given but the order was not carried out through a misunderstanding upon the part of the student in attendance, who continued to dress the wound with iodoform until the day of the patient's death. "I believe if my order had been carried out this patient would, in all probability, have been counted among the successful ones."

Dr. Michael's experience seems to justify the following conclusions:

1. It is a most valuable and convenient dressnig, possessing great antiseptic power, and being perfectly simple in its application.

2. Its local anæsthetic power adds to its other advantages as a wound dressing.

3. It decreases secretion in wounds, thereby making dry and infrequent dressing possible.

4. It does not prevent healing *per primam.*

5. It is dangerous, and should be used with great circumspection, especially in old and debilitated subjects and those with weak hearts.

YELLOW FEVER IN LOUISIANA.—*Dr. S. M. Bemiss*, of New Orleans, in a paper with the above title (*New Orleans Med. and Surg. Journal, Sept. 1883*), closes with the following propositions:

First. There are no facts in this report sustaining a theory that yellow fever is indigenous to any part of Louisiana.

Second. There are no facts sustaining a theory that its infection is capable of a "new creation," or "*de-novo* origin" in Louisiana.

Third. There are no facts sustaining a theory that yellow fever poison has ever become permanently domiciled in Louisiana.

Fourth. Numerous and indisputable facts show that the yellow fever poison has been often imported from foreign countries into Louisiana, and afterwards carried from the first point of infection to other parts of the State.

Fifth. The communication of yellow fever from one town to another, or from one rural location to another, is effected in one or the other of two modes; (*a*) it is carried in the person of an individual already sick with yellow fever, or who being in the incubative period falls sick after reaching the locality; or, (*b*) the infection is transported in some form of fomites.

Sixth. In no other manner than through one or the other of these agencies can new foci of distribution of yellow fever infection be formed, which are separated by any considerable distances, say two or three miles, from an infected locality.

Seventh. No facts sustain a theory that the poison of yellow fever is capable of being wind-wafted through any considerable interval of space in such a state as to preserve its noxious properties.

Medical Items.

DR. MATTHEW HAY, assistant to the Chair of Materia Medica in Edinburgh University, has been appointed Professor of Medical Jurisprudence in Aberdeen University, in place of Prof. Ogston, retired. =Jonathan Hutchinson sums up his advice to medical students in the following formula: "Prize strength, love the beautiful, practice self denial, and be patient."=A writer in the *Med. Times* asserts that alcoholism is unknown in Brazil. Coffee is the substitute for malt and spirituous beverages.=Sir William MacCormac, it is stated, will attend the next meeting of the Tri-State Medical Society at Indianapolis.=The forthcoming volume of Transactions of the Medical Society of Virginia will be published separately from any medical journal. =The total membership of the Medical Society of Virginia has increased to over 450 during the present year. Its recent meeting was a pronounced success and its future is very bright.=The celebration of the one hundredth anniversary of the establishment of the Medical School of Harvard University and the dedication of its new building, will take place October 17th, 1883. The programme arranges for an address by President Eliot, an oration by Dr. Oliver Wendell Holmes, presentation of a portrait of Prof. Holmes and a bust of H. J. Bigelow, dedication of the new building to the purposes of medical instruction, reception of subscribers to the building fund, and invited guests, by the Medical Faculty, and exhibition of the building.=The *New York Medical Journal* of Sept. 15th, entitled the "Student's Number," gives much useful information concerning the medical colleges of the United States and Canada. The list includes 67 non-sectarian colleges recognized by the Illinois State Board of Health. The list is incomplete, as it fails to take notice of two medical schools in this city. Baltimore should be credited with four instead of two medical colleges.

LIST OF CHANGES IN THE MEDICAL CORPS OF THE NAVY during the week ending Sept. 15, 1883:

Surgeon G. S. Beardsley and P. A. Surgeon George C. Lippincott detached from the "Galena" and placed on waiting orders.

P. A. Surgeon H. T. Percy detached from the Naval Hospital, Norfolk, and ordered to the U. S. S. "Galena."

Surgeon George A. Bright detached from the Naval Rendezvous, Philadelphia, on Sept. 30th, and ordered to the "Galena" Oct. 1st

P. A. Surgeon R. A. Urquhart ordered to the "Alert" on Oct. 6th, and on the arrival of that vessel at Yokohama, Japan, to be detached and to report for duty at the Naval Hospital at that place.

P. A. Surgeon M. H. Simons to be detached from the Naval Hospital, Yokohama, Japan, on the reporting of his relief, and ordered to the U. S. S. "Alert."

LIST OF CHANGES IN THE MEDICAL DEPARTMENT, U. S. ARMY, SEPT. 10 TO SEPT. 17, 1883:

Bartholf, John H., Captain and Assistant Surgeon: station changed from Fort Lapwai, I. T., to Vancouver Barracks, W. T. (Par. 2, S. O. 123 Dept. of the Columbia, Sept. 6, 1883).

Banister, J. M., First Lieutenant and Assistant Surgeon: assigned to duty at Fort Adams, R. I. (Par. 3, S. O. No. 170, Department of the East, September 10, 1883).

Selected Papers.

ABSTRACT OF A LECTURE ON CATARRH OF THE NASO-PHARYNX, OR AMERICAN CATARRH.

Delivered at the London Hospital Medical College.

BY MORELL MACKENZIE, M. D.,

Lecturer on Diseases of the Throat.

(After defining the disease, and giving a short account of its very meagre literature, the lecturer remarked that postnasal catarrh was much more common in this country than was generally supposed, but that it was much milder than in America, where it was so universal, that it might be looked upon as the national complaint. In referring to the cause of this affection, the lecturer gave the results of his recent observations in America in the following terms):

Though I would not for a moment place my experience of American catarrh on a level with that of any of the eminent specialists who have given attention to the subject in the United States, I may remark that, in a recent tour through that country, I had a very favorable opportunity of studying the complaint; for I not only saw examples of the disease over a very wide tract of country, but also observed the atmospheric conditions under which these cases occurred--enjoying, moreover, the great advantage, in many localities, of discussing the subject and hearing the views of able physicians who had been studying the affection on the spot for many years. I was greatly astonished at the very wide diffusion of the affection. I met with it all over the Eastern States; it was very common in Chicago and St. Louis, which may now be called the central cities of America; I found it prevalent in Nebraska, and, to a slighter extent, in Utah; and, again, I encountered it on the Pacific coast, finding it very common in San Francisco. I had not the opportunity of seeing any patients in Nevada, as I merely travelled through that State without stopping; but in London I have treated many American travellers for postnasal catarrh, who had acquired the disease on the alkaline plains of the Silver State. I also saw a good many patients suffering from catarrh of the naso-pharynx in Colorado. In Southern California and Arizona, I scarcely met with any cases; and in Canada, the affection, though much more common than in Europe, did not seem to be so universal as in the States. American catarrh, it would seem, principally prevails between latitude 44° and latitude 38°.

My travels in America were made in the latter end of August, and in September and October—that is, during the most favorable season of the year; and I have little doubt that, had I been there in the winter, I should have seen a great deal more of this wide-spread ailment. In many of the regions referred to, there are local conditions which tend to irritate the mucous membrane. Thus, all along the entire eastern sea-board the atmosphere during the winter months is cold and moist, whilst in the summer it is excessively hot. In San Francisco, fogs prevail in the summer months in the early part of the day, whilst in the afternoon a cutting wind blows continuously. In Colorado, on the other hand, the climate was so extraordinarily dry, that only those who have been there can thoroughly appreciate it. The inhabited portion of the country consists of extensive plains situated at an elevation of 5,000 or 6,000 feet above the level of the sea. The dryness of the climate may be gathered from the fact that not a drop of rain falls during nine months of the year; the result being that no trees can flourish, the scrub oak being almost the sole representative* of our forest-trees, and this being only found in the narrow valleys, or canons, as they are called. Indeed, so extremely dry is the soil, that not unfrequently all the prairie-grass perishes. The atmospheric conditions, though admirably suited for some forms of consumption, are nevertheless extremely irritating to the mucous membrane of many persons. The white alkaline dust, which covers hundreds of miles in Nevada is also met with here and there in Colorado. In the winter and spring, the winds are often rather strong, and it will easily be imagined that at such times the abundant dust of this extraordinarily dry country is very irritating.

The soil of the American continent differs so widely in different parts, that it is impossible to suppose that it is concerned in

* The cotton-tree, though indigenous in certain parts of South America, appears to be an exotic in Colorado, and I only saw it as an ornamental tree in the streets and gardens of some of the cities.

the etiology of the affection. Again, it will be readily understood that the meteorological conditions over this vast area are so various that they cannot be regarded as a cause acting with anything like uniformity. The general character of the atmosphere of the American continent, as compared with that of Great Britain, and also with most parts of Europe, is that it is drier, that the changes of temperature are more sudden, and the extremes of temperature much greater. There is nothing, however, in these conditions to account for the localization of the complaint in the naso-pharynx; and it would seem that postnasal catarrh is not due to what may be strictly called climatic influence, but to something which is accidentally introduced into the atmosphere of widely differing localities; in other words, that there must be irritant particles floating in the air over very wide areas. This is actually the case, for *dust* is to be found everywhere in America.

The universal prevalence of catarrh is, indeed, fully explained by the abundance of dust, both in the country and in the cities. Owing to the immense size of the country, and its sparse rural population, the country roads have not, as a rule, been properly made, and, except in some of the older States, are merely the original prairie tracks. In the cities, notwithstanding the magnificence of the public buildings, the splendor of many of the private houses, and the beauty of the parks, the pavement is generally worse than it is in the most neglected cities of Europe; such, indeed, as are only to be found in Spain or Turkey. It must be recollected also that whilst in the decayed towns of the Old World there is very little movement, in the American cities there is a ceaseless activity and an abundance of traffic. Hence, the dust is set in motion in the one case but not in the other. The character of the dust, of course, varies greatly, according to locality. In some parts it is a fine sand, in others an alkaline powder; whilst in the cities it is made up of every conceivable abomination, among which, however, decomposing animal and vegetable matters are not the least irritating elements. An idea may, perhaps, be formed of the state of the atmosphere, from a consideration of the fact that in many cities the functions of the scavenger are quite unknown.

That a dusty atmosphere is the real cause of postnasal catarrh is rendered probable by a consideration of the anatomical relations of the naso-pharynx. For owing to its being a *cul-de-sac* out of the direct line of the respiratory tract, particles of foreign matter which become accidentally lodged in its upper part are got rid of with difficulty—most likely by an increased secretion, which, as in the case of the conjunctiva, washes away any gritty substance which may temporaily alight on the membrane. As regards the larynx, irritating dust is expelled by coughing, which may be either reflex or voluntary; and again, in the case of the nasal passages, the minute particles of matter which constitute dust are expelled, if they happen to be obnoxious, either by sneezing or blowing the nose. But reflex acts, such as coughing and sneezing, have no effect on the upper part of the naso-pharynx, and it is only by a voluntary act, known as "hawking," that this cavity can be partially cleared. It is probable also that, owing to the sensibility of the naso-pharyngeal mucous membrane being less acute than that of either the nose or the larynx, minute foreign bodies accidentally lodged in the vault of the pharynx do not cause an amount of discomfort at all corresponding to that in the adjacent parts; hence particles of matter are more likely to remain *in situ* for a long time in the postnasal region than in either of the other parts, and are, of course, very apt to set up disease. In this country, the complaint is most common in persons whose pharynx is large in the antero-posterior direction, a form of throat which facilitates the entrance, without favoring the expulsion, of foreign particles.

Whilst, however, it is highly probable that dust is the most frequent cause of postnasal catarrh, no doubt it is not the only one. Many circumstances favor its development. Some physicians have attributed it to the custom of overheating houses by hot air and steam, as is commonly done in America. In the winter, the temperature is never allowed to fall below 70°, and is generally much higher. The sudden passage from this temperature to that of the street is often not unlikely to set up catarrh; but as the same mode of heating is used in Russia without, as far as I am aware, giving rise to any postnasal affection, its influence cannot be very great. The importance of heredity in the etiology of catarrh has been recently strongly in-

sisted on by Bresgen (*Der Chronische Nasen und Rachen-Katarrh*, Wien und Leipzig, 1883, p. 47); and although no extensive series of exact observations have yet been made on this point, there is every probability that a disposition to catarrh may be inherited. I have seen so many instances, however, in which foreigners making a short stay in America have become affected with postnasal catarrh, that I think there is little doubt that atmospheric conditions—and those, let me add, of an accidental and controllable character—are much more powerful than heredity.—*Brit. Med. Journ.*

Clinical Notes.

DISLOCATION OF THE HUMERUS FROM SNEEZING.

BY WM. RICKERT, M. D., OF BALTIMORE.

John Gökel, of this city, aged 25 years, a German of extraordinary muscular development, whilst engaged in cleaning a horse, on the morning of the 21st inst., felt an inclination to sneeze. He therefore stopped his work, and, raising his left arm high above his head and allowing his left hand to rest against the side of the stable, he forthwith—in the position described—gave vent to a violent sneeze, with the result of feeling and knowing that the head of the left humerus had suddenly left its usual locality with a celerity of movement, equal only to his surprise at finding himself with an infra-clavicular dislocation of the bone mentioned.

He immediately presented himself at my office, at the unseasonable hour of 4 A. M., for treatment, where, with the friendly aid of chloroform and the usual manipulations, the offending member was reduced.

Upon inquiry, the patient informed me that the same accident had now occurred for the third time within a year, each time from a different cause.

The explanation of the accident above described seems to me to be: First, the fact that its occurrence twice before left the joint—if I may be allowed the expression—predisposed to a return of the dislocation upon any unusual or great exertion; second, the position in which the patient stood whilst sneezing.

520 Pennsylvania Avenue.

Correspondence.

LETTER FROM WASHINGTON.

WASHINGTON, Sept. 18, 1883.

Editors Maryland Medical Journal:

The medical event of the past week in Washington was the thirty-first annual meeting of the American Pharmaceutical Association, whose sessions were held in the National Museum, the elegant new building adjoining the Smithsonian Institute. The meeting lasted from Tuesday the 11th inst., to Friday the 14th, and was a marked success both socially and intellectually. The Association was called to order by the President, Dr. Heinisth, of Lancaster, Penna., Prof. J. M. Maisch, of Philadelphia, Permanent Secretary. An address of welcome was made by District Commissioner West, which was followed by the President's address. In the latter, allusion was made to the deaths of the first President of the Association, Daniel B. Smith, of Philadelphia, who had reached his 91st year, and of Prof. Woehler, of Hanover, and Henry Draper, of New York, all of which had occurred during the last year. I will not undertake to follow the regular order of proceedings, but will give, with as much brevity as possible, a few details of the meeting which I consider likely to prove of interest to the readers of the JOURNAL. A number of papers of interest were read. Prof. A. B. Prescott reported the results of a comparative analysis of American and foreign specimens of iodide of potash, which indicated the superiority of the former. Mr. G. W. Kennedy, of Pottsville, Penna., in examining into the alleged adulteration of the oil of wintergreen by the oil of birch bark, found that the mixture was of frequent occurrence, and that much of the oil of wintergreen in market was, in consequence, unreliable. Prof. Remington read for Mr. Virgil Coblentz, of Springfield, Ohio, a paper in which it was stated that many of the sugar and gelatine coated pills furnished by manufacturers were deficient both in quality and quantity. Professors Oldberg and Lloyd read papers on "Specific Volume" and "Precipitates in Fluid Extracts and Tinctures," respectively. Mr. Gordon answered the question as to the production of bromine in the United States, which he stated as

450,000 to 500,000 lbs. per annum, large quantities of which are exported to Europe. Mr. Kennedy, of Pottsville, had examined four American preparations of sulphate of cinchonidine with reference to its adulteration with magnesium sulphate, with a negative result. Professors Bartlett, of Boston, and A. B. Taylor, of Philadelphia, maintained the desirability of having "a stathmetometric as well as volumetric method inserted into the pharmacopœia, thus doing away with the absolute need of measuring apparatus which are dependent upon temperature." Mr. C. K. Gallaher, of N. C., read an essay on the methods of manufacturing, adulterating and refining alcoholic liquors and the tricks practised by distillers. A paper by Prof. Wm. M. Thompson, of Philadelphia, upon the manufacture of fluid extracts on a large scale was next read.

The membership of the Society is nearly 1,400, and the Treasurer reported that there was $7,000 in the treasury and that all bills had been paid.

The Elbert prize was awarded to Mr. J. A. Lloyd, of Cincinnati.

The ballot for officers resulted in the election of Mr. W. S. Thompson, of this city, as President, and Dr. Charles Rice, of New York, as First Vice-President.

There were 80 applications for membership during the convention, and there were fifty exhibitors.

Among important resolutions were—one appointing a committee to collect and deposit specimens in the National Museum, the authorities having invited the Association to make that the depository of such a collection, which will be kept separate and known as the collection of the Association; one looking to memorializing Congress with reference to a national pharmacy act; one directing the Legislative Committee to continue its efforts to elevate the position of apothecaries in the army and navy, and a fourth protesting against the sale by Government of drugs and medicines which have been condemned by the drug examiners. The Legislative Committee reported that steps had been taken with a view to the repeal of certain arbitrary laws relating to patent medicines, and also with a view to the institution of examinations of navy and army druggists and pharmacists generally.

Mr. Colcord, of Massachusetts, offered a motion, to ask Congress for an appropriation of $25,000 in order to introduce foreign plants into this country, for the growth of many of which our climate was said to be peculiarly favorable, and for the propagation and care of many indigenous plants which are scarce and almost extinct; this motion was referred to the council.

The hospitality of the Washington pharmacists was almost boundless, and their arrangements were complete and carried out in the most successful manner. Among the entertainments which they provided lavishly for their guests, who numbered about 600, were a banquet at Abner's, a very recherchée affair; a concert by the Marine Band, the Apollo Club, Arion Quartette and other prominent musicians, at the Congregational Church; a hop at the National Rifles' Hall; and a trip to Mount Vernon and a dinner spread on the lawn in the rear of the mansion; whilst for the ladies a special entertainment at Arlington was provided. If the Washington doctors take as good care of their brethren of the American Medical Association next spring as the druggists have done of theirs, a most enjoyable time awaits us.

The next meeting of the Pharmaceutical Association will be held in Milwaukee on the last Tuesday in August, 1884.

A subject that is interesting the Navy doctors at this time is the status of Surgeon-General Wales. Unlike the Army, the chief medical officer of the Navy holds his position only temporarily, being liable to be displaced at the end of four years. Dr. Wales entered upon his present duties in 1879, and it has been claimed that his service terminates in the ensuing December. Upon being interrogated upon this subject, Dr. Wales stated that he was nominated December 3, 1879, and commissioned January 26, 1880, and during this interval was merely acting Surgeon-General. It will be recollected that there was much opposition to his appointment, it being claimed that there were others who by right of seniority were entitled to the position. Medical Directors Gunnell and Horwitz are said to be the present aspirants for the office. I have heard criticisms of Dr. Wales, but only of a personal character; professionally I have only heard him spoken of as a man of ability and a skilful surgeon. This rotation of office cannot, it seems to me, fail to work injury to the efficiency of the

service. I could hardly credit it when I first heard of it.

I saw to-day a specimen of the ice which is manufactured in Georgetown and obtains here a ready sale at the same rates as the natural article. It is moulded in the form of thick blocks, and is remarkably pure looking and inviting. The capacity of the manufactory is about forty tons a day; similar manufactories have been established in Richmond, Havana, Oakland, California, and in Honolulu. The ordinary drinking water is employed, but it is filtered ten times before use.

In a former letter I stated that the ground had been purchased upon which the Garfield Hospital was to be erected, and that building would be begun at once. That statement was obtained from the best authority, and in further confirmation of it, I learn that the plan has been adopted, and bids will be invited at once. At present the funds will allow of only a small pavilion (the pavilion plan having been adopted), but the building already on the ground will be also utilized The trustees have wisely availed themselves of Dr. Billings' advice and experience, which are considered quite essential now to any first-class work of this sort in this latitude.

The winter's work at the colleges was inaugurated on the 1st Monday in September at the Georgetown University Medical School, corner Tenth and E streets, by an introductory lecture delivered by the new Professor of Anatomy, Dr. Frank Baker. The hall was packed. I learn that there is a very fine class in attendance. Dr. T. E. McArdle has resigned his position of Lecturer on Venereal Diseases in this School, and has been succeeded by Dr. A A. Hoehling, U. S. N.

The National will open on the 1st Monday in October by an introductory by Prof. A. F. A. King.

The Societies will commence their meetings shortly. The Medical Society has its first next Wednesday. The Obstetrical will inaugurate its session on the 1st Friday in October with an address by the President, Dr. S. C. Busey, to be followed by a paper on Cholera Infantum, by Dr. McArdle. The meetings of this Society are held at the houses of members successively, on the first and third Fridays in each month; collations, however, are prohibited, as also the *use of tobacco* during the sessions A fine of $2.00 is imposed upon each member failing to contribute to the work of the Society in accordance with the appointments made by the Committee on Business, and non-attendance also subjects the absentee to a fine of 25 cents. Excellent rules if only carried out.

E. F. C.

Society Reports.

AMERICAN GYNECOLOGICAL SOCIETY. EIGHTH ANNUAL MEETING, HELD AT PHILADELPHIA, SEPTEMBER 18 TO 20 INCLUSIVE.

(*Specially reported for Maryland Med. Journ.*).

The Eighth Annual Meeting of this Society was called to order on Tuesday, September 18th, at 10 o'clock, by Dr. Gilman Kimball, of Lowell, Mass., President. Thirty-one members answered to the roll-call. Dr. Edward Duer, of Philadelphia, delivered an address of welcome.

Dr. Joseph Taber Johnson, of Washington, D. C., read the first paper, entitled "SUPER-INVOLUTION OF THE UTERUS." The object of the paper was to invite discussion and to throw light upon a hitherto obscure class of cases. The condition is believed to be uncommon, but one writer has found it to occur in one per cent. of all cases. The extent may vary from a slight shortening to an entire obliteration of the uterus and ovaries. Super-involution only occurs after the process of involution has been set in progress by the emptying of a uterus once occupied by a body which has produced its increase in size beyond the normal piont. Dr. Johnson had observed four cases in his own practice which were related. He gave a summary of the literature of the subject. In the treatment of the condition electricity is a most important agent and should be faithfully tried. In a great majority of cases the condition is incurable.

In the discussion of this paper *Dr. Fordyce Barker*, of New York, regarded it a difficult point to decide as to the frequency of the affection, but inclined to the opinion that it occurred quite as frequently as indicated by Dr. Johnson. Treatment in a large majority of cases he regarded as of no benefit. The class most benefitted were those in whom active ovulation was going on. The existence of ovulation, associated with this condition of the uterus, was made manifest by disturbances of the vascular and nervous systems at or near the menstrual period, such as intense headaches, flushing of the face and congestion of the eyes, pelvic pain, and sense of dragging with nausea and vomiting, etc. Electri-

city was one of the agents he had employed most frequently.

Dr. Jackson, of Chicago, regarded the diagnosis between superinvolution and a premature menopause very difficult. It was an important practical question to determine whether or not the condition originated in the uterus.

Dr. Van de Warker, of Syracuse, N. Y., drew a distinction between those cases in which the cervix alone is involved, and those in which the condition affected the body of the uterus. Involution may be confined to the cervix as is shown by certain cases of laceration in which the posterior lip is atrophied and the anterior normal.

Dr. H. P. C. Wilson, of Baltimore, regarded the condition of superinvolution exceedingly uncommon. He was able to recall only two or three cases in women who have borne children or had miscarriages. He thought treatment would benefit those cases where the ovaries were in a normal condition.

Dr. Battey, of Rome, Ga., remarked that superinvolution had followed in a majority of cases after the removal of the ovaries by his operation. He regarded the affection as due to a want of proper ovulation.

Dr. R. S. Sutton, of Pittsburg, Pa., read the next paper, entitled "The Importance of Cleanliness in Surgical Operations." He gave a review of the views entertained from time to time concerning the real nature and treatment of surgical cases. The germ theory and the method of Mr. Lister were fully discussed. The conclusion reached was that cleanliness rather than antiseptics gave the best success in the treatment of surgical wounds. He insisted upon close attention to details, such as preparation of instruments and ligatures, regulation and preparation of assistants and nurses, etc.

Dr. S. D. Gross, of Philadelphia, was invited to open the discussion, but he declined on the ground that he came to listen and to be instructed. He thanked the Society for the compliment.

Dr. W. T. Lusk, of New York, favored the use of the spray as of positive advantage in the greatest number of operations.

Dr. H. P. C. Wilson, of Baltimore, used the spray to render the air of the operating room antiseptic, but did not continue to use it during the performance of the operation.

Dr. Campbell, of Augusta, Ga., was of the opinion that as good results were obtained in surgical practice before the antiseptic method was brought forward as now.

EVENING SESSION.

At the next meeting, afternoon session, *Dr. Albert H. Smith*, of Philadelphia, read a paper on "Hot Water in Secondary Hemorrhage after Pelvic Operations." Dr. Smith stated that the value of this agent was recognized, and received constant employment in the larger cities, but he was impressed with the idea that in other localities its specific action was not fully appreciated. He had used it with great advantage in hemorrhage occurring with pregnancy, and also in post-partum hemorrhage. He used it as a prophylactic against hemorrhage in every case of labor, and regularly employed it in hospital practice for this purpose, injecting the vagina with water at a temperature of 115° to 120° F., sufficiently impregnated with some disinfectant. He referred to its use after plastic operations, and made special mention of the value of the hot-water douche as a means of controlling secondary hemorrhage from opening of large vessels. There were three points to which especial attention was directed: 1. The great advantage of the hot-water douche over all means for arresting secondary hemorrhage; 2. Its entire efficiency as a hæmostatic where it can be carried to the source of the hemorrhage; 3. The simplicity of its application. In the discussion of Dr. Smith's paper, Dr. Reamy, of Cincinatti, Dr. Chadwick, of Boston, Dr. Goodell, of Philadelphia, Dr. Wilson, of Baltimore, all advocated the use of the hot douche as a hæmostatic.

Dr. Campbell, of Georgia, relied upon the use of tincture of iodine to three or four parts of water as an injection into the uterine cavity in post-partum hemorrhage. He endorsed what had been said in favor of the hot-water douche.

Dr. Goodell called attention to the efficacy of hot vinegar as a hæmostatic.

Dr. Mann, of Buffalo, reported a case in which he was unable to control the hemorrhage with the hot-water douche.

Dr. Barker wished to know what hæmostatic should be used when there was imminent risk of losing the patient's life, and a delay of fifteen to twenty minutes for the action of hot-water could not be permitted. He had used in one such case the application of cotton wet in Squibb's fluid extract of ergot, and suggested that it might be of service in other cases.

The next paper was read by *Dr. C. D. Palmer*, of Cincinnati, entitled "Some Points Connected with the Subject of Dysmenorrhœa." The author introduced arguments to prove that dysmenorrhœa is not due to mechanical conditions but that it is a functional disease, essentially a neurosis. It occurs without any abnormal condition of the uterus, and there are instances in which well-defined abnormalities of the uterus exist without dysmenorrhœa. There are well-defined cases

of flexion and stenosis without menstrual pain. In all cases the treatment should be constitutional until the necessity for local exploration becomes apparent and justifiable. The cases requiring local treatment he regarded very rare after thorough general treatment had been tested. Iron, arsenic, nux vomica and phosphorus are important agents. Electricity may be serviceable in the neurotic and rheumatic forms of the disease. He directed special attention to two remedies: 1, concentrated tincture of cimicifuga racemosa in moderate doses three days prior to the period and continued in moderate doses throughout the flow; 2, tincture of pulsatilla given in a similar way. Dilatation was advocated only in the neurotic spasmodic forms, and then only after the failure of constitutional treatment.

In the discussion which followed, *Dr. Barker* stated that he was in thorough accord with Dr. Palmer, but wished to supplement the paper with some new points concerning treatment. He believed that mechanical obstruction, as a cause of dysmenorrhœa, existed only in a very small percentage of cases. He believed there are two forms of the disease, one dependent upon the uterus and the other ovarian. In regard to treatment he fully agreed with the author of the paper concerning the efficacy of iron. He generally used the lactate in 3 to 5 grain doses three times a day, generally associated with chlorate of potash. Apiol is a remedy regarded almost specific in uterine dysmenorrhœa. To get its good effects it should be administered at least two days before the period returns, and kept up in the period. There is another form of the disease in which pain does not begin until the flow has continued two or three days. These patients are usually strong, of full habit, complain of headache, vertigo and imperfect vision. They belong to the ovarian variety. In these patients he uses the bromides, preferably the bromide of sodium, beginning about a week before the period, and administering from ten to fifteen grains in the middle forenoon, afternoon and at bed time. Apiol is also serviceable in these cases.

On the morning of the 2nd day the Society was called to order at 10 A. M. by the President.

The President, Dr. Gillman Kimball, of Massachusetts, then delivered the annual address, which was a "BIOGRAPHICAL SKETCH OF DR. NATHAN SMITH, FOUNDER OF THE DARTMOUTH MEDICAL COLLEGE." The object of this address was to pay a just tribute to one who, by his genius, indomitable will and untiring energy had done more to advance the practice of medicine and surgery than any other single individual in this country. The subject of the sketch was born in September, 1762, and spent his early life in Chester, Vermont. He received a plain education from the district school during the winter, and at times taught in the school. He began the practice of medicine in the town of Cornish, N. H., when thirty-five years of age. At the end of two years he resumed his medical studies at Harvard College. After graduating from this institution he returned to Cornish, and continued to practice there for six years. He afterwards went to Europe, to perfect himself in his studies, and upon his return established the Medical Department of Dartmoth College. His first course o lectures was delivered in the fall of 1797. In 1812 Yale College decided to establish a medical department, and Dr. Smith was called upon to take the position of Professor of the Theory and Practice of Surgery. He began lecturing in this institution in 1813. In 1821 he went to Boston, and remained there five years. During the last thirty two years of his life, Dr. Smith gave instruction in about one hundred and thirty-eight special courses. He died on the 28th of August, 1829, at the age of 67 years. The speaker then referred to the subject of ovariotomy and to Dr. Smith's connection with this operation. McDowell had been termed the father of ovariotomy, and he did not raise any question as to the justice of this claim. Dr. Smith was the second to perform this operation in this country, the operation taking place in July, 1821. It was as truly original as was the first, performed by McDowell thirteen years previously. He had no knowledge of McDowell's operation, and should receive equal credit. He thought something more might be said than to chronicle the fact that Smith had the courage to follow in the footsteps of McDowell.

The next paper was read by *Dr. T. A. Reamy*, of Cincinnati, entitled "A RARE FORM OF ABDOMINAL TUMOR." The author described three cases. The first patient, 38 years of age, had been married fifteen years and was sterile. Her health was good until three years ago. At this time a tumor made its appearance just below and to the right of the umbilicus. The tumor grew to the size of the uterus at the eighth month. The surface of the tumor was irregular and lobulated. Fluctuation was distinct at every point. The tumor was movable from side to side, and, to a limited extent, up and down. Supposing it to be of uterine or ovarian origin, the author tapped the tumor with a trocar in the median line about four inches below the umbilicus. Six quarts or more of fluid, of the appearance of blood, gushed out with force. A microscopic examination showed that the fluid contained red and white corpuscles The size of the abdomen was reduced one-half by the tapping, and remains stationary to this time.

The second case presents points of resemblance to the first. The patient was 58 years of age, and before she was seen by the author she discovered an abdominal enlargement, in the shape of a small lump, below and to the left of the umbilicus. This tumor increased in size to that of the uterus of the eighth month. It then remained stationary for one year. Her general health was fair. Occasional abdominal pains and tenderness on pressure were experienced. Later there were evidences of peritonitis, with high temperature and quick pulse, which was thought to have connection with the tumor. It was not considered proper to operate, on account of the severity of the peritonitis. This, the author thought, was a blunder. The abdominal cavity should have been opened, as it would have given the patient the best chance. The patient soon died, and, upon *post mortem*, the tumor proved to be a sarcoma, filled with at least two and a half gallons of fluid, almost entirely blood. There was no connection with the uterus or ovaries. The point of origin must have been the omentum.

The third case was very closely related to case two. Impressed with the close resemblance in history and physical examination between this case and the one last related, the author advised tapping, which drew off five quarts of fluid, presenting characters of blood. Microscopical examination of the fluid showed the same characters as that removed from the other cases. This patient made a complete recovery. She is now stout and healthy.

These cases presented such points of resemblance that the author felt justified in grouping them together. He had found, in looking up the literature of the subject, a number of cases somewhat resembling those described.

Dr. C. C. Lee, of New York, thought tumors of the omentum were very rare, and that the possibility of diagnosing sarcoma of the omentum before induration had occurred had not been established. He thought that if the general rule of tapping was more frequently resorted to, our knowledge of them would be advanced.

Dr. Sutton, of Pittsburg, thought these tumors of great rarity. He believed it impossible to diagnose whether a tumor was sarcoma or carcinoma of the omentum before the abdomen was opened. He thought it a dangerous practice to use either the aspirator or trocar in a tumor containing a fluid. If the surgeon feels justified in opening the abdomen to obtain fluid for examination, the hypodermic syringe will remove all that is necessary.

He believed that in such cases the surgeon was justified in discarding not only the aspirator and trocar, but also the hypodermic needle, and opening the abdomen by an exploratory incision. With the abdomen opened, it is possible to determine the location and attachment of the growth. If the tumor is believed to be malignant after the opening has been made, the best surgery is to close the wound without disturbing the growth.

Dr. H. F. Campbell, of Augusta, Georgia, thought it best to remove the tumor if there were no extensive adhesions, and give the patient an additional chance.

Dr. H. F. Campbell, of Augusta, Ga., read the next paper, entitled "CONGENITAL FISSURE OF THE FEMALE URETHRA, WITH EXTROPHY OF THE BLADDER. This paper was based upon the report of a case of a little girl two years old presenting an abnormal condition of the genital organs. A red tumor about the size of a strawberry was located at the upper part of the vulva in the situation of the meatus, and apparently obstructing the passage of the urine. The tumor was very vascular and evidently constricted. Upon examination the tumor was observed to be composed of the walls of the bladder. Upon pressure, it slipped back into the bladder. This was followed by a gush of urine. The upper wall of the urethra presented a flattened appearance but very little trace of a lateral border, indicating the presence of a cleft. The point of special interest in this case relates to the proper time to operate. He thought that after puberty the operation might be performed with prospect of better results, as there is now hardly enough tissue to allow of the necessary paring and bringing together of the parts.

Dr. B. B. Browne, of Baltimore related the history of a somewhat similar case, occurring in a child eight years of age. There were several calculi in the bladder, for which he proposed an operation but the family postponed it, and the child died.

Dr. Mann, of Buffalo, related a case similar to that of Dr. Campbell. An operation was at once performed, with completely satisfactory results. He advised an early operation so as to favor the natural growth of the parts.

The next paper, entitled "A STUDY OF THE ETIOLOGY OF PERINEAL LACERATION, WITH A NEW METHOD FOR ITS PROPER REPAIR," was read by *Dr. T. A. Emmet*, of New York. The author referred to the fact that for a number of years he had devoted close attention to the subject of laceration of the perineum. He expressed the belief that in ordinary cases of laceration of the perineum no symptoms were produced by the injury after it had once healed except those of a reflex nature. Severe lacerations may be observed unaccompanied by symptoms, and, on the other hand, marked symptoms follow apparently trivial lesions.

He held that the perineum is never lacerated, as it seems to be. After the laceration, the tissues in front of the rectum may be thicker than before the injury. No such body exists as the perineal body, as it is represented in the books, and as operators strive to restore. He held that if the laceration of the perineum is not restored, the injury can be best repaired by bringing together a certain portion of the posterior wall of the vagina, just at the entrance of the vagina where it joins with the soft parts. He held that we may exclude, in operating, everything with reference to the external organs of generation outside of the line of the hymen around the vagina. All sewing together of the outside tissues is a waste of time and structure. The fascia forming the two sulci, is as important to keep up the perineum and posterior wall of the vagina against the anterior wall, as a pair of suspenders is to keep up the pantaloons. By bringing a crescentic fold across the vagina, we restore the attachments and support. The perineal trouble may be disregarded. If the tissues are brought together as described, the perineal lesion will be found to be very superficial. He called particular attention to the *role* which the fascia plays in supporting these parts, and to the fact that the perineum has little or nothing to do with producing the symptoms complained of.

In the discussion of Dr. Emmet's paper *Dr. Reamy*, of Cincinnati, was of the opinion that the operation now suggested by Dr. Emmet could not well be substituted in general for the operation Dr. Emmet had previously described in his book. He concluded from the paper that Dr. Emmet believed all the perineal tissues down to muscles amount to nothing. If this is true, he should not be surprised to see some child born with all these parts lacking. He was unable to see how the proposed operation could do more than dispose of redundancy of tissue in the posterior vaginal wall in a limited number of cases, and could not accept it as a substitute for the operation for lacerated perineum.

Dr. Frank P. Foster, of New York, expressed the radical opinion in which he denied that the perineum had anything whatever to do with supporting the uterus under normal circumstances. He thought there was not an organ in the body which rested upon anything beneath it. The brain does not rest on the base of the skull; the heart and lungs do not rest on the diaphragm; the liver has its support from above. The perineum has no sustentative function but it does not, therefore, follow that the perineum has no function. It serves as a *point d'appui* for a number of muscles.

Dr. Sutton, of Pittsburg, Pa., could not accept Dr. Emmet's view as to the non-necessity of repairing lacerations of the perineum apart from injury to other structures. If the perineum is of no importance, why is it that laceration is attended with a whole train of symptoms and nervous conditions which are attributed to it?

The next paper on "THE MANAGEMENT OF ACCIDENTAL PUNCTURE AND OTHER INJURIES OF THE GRAVID UTERUS AS A COMPLICATION OF LAPAROTOMY," was read by *Dr. C. C. Lee*, of New York. This paper reviewed the literature of the subject and gave the details of seven cases of this complication, one of which had occurred in the author's practice. The following conclusions were reached: 1. The pregnant uterus may be punctured or otherwise wounded during laparotomy without necessarily causing abortion. 2. Miscarriage seems both *a priori* and from clinical evidence, to depend upon injury of the uterine contents, not of the womb itself however severe. 3. If the former has certainly occurred, Cæsarian section is indicated, and should be performed promptly. In this case the utmost care must be taken subsequently to secure thorough drainage from the uterine cavity. 4. If the uterine walls alone are injured, the wound is to be treated on general principles. If a deep puncture or incision, it must be entered with the minutest care, with exact coaptation of the edges. For this purpose fine silk sutures, rendered antiseptic, are the best. If there is a nick or superficial puncture, it must not be ligated, for ligatures cut through uterine tissues quickly. If the wound is too small to require sutures, the bleeding points must be touched lightly with Paquelin's cautery until oozing ceases. Good surgery and the dictates of humanity alike demand that under such circumstances a chance of survival should be given the child as well as the mother.

Dr. H. P. C. Wilson, of Baltimore, had had some little experience in the closing of wounds of the uterus in laparotomy during pregnancy. In a case of pregnancy of four months duration he had performed ovariotomy. The ovarian tumor was found strongly attached to the uterus. It was found necessary to transfix this adhesion and to tie it in two sections. There were a number of adhesions to the uterus, the separation of which caused considerable oozing. This was checked by the use of Monsel's solution. After the tumor was removed and pedicle touched with the above solution, the abdomen was closed. This patient did well, but in two or three weeks intense pain set in, which increased in severity until the end of a week or ten days, when a hard tumor was found in the abdomen, which he was first disposed to think was an overlooked ovarian tumor. Finally it was made

out to be a deep-seated abscess, which broke and discharged a large quantity of pus. Abortion took place and he attributed it to the abscess.

Dr. W. H. Byford, of Chicago, had had a case in which he had failed to make out the existence of pregnancy by omitting to examine for it. He thought that Dr. Lee's rule as to stitching up the wound when the ovum was not injured should not be made absolute. He thought if pregnancy had advanced to seven or eight months, that the stitches would not hold. Under such circumstances even if the ovum was not injured, the uterus should be emptied and the wound stitched up.

Dr. A. Reeves Jackson, of Chicago, next read a valuable paper, entitled "Is Extirpation of the Cancerous Uterus a Justifiable Operation?"

The author of this paper attempted to show that the value of a remedy or method of treatment should be judged by its results, and that if after adequate trial it generally failed in the purpose of its use, all honest men should cease to employ it. He then gave an historical account of the operation and closed with the following summary:

1. Diagnosis of uterine cancer cannot be made sufficiently early to ensure its complete removal by extirpation of the uterus.

2. When the diagnosis can be established, there is no reasonable hope for a radical cure; and other methods of treatment, far less dangerous than excision of the entire organ, are equally effectual in ameliorating suffering, retarding the progress of the disease and prolonging life.

3. Extirpation of the cancerous uterus is a highly dangerous operation, and neither lessens suffering—except in those whom it kills—nor gives reasonable promise of permanent cure in those who recover. Hence it fails in all the essentials of a beneficial operative procedure, and should not be adopted in modern surgery.

Dr. Van de Warker, of Syracuse, took the same view of the question as that held by the author. He placed great reliance on the use of caustics, and believed by this plan he has a harmless method of extirpating the uterus. He first scrapes the uterus and then packs it with cotton saturated with Monsel's solution, to check bleeding. Subsequently it is packed with cotton containing the saturated solution of chloride of zinc. The result is an enormous slough. Showed specimens of slough cast off after the action of the caustic.

Dr. Emmet expressed pleasure over the opinions set forth in the paper, because they coincided with his own views in regard to the operation. His experience was limited to one case, which terminated unfavorably. He thought that if the operation is ever done it should be by the vaginal method.

Dr. W. H. Baker, of Boston, did not believe in the worthlessness of operative measures. He was sure he had operated at least thirty times without a single death. He could recall six cases of at least five years' standing which have absolutely recovered. He thought extirpation of the entire uterus advisable in extremely few cases, and these were mostly cases in which the disease began in the body of the organ.

Dr. C. D. Palmer, of Cincinnati, said there were two classes of cases of cancer of the uterus—1. Those in which it is clearly unjustifiable to operate; 2. Those in which it may be justifiable. The first would include almost every case of cancerous disease beginning in the cervix. The second those cases of sarcoma starting in the uterine body.

Dr. Sutton thought the abdominal method should not be employed in those cases in which it was possible to perform the vaginal method. He had operated five times by Simon's method. He described the operation as performed in Europe.

The following officers were elected for the ensuing year:

President, Albert H. Smith, M. D., of Philadelphia; *Vice-Presidents*, James R. Chadwick, M. D., of Boston; S. C. Busey, M. D., of Washington; *Secretary*, Frank P. Foster, M. D., of New York; *Treasurer*, M. D. Mann, M. D., of Buffalo; *Other Members of the Council*, Drs. T. Gaillard Thomas, of New York; Fordyce Barker, of New York; T. A. Reamy, of Cincinnati; R. S. Sutton, of Pittsburg.

The next meeting will be held in Chicago on the last Tuesday in September, 1884.

Editorial.

Women Physicians in India.—The preponderance of sentiment in the profession in this country and Europe seems to be clearly opposed to the medical education of women. A minority favor it, but the great majority are either indifferent to it or outspoken in their opposition. There is a field, however, in which all will probably agree in its utility and the wisdom of its introduction. The reference is to India. The customs of that country, sanctioned by centuries of observance, and hence more binding than "the laws of the Medes and Persians," are absolute in the exclusion of males from attending women during confinement or in diseases peculiar to their sex; in deed, it is affirmed that they are never, under any condition, admitted to the zenanas, or apartments provided for the women. As dis-

tasteful as it is for them to sanction the practice of medicine by women under any circumstances, the English have yet sense enough to see that there is only one way out of the dilemma, if the poor Hindoo women are not to be left to their fate, and accordingly the proposition to send out educated female physicians to that country has been made, and has met with favor. Not long ago the Queen, who has sanctioned the movement, dismissed, with her good wishes and matronly blessing, one of those destined to pave the way for her sex in the new field. This action seems to have stirred up the medical authorities of India. The *Indian Medical Gazette* thinks that the English doctresses are not needed, but the collection of a large fund in Bombay, destined for the establishment of a hospital and dispensary to be used solely for the promotion of the woman movement, shows that the editor's views are not, at any rate, universal. In Calcutta matters have advanced even further, and the Lieut.-Governor of the Presidency of Bengal has decided that women shall be admitted to all the medical instruction of the College of Calcutta that has heretofore been available for persons of the other sex, but wisely, we think, has directed that separate seats, screens and waiting rooms be provided. The *Lancet*, commenting upon this decision, expresses the heartiest approval of it. The Lieutenant-Governor has further shown his good sense in refusing to lower the educational standard to conform to the supposed necessities of the new students, saying "that he knows of no profession in which a preliminary education, training the faculties of observation and thought is more needed than in the profession of medicine. He therefore thinks it would be conferring a fatal gift on the cause of female education to expose it to the risk of practical failure by withdrawing the necessity for that solid foundation of general knowledge on which the superstructure of technical information can alone be safely built."

Convallaria Majalis and Cardiac Therapeutics.—The results of the use of this new therapeutic agent, first brought prominently into notice by Professor Germain See through a report made to the Academie de Médicine of Paris in 1882, have been almost universally favorable, and seem to have established its claims to rank among those agents—few, perhaps, in number—whose value and applications are positive and clearly defined. Accordingly, although not yet official, we find that it has already been adopted into the latest editions of the text books, as those of Wood, Edes and the United States Dispensatory, with favorable comments. Its action is stated to be that of a cardiac stimulant similar to that of digitalis—that is, it increases the arterial tension, and at the same time slows, while strengthening, the heart beat. According to Dr. Ott, of Easton, Pa., a careful experimenter, who has studied its effects upon both warm-blooded (rabbit) and cold-blooded (frog) animals, it differs from digitalis in acting directly upon the heart, and probably upon its muscular structure, whilst digitalis produces its characteristic effects by stimulating the inhibitory fibres of the pneumogastric. Under fatal doses the heart was arrested in systole, and this took place equally with or without division of the pneumogastrics. In another respect it contrasts with digitalis—viz., in producing a preliminary but brief period of acceleration. The activity of the drug resides in a glucoside convallamarin, which is soluble in water, and has emetic properties. Among those who have testified in favor of the drug (whose uses, without going into detail, may be stated to be identical with those of digitalis) are Sée, Moutard-Martin, Paul, Vulpian, Bruen, Beverly Robinson, Juk, Bianchi, Botkin, Alfayef, Troitsky, Desplats and others. Dr. B. Stiller, of Vienna, is alone in his unfavorable report, which suggests that there was some fault in the article or preparation which he employed. The form in which the drug is usually dispensed is the fluid extract, of which the dose is from five to thirty drops every four hours. The preparations of Messrs. Parke, Davis & Co., of Detroit, and Messrs. Sharp & Dohme, of Baltimore, can be relied on. The history of convallaria majalis contains a lesson worth pondering and remembering. Although known among the peasants of Russia as a powerful diuretic and employed by them in dropsies for many years, we were ignorant through all that time of the utility, whilst admiring the beauty, of this common garden flower—the lily of the valley. There may be other flowers and plants which popular use is testing for us empirically, and it will be well to be on the lookout for them, as great discoveries will unquestionably yet enrich our stock of therapeutic agents from this source.

American Gynecological Society.—The eighth annual meeting of the American Gynecological Society, a report of which appears in this number of the Journal, was, in every respect, creditable, and fully maintains its high standard for scientific work. The papers read, and the discussions following the same, were marked for cleverness and conservatism worthy of commendation. The very high position which the science of Gynecology has reached is, in a large measure, due to the originality, genius and labor of men who gave birth to this Society, many of whom still live to take part in its deliberations and

to influence the quality and character of the work it annually presents to the profession. The membership of this Society compares favorably with that of any scientific organization in the world. Its deliberations are, therefore, watched with interest both at home and abroad. Whilst the papers contributed to the present meeting give expression to no startling or peculiarly novel views, they embrace a variety of practical subjects which are enriched by their thorough treatment and discussion. Exceptions may, possibly, be taken to some of the views expressed, but taken as a whole they form a valuable contribution to Gynecic literature. Despite the slurs which are sometimes cast upon the Gynecologist's work he may, nevertheless, refer with some degree of pride to the achievements which have been made in his department. The fact that good results do not always reward his efforts in uterine therapeutics will not be accepted as a disparagement of the success which has been reached in abdominal or pelvic surgery. Uterine pathology may continue to present questions of doubt, and uterine surgery may fail to correct many of the vices of abnormal function; the fact no less remains that the Gynecic field yields its ratio of results and bears comparison with scientific work in other fields. Much has been done, and much remains to be done to place Gynecological work in better accord with rational medicine. Empiricism will yield in this as in other departments of medicine to the logic of events. The era of conservatism and of sound judgment may be relied upon to correct the errors of theory and practice which prevail no less in Gynecology than in general medicine and surgery.

The reader of the Transactions of the Society for 1883 will not fail to detect in them clear, sound and trustworthy views of the many subjects treated. The year's work will reflect credit upon the Society and upon the science it represents.

How an Endowment was Secured.—The Medical Faculty of McGill University, Montreal, Canada, has recently received an endowment of $100,000, which was brought about in the following way: At the opening lecture last October, Dr. Howard, a member of the Faculty, urged upon the citizens of Montreal the necessity of an endowment fund if the school was to advance to a position in keeping with the rapid development of the science and art of medicine. At this suggestion, a generous friend of the University offered $50,000 if a similar sum were raised by the following August in commemoration of the long services of Dr. Campbell. It is now announced by the *Canada Medical and Surgical Journal* that the required amount was collected, and the anonymous friend, who turns out to be the Hon. Donald E. Smith, has fulfilled his promise. The University thus comes into the possession of a fund which will greatly increase its teaching facilities. It occurs to us that if similar movements were inaugurated by the medical schools of Baltimore like results might be obtained.

The Louisville School of Pharmacy.—The above-named institution was organized a few months ago to meet an admitted want. The conclusion was reached by the founders that a woman has a right to earn her own living in any pursuit from which physiological considerations do not exclude her. It is claimed that her closeness of observation, her accuracy in details, and her deftness of touch, seem to point to her eminent fitness for the work of Pharmacist. Another more important consideration prevailed. Women were already engaged in the business of druggist without proper preparation for such work, and without the facilities for acquiring instruction in chemistry or pharmacy. The Louisville School came into existence under a Board of Regents and officers composed of the leading people of that city, and with a Faculty of able teachers. The course of instruction extends over a period of two years, each year consisting of two terms: a winter term of twenty weeks and a spring term of sixteen weeks. The branches taught are Pharmaceutical and Analytical Chemistry, Theory and Practice of Pharmacy, Chemistry, Materia Medica, Microscopy and Botany. Laboratory work is made a prominent feature in the method of instruction. This is the first institution for the exclusive education of women in pharmacy which has been organized in this country. The success which attended the first session would indicate that the founders have not overestimated the value of the work in which they are engaged. There were thirteen students in attendance upon the first session. The second session opens Monday, Oct. 1st, 1883.

Reviews, Books and Pamphlets.

A Compend on Materia Medica and Therapeutics, with Special Reference to the Physiological Actions of Drugs. For the Use of Medical, Dental and Pharmaceutical Students and Practictioners. Quiz-Compend, No. 6. By S. O. L. Potter, A. M., M. D., A. Ass't Surgeon U. S. A. P. Blakiston Son & Co., Philadelphia. 8vo. Pp. 141. Price in cloth, $1. From Messrs. Cushings & Bailey, Baltimore.

This is one of the series of quiz-compends being gotten out by this enterprizing

firm. It is based upon the late Pharmacopœia and the text-books of Wood, Ringer, Bartholow, and others. Though condensed to the last degree, it will serve a useful purpose in refreshing the student's over-taxed memory when preparing for examinations, or when he has not time for larger works. Whilst we commend it as a faithful exponent of the subject to which it relates, we hope no student will be satisfied to rely upon it to the exclusion of the standard text-books. E. F. C.

The Collective Investigation of Diphtheria, as Conducted by the Therapeutic Gazette, Detroit, Michigan, with Editorial Summary, by J. J. Mulheron, M. D. George S. Davis, Medical Publisher, Detroit, 1883. In paper, 8vo. Pp. 120.

This very neat volume is the result of an investigation undertaken by the *Therapeutic Gazette*, with the object of eliciting the views held by physicians throughout the country as to the nature and treatment of Diphtheria. Similar investigations, on a more extensive scale, have been conducted in England, which, no doubt, suggested this one. In response to a circular asking information, one hundred and eight answers were received, and these comprise the chief bulk of the volume. Among the writers are several men of note, besides many more who are unknown to fame, but not on that account by any means incapable of throwing light upon a subject in which all have had opportunities for observation and experience. At the end Dr. Mulheron draws up a very intelligent and interesting summary, the conclusions of which are as follows:

"1. Diphtheria may be either local or constitutional in its origin.

2. It may continue as a purely local or as a purely constitutional disease, or the local disease may be followed by constitutional infection, or *vice versa*—the disease in the vast majority of instances manifesting itself in both the constitutional disturbance and the local affection.

3. The comparative value of local and constitutional remedies is dependent upon the nature of the affection in individual cases.

4. Diphtheria is a contagious disease, but not likely to attack a healthy mucous membrane or to find an entrance through it into the circulation.

5. The contagium of diphtheria is not a micrococcus, nor is it visible under the most powerful microscope yet manufactured.

6. The contagium of diphtheria is of a gaseous nature (the result of decomposing fæcal and other organic matter), and can be neutralized only by a true disinfectant and not by an antiseptic.

7. The best local application is the tincture of the chloride of iron. It may be supplemented by other applications according to the indications in individual cases.

8. In a typical case of sthenic diphtheria, administer large (10 grains) and frequently repeated (hourly) doses of calomel until the characteristic stools are secured. Following this give large doses of the tincture of the chloride of iron every two hours and administer alcohol within the limits of intoxication. In asthenic cases the calomel should be omitted and the main reliance placed on the iron and alcohol."

Chlorate of potash and quinine, the author infers to be of doubtful utility, whilst carbolic acid and lime-water applications he regards as utterly worthless.

E. F. C.

The Treatment of Wounds, Its Principles and Practice, General and Special. By Lewis S. Pilcher, A. M., M. D., Member of the New York Surgical Society. Wood's Library. 8vo. Pp. 391.

We briefly notice this latest volume of the above series as a welcome review of the whole field presented by this most important subject—the very atmosphere of successful surgery. "The principles of normal treatment, the means available to satisfy the demands of these principles, and the particular modifications required by special wounds"—determine the compass and arrangement of the author's work. Such a comprehensive view affords, when given equably and disinterestedly, excellent opportunity to study the really few and simple *essentials*, clothed with such diversity. Protection of local autonomy—*i. e.*, non-interference, conditioned by cleanliness, is the desideratum impressed on our mind by the perusal of this book.

Under the caption—Antiseptic Dressings—we had hoped to find mention of the use of *clayey earth*, so ably advocated by

Dr. Hewson, of Philadelphia, whose researches into weather-influences on wounds are elsewhere noticed. This omission is singular, inasmuch as *artificially* prepared salts of alumina, sand, coal-ashes, and turf-mould, are duly recorded. Americans will be pleased with the frequent reference to the labors of our own countrymen, quotations from *Med. and Surg. Hist. War of Rebellion, &c.* The experiments of Sternberg, of Washington, and of Koch, on the relative value of germicides are given and discussed. It must be a gratification to those who believe in the germ-theory of disease to find the empirical specifics of the present day all enrolled, with more or less distinction, in the germicidal ranks.

The arrangement of the work is admirable, grouping the immense collection of facts intelligibly, and facilitating ready reference. Distinct chapters are devoted to special wounds—Gunshot Wounds—and Wounds of Special Regions, viz.:—Head, neck, thorax, abdomen, pelvis, &c.

116 wood engravings contribute to the value of the book. E. M. S.

Miscellany.

Homeopathy in England.—A homeopathic directory has recently been published in Great Britain. According to its pages there are two hundred and sixty practitioners of this class in Great Britain and Ireland, four only being in the latter country. As there are nineteen thousand nine hundred and forty-seven regular physicians, the ratio of homeopaths to regulars is, for England and Wales, one to sixty-four; for Scotland, one to one hundred and seventy; and for Ireland, one to six hundred and nine. Most of the homeopaths are in large towns; thus London has eighty-five, and Liverpool eleven. The contrast between the condition of things, as shown above, in England and in this country appears to be considerable. It is claimed that there are about six thousand homeopaths, so called, in the United States, giving a ratio to regular practitioners of about one to ten.—*Canada Medical Record.*

Eucalyptus in Malarial Fever.—While Keller, Binz, Lorinser, Strube, Oeffinger, and others, record most favorable results from the use of eucalyptus in malarial intermittent, Krasovsky (*Vrach. Vedom.*, 1882) joins Koch, Burdel, Fiechter, Lesh, etc, in denying any considerable antiperiodic properties to the drug. In one group of cases he gave the tincture (1 to 6) alone in 3 ss to 3 ii doses, once or twice daily. The only effect was some decrease in the intensity of the paroxysms. Two drachm doses produced toxic effects (headache, sleeplessness, 'general excitement of nervous system'). In another group he used the tincture with quinine, and all yielded readily to the mixture, whereas previous treatment by quinine alone had failed. From which the author is inclined to admit that eucalyptus serves to strengthen the action of quinine. Rombro eulogises a mixture of decoction of cinchona and tincture of eucalyptus in intermittent fever.—*Lond. Med. Rec.*

Pathology of Phthisis.—The teaching of pathology respecting phthisis justifies, I think, the following three propositions:

1. The morbid processes which lead to phthisical consolidation of the lung are inflammatory in their nature; by which it is simply meant to imply that they owe their origin to some kind of injury of the pulmonary tissues.

2. Phthisical consolidation of the lung differs from most other forms of pneumonic consolidation, inasmuch as it exercises an injurious influence upon the adjacent and distinct pulmonary tissues, and this tends to spread. To this infective property, which varies very considerably in different cases and under different circumstances, the progressive character of phthisical consolidation is largely due.

3. The infectiousness of phthisical consolidation is, in all probability, due to changes in the inflammatory products, for the occurrence of which the presence of organisms is a necessary condition. Koch's investigations seem, therefore, to supply the element that is wanting to establish the truth of our pathology as far as it has gone—they discover the organisms, the existence of which had been foretold. But they do much more than this; they appear to prove that the organisms are specific. This, if true, is undoubtedly a most important additional link in the still incomplete pathological chain, and our previous knowledge of the pathology of phthisis, is, as it seems to me, rather in favor of than against its acceptance.—*Dr. T. Henry Green, Address on Pathology, Brit. Medical Association.*

Carbolic Acid in the Treatment of Warts and Condylomata.—*MM. Julien and Tommaso de Amicis* (*Annales de Dermatologie and Brit. Med. Jour.*) employ repeated cauterization with pure carbolic acid. It is best adapted to large sessile growths or to fumigating cauliflower-like vegetations. Crystals of pure acid are kept in a small bottle. The warts having been washed, the bottle is warmed in a flame or in nearly boiling water, when the crystals touching the glass melt. The liquid acid is then applied by means of a brush or cotton-wool to the whole surface of the warts, which assume at once a shiny white appearance. This white layer soon peels off, and on the next day the operation can be repeated. Pure carbolic acid causes much less pain than either chromic or acetic acid. It has been noted that the last cauterizations are more painful than the first. The number of cauterizations necessary for cure of course varies. In a case of vegetations on the glans and prepuce, cure was complete after two applications.

Extirpation of the Kidney.—*Mr. Reginald Harrison*, in his address on Surgery at the British Medical Association, gives the following conclusions, derived from a study of this subject: 1. Nephrectomy has been the means of saving many lives under circumstances where no other method of treatment was likely to be of service; 2. The operation has been practised in cases where the probability of a successful termination appeared to be very remote; 3. A method of effecting the removal of the organ different from that which was selected, or a procedure less heroic, might, in some instances, have tended to increase the chances of success.

A Hypertrophied Right Lobe of the Liver Mistaken for a Fibroid Tumor of the Ovary.—*Dr. John L. Atlee*, of Lancaster, Pa., reports to the *Med. News* (Sept. 15th, 1883,) a case of the above character, which completely deceived so careful and experienced a surgeon as the Doctor is known to be. The patient, 39 years of age, had menstruated regularly and enjoyed good health until three months ago, since which time she has become more and more emaciated and debilitated. Upon examination a hard tumor was found, occupying the centre of the hypogastric region, extending as high as the umbilicus and to the iliac regions, especially the right. It was very hard, but slightly movable from side to side, and this movement did not influence the uterus. The brim of the pelvis on that side was occupied by the mass, although it did not descend into the pelvis. Her waist was of normal size, with no bulging above the umbilicus. She was sensible that it was increasing rapidly, and wanted relief. The diagnosis of fibroid tumor of the right ovary was made, and the operation for its removal was undertaken. An incision was made in the median line, and the peritoneum, which was dark and very vascular, was exposed and laid open. There was an escape of a small amount of ascitic fluid, and behind this was a large, chocolate-colored mass, very firm and slightly nodulated, which proved to be an enormous right lobe of the liver. The fingers were passed in and the left lobe, with its sharp edge, soft, and apparently healthy, was felt. In this dilemma the operation was brought to an abrupt conclusion and the wound closed.

Medical Items.

Dr. William H. Parish has been elected Prof. of Obstetrics and Diseases of Women and Children in the Philadelphia Polyclinic and College for Graduates in Medicine.=The City Council of New Orleans has declined to make vaccination compulsory there, and the health authorities are considering what is best to be done in order to stamp out the disease before cold weather.=Dr. Cabell, in his Annual Report as Health Officer of Richmond, urges the abolition of sinks and cesspools, and the compulsory reporting of contagious diseases, which, it is stated, is endorsed by the medical profession.=The Board of Health of Philadelphia has fined Dr. Welsh $10 for neglecting to report a case of diphtheria, as required by law.=M. Brouardel reports to the Council of Health of the Department of the Seine against the advisibility of employing cremation in cases of epidemics, on the ground that poison might be administered at such a time in expectation of all traces of the crime being destroyed by the cremation.=After the reading of the biographical sketch of Dr. Nathan Smith, the founder of the Dartmouth Medical

School, by Dr. Gilman Kimball, at the meeting of the American Gynecological Society, Dr. S. D. Gross, arose and said that the President had omitted to mention the most important service Dr. Smith had rendered the world, which was the creation of Dr. Nathan R. Smith, of Baltimore.=Dr. J. D. Trask, of Astoria, New York, whose monograph on Rupture of the Uterus, written nearly forty years ago, is still the best on that subject, is dead = Dr. E. D. Cross, formerly of Baltimore, shot and killed Dr. A. B. McKune, at Council Bluffs, Iowa, on the 24th instant. He claims that the shooting was done in self-defense.=Dr. Cameron gave notice in the House of Commons, on Saturday, of his intention to introduce, early next session, a bill legalizing cremation in England.=Mr. H. C. Rogers has introduced into the City Council of Baltimore a resolution to establish free baths. An excellent and praiseworthy proposition.=Dr. E. W. Gosewisch, æt. 40, hung himself in his office, in Wilmington, Del., on the 22d. No reason is assigned for the act.

List of Changes in the Medical Department, U. S. Army, Sept. 17 to Sept. 24, 1883:

Appel, Aaron H., First Lieutenant and Assistant Surgeon: the leave of absence granted July 20, 1883, extended one month. (Par. 10, S. O., No. 211, A. G. O., September 14, 1883).

Appel, Daniel M., Captain and Assistant Surgeon: relieved from duty in the Department of the Missouri October 1, 1883, and to report in person to the Commanding General, Department of the East, for assignment to duty. (Par. 7. S. O., No. 211, A. G. O., September 14, 1883).

Alexander, Charles T., Major and Surgeon: granted leave of absence for four months, from October 1, 1883. (Par. 1, S. O., No. 213, A. G. O., September 17, 1883).

Alexander, Charles T., Major and Surgeon: on being relieved from duty at the U. S. Military Academy October 1, 1883, to report in person to the Commanding General, Department of the Missouri, for assignment to duty. (Par. 7, S. O., No. 211, A. G. O., September 14, 1883).

Brewster, William B., First Lieutenaut and Assistant Surgeon: granted leave of absence for two months, from October 1, 1883, with permission to apply for an extension of four months. (Par. 1, S. O., No 107, Mil. Div. of the Missouri, September 15, 1883).

Campbell, John, Lieutenant Colonel and Surgeon—Medical Director Department of the South: granted leave of absence for fifteen days. (Par. 2, S. O., No. 94, Department of the South, September 13, 1883).

Gibson, Joseph R., Major and Surgeon: relieved from duty in the Department of the East October 1, 1883, and to report by letter to the Commanding General, Department of the South, for assignment to duty. (Par. 7, S. O., No. 211. A. G. O., September 14, 1883).

Horton, Samuel M., Major and Surgeon: relieved from duty in the Department of the Platte October 1, 1883, and to report in person to the Commanding General, Department of the Missouri, for assignment to duty. (Par. 7, S. O., No. 211, A. G. O., September 14, 1883).

Merrill, James C., Captain and Assistant Surgeon: relieved from duty in the Department of Dakota Oct. 1, 1883, and to report in person to the Commanding General Department of the East. for assignment to duty (Par. 7, S. O., No. 211, A, G. O., September 14, 1883).

Munn, Curtis E., Captain and Assistant Surgeon: relieved from duty in the Department of the Missouri October 1, 1883, and to report in person to the Commanding General, Department of the East, for assignment to duty. (Par. 7, S. O., No. 211, A. G. O., September 14, 1883).

Maus, Louis M., Captain and Assistant Surgeon: relieved from duty in the Department of the Missouri October 1, 1883, and to report in person to the Commanding General, Department of Dakota, for assignment to duty. (Par. 7, S. O., 211, A. G. O., September 14, 1883).

Meacham, Frank, Major and Surgeon: relieved from duty in the Department of the East October 1, 1883, and to report in person to the Commanding General, Department of the Platte, for assignment to duty. (Par. 7, S. O., No 211, A. G. O., September 14, 1883).

Price, Curtis E., Captain and Assistant Surgeon: relieved from duty in the Department of the East Oct. 1, 1883, and to report in person to the Commanding General, Department of Dakota, for assignment to duty. (Par. 7, S. O., No. 211, A. G. O., September 14, 1883).

Patzki, Julius H., Captain and Assistant Surgeon: relieved from duty in the Department of the South October 1, 1883; and to report in person to the Commanding General, Department of the East, for assignment to duty. (Par. 7, S. O., No. 211, A, G. O., September 14, 1883).

Smith, Andrew, K., Major and Surgeon: relieved from duty at Willet's Point, New York; October 1, 1883, and assigned to duty at U. S. Military Academy, West Point, New York. (Par. 7, S. O., No. 211, A. G. O., September 14, 1883).

Shannon, W. C., Captain and Assistant Surgeon; assigned to duty at Fort Bridger, Wyoming. (Par. 3, S. O., No. 102, Department of the Platte, September 19, 1883).

Strong, Norton, First Lieutenant and Assistant Surgeon, now on duty in the field near Fort Thornburgh, Utah, to accompany command to Fort Douglas, Utah, and there await further orders. (Par. 2, S. O., No. 101, Department of the Platte, September 17, 1883).

Taylor, Morse K., Major and Surgeon: relieved from duty in the Department of the East October 1, 1883, and to report in person to the Commanding General, Department of the Missouri, for assignment to duty. (Par. 7, S. O., No. 211, A. G. O., September 14, 1883).

Vickery, Richard S., Captain and Assistant Surgeon: relieved from duty in the Department of the Platte October 1, 1883, and to report in person to the Commanding General, Department of the Columbia, for assignment to duty. (Par. 7, S O., No. 211, A. G. O., September 14, 1883).

Wolverton, William D., Major and Surgeon: relieved from duty in the Department of Dakota October 1, 1883, and to report in person to the Commanding General, D partment of the East, for assignment to duty. (Par. 7, S. O., No. 211, A. G. O., September 14, 1883).

Weisel, Daniel, Captain and Assistant Surgeon: relieved from duty in the Department of the East October 1, 1883, and to report in person to the Commanding General, Department of the Platte, for assignment to duty. (Par. 7, S. O., No. 211, A. G. O., September 14, 1883).

Original Papers.

WOMAN AS A PHYSICIAN.

ILLUSTRIOUS EXAMPLES DRAWN FROM HISTORY.—THE ADVANTAGES OF THE FEMALE MEDICAL STUDENT OF TO-DAY COMPARED WITH THOSE OF HER PREDECESSORS, WITH SUGGESTIONS AS TO THEIR PROPER UTILIZATION.

BY EUGENE F. CORDELL, M.D.,

Professor of Materia Medica and Therapeutics in the Woman's Medical College of Baltimore.

(Abstract of an Introductory Lecture delivered before the Class of the Woman's Medical College of Baltimore, Oct. 1st, 1883.)

The Lecturer began with some words of greeting and wishes for the success of the students in the work of the ensuing session. The attempt to provide facilities for the medical education of women in Baltimore, such as they were obtaining elsewhere, had been successful far beyond expectation. In the brief period that had elapsed since the College had opened its doors to students, several measures had been adopted tending to promote its usefulness and elevate its standard; of these the preliminary examination deserved special mention. The policy of the College had been one of conciliation—but it had wisely deemed that the best way to conciliate men's prejudice and opposition was to show that it deserved their esteem and confidence.

The career upon which they were about to enter was not a new one for woman. From the earliest recorded times women have been engaged in the practice of medicine in some or all of its branches. In the very first book of the Old Testament—3,600 years ago—we find that the midwife held a distinct office. The courage and integrity of this class were illustrated by their refusal to kill the new-born children of the Hebrews, when ordered to do so by the cruel Pharaoh. To these persons was entrusted the exclusive charge of woman in her ailments, a custom that has prevailed among Eastern nations up to the present day. Among the Greeks more latitude was allowed, and hence the literature of that country—from Hippocrates down—is comparatively rich in treatises on diseases of women and parturition. Among the Greeks, too, women first assumed an equal rank with men as medical practitioners. Various examples were quoted from Homer in proof of this, as where the daughters of Arsinöus dressed the wound of the warrior-surgeon, Machaon. Socrates boasts in the Dialogues of Plato: "I am the son of a skilful and renowned midwife—Phænarete." Moschion described the qualifications of midwives in such a way as to indicate that many of them possessed cultivated minds and extensive professional attainments. Agnodice was a plucky Athenian girl who conceived a passionate desire to acquire a knowledge of medicine, which the law forbade to women. Disguised in male attire, she attended the school of the great Greek anatomist—Herophilus—at Alexandria (who has the honor of having first practiced human dissection), and applying herself assiduously, soon mastered the theory of medicine. Returning to Athens, she began practice, chiefly in midwifery and the diseases of women. She was successful, and soon began to monopolize the obstetric practice of the city. This so excited the jealousy of the men-physicians that they charged her with debauching the women whom she attended. She disproved this by revealing her sex to the judges. Her accusers then charged her with violating the law. This was more serious, and it would doubtless have gone hard with her had she not acquired such a hold upon the affections of her clients that the most prominent women in the city used their influence in her behalf. The result was the repeal of the law, and an order by the judges permitting any free woman to learn and practice medicine, and forbidding the men any longer to attend cases of confinement. Aspasia—not to be confounded with the mistress of Pericles—wrote upon uterine displacements and ulceration, abortion, and other subjects in gynecology, which are referred to by Aetius.

In Rome, women had still greater latitude, and we find them adopting the specialties then in vogue—there were obstetrices, and adstetrices, and sagæ, and iatraleptæ, and unguentariæ, and tractatrices. Plautus, in his "Miles Gloriosus," describes a midwife lamenting her poor pay thus: "Tum obstetrix expostulavit mecum parum missum sibi," and Terence, in "Andria," portrays a midwife given to drink. Paulus Ægineta, the compiler of Alexandria, copies extensively from the writings of Cleopatra, a Roman woman. St. Jerome tells of a Roman lady—Fabiola—who had medical charge of a hospital. Says Martial:

> "Percurrit agili corpus arte tractatrix,
> Manumque doctam spargit omnibus membris,"

thus showing that massage was known and practised at that time. Pliny, in his "Epistles," refers gratefully to the services of iatraleptæ—friction-doctors.

When European civilization melted away before the fierce attacks of the Northern barbarians, all was for a time black darkness. The little remnant of medicine found refuge among

the monks in the monasteries. "The human mind neglected, uncultivated and depressed, continued in the most profound ignorance." The first ray that illuminated the horizon came from the south of Italy and the School of Salernum. This school began to be known about the end of the seventh century, and reached its acme in the eleventh. It was for a time the medical centre of Europe, the "Fountain of Medicine," as Petrarch calls it, supplying, but feebly in comparison, the place of Alexandria. In connection with the subject of medical women, it is especially interesting because of the great privileges it permitted the sex, and the eminence which they acquired there. They became not only writers, but professors and lecturers, and old Antonio Mazza—"Doctor ac Civis Salernitanus"—enumerates the names and writings of the most famous of them in his quaint quarto—"Urbis Salernitanæ, Historia et Antiquitates, etc." Instruction was given at Salernum in Greek, Latin, Hebrew and Saracenic, and the women seem to have been chiefly of the two latter nationalities. Among the subjects upon which they wrote were atrabilis, the nature of woman, crises, pestilential fever, the cure of wounds, ointments, urines, the embryo, etc In concluding the notice, it may be of interest to add that the School of Salernum enjoyed extensive rights and privileges, which it transmitted to its graduates; it obtained the distinction of being known as the "Collegium Hippocraticum."

Simultaneously with the School of Salernum flourished the Arab School, which arose out of the ashes of the Alexandrine. The works of the Greek and Latin physicians were translated and eagerly read. Schools of medicine were established, and for a time the East became the home of art and science. We have no records of the writings of any of the Saracenic midwives during this period, although they had the monopoly of their department, as we have already said.

About the close of the fifteenth century Europe began to awake from her slumber, and men's minds freed themselves from the bonds by which they had been so long fettered. In Italy, liberal sentiments early prevailed as to the study of medicine by women. The University of Bologna was especially considerate to them. One of the most celebrated of its graduates was Madame Anna Morandi Manzolini, who married a Professor of Anatomy in the University, and, on his death, herself became Professor. She was famous for her models of the human body in wax. Few examples of eminent women appear in other countries except France.*

*An Irishwoman is credited with performing the Cæsarian section.

The Lecturer then sketched the history of several of the noted sages-femmes, who by their lives and writings have helped to give French midwifery that prestige which it has always possessed. Many of these attained their distinction whilst in charge of the Lying-in Department of the Hotel Dieu Hospital, or of the Maternité. It is not to be inferred that these women were like many of the midwives of to-day. They were learned women, of high scientific attainments, and their authority in matters relating to their department was fully accorded.

The first woman who wrote a work on midwifery in France was Louyse Bourgeois, midwife to Marie de' Medici, Queen of Henry IV., whose memory Professor Goodell has embalmed by a graceful and exquisitely written sketch, read before the Philadelphia Co. Med. Society, June 5th, 1876. She was born in 1563. She was the wife of a surgeon, who had been a pupil of Paré, and began her studies with the ponderous volumes of that great surgeon. Her volume—"Observations Diuerses sur la Sterilité, etc.," is full of interesting details upon the inner court life of the period, interspersed with the observations of a shrewd midwife. This work has literary and historical value apart from its obstetrics, which was closely modeled after that of Paré. It was about the beginning of the seventeenth century that men began to attend in cases of confinement in France. Commencing with ladies of quality, the custom gradually descended to the middle and lower classes. M. Honoré, "that man of Paris who delivers women," was one of the first men accoucheurs, and was an eye-sore to Louyse. Another, probably M. Guillemeau, the successor of Paré, she charges with having treated a lady of rank for a dropsy which was suddenly dispelled after five and a half months by the birth of a lusty child. She relates this case, she says, "to serve as a warning to those who undertake to treat disorders of which they know nothing: every-one should stick to one's trade." Some time after the physicians retaliated by laying the blame of the death of the Duchess d' Orleans upon a fragment of retained placenta, but she so conclusively proved that what they had been tugging away at with their finger-nails was but the placental site, that they were silenced. The work above referred to underwent four editions, and was translated into Latin, German and Dutch.

Marie Louise Dugès Lachapelle was born in Paris in 1769, her father being an humble officier de Santé, her mother midwife in-chief of Hotel Dieu. At the age of twenty-three she married, but became a widow three years afterwards. The celebrated Maternité was established by her advice, and she became its first directress. In the school for mid-

wives she had charge of the clinical instruction, Prof. Baudeloque being her associate. The graduates of this school have been noted for their solid attainments and practical skill. Madame L. was a person of rare powers of observation, and perhaps had a larger obstetrical experience than any one who has ever lived. She died in 1822. Her writings were collected and published in three volumes by her nephew, Professor Dugès, of Montpelier, in 1821, under the title, "The Practice of Obstetrics, or Select Memoirs and Observations upon the Most Important Points of the Art."

Contemporaneous with Lachapelle was the even more distinguished Madame Marie Anne Victoire Gillain Boivin, born 1773. She early obtained some knowledge of anatomy and midwifery in a village hospital. In 1797 she married, but a year afterwards found herself a widow with one child. Necessity thus compelled her to look out for her own support, and she turned her attention to medicine. She entered la Maternité as a sage-femme. A close intimacy at once sprang up between her and Madame Lachapelle, which was encouraged by similarity of age, tastes, and misfortunes. It was through her efforts that the school of midwifery, founded by Chaptal was instituted. In 1812 appeared her first work—which went through four editions—"Memorial de l'Art des Accouchements," in two volumes, 8vo., with 143 plates. She also wrote six other works, upon various obstetrical subjects, the last and most celebrated, in the composition of which Professor Dugès, of the Faculty of Montpelier, was associated with her, being entitled "Traite Pratique des Maladies de l'Uterus et de ses Annexes," two volumes, 8vo., with atlas. She also translated the works of English writers. On the death of Lachapelle she was offered the charge of La Maternite, but declined. In 1814 the King of Prussia conferred upon her the order of civil merit; the University of Marburg gave her the degree of Doctor of Medicine. Her name was proposed before the Academie de Médicine, but the prejudice against the admission of a woman was too great, and she was defeated. Towards the close of her life she received a small annuity, which was almost her sole support up to her death in 1841. Madame Boivin was the most prolific female medical writer who ever lived, and her writings were all of the first order.

The Lecturer next sketched the changes that have taken place in recent years in connection with the medical education of women, and claimed that a great revolution had been going on both in sentiment and in realization. Whilst this was partly due to the more liberal views of the age in which we live, it was in great part to be ascribed to the indomitable pluck and perseverance of woman herself, who would be content with nothing less than equal privileges and advantages with men. The Lecturer then proceeded to show that in many countries the doors of the Universities had been opened to women; this was the case for instance in Switzerland, Italy, France, Finland, Holland, Denmark, Sweeden, Australia, India and America. They had also taken diplomas in Russia, and had been admitted, with some restrictions, to the lectures of some of the German and Austrian schools.

The establishment of separate colleges for women had, however, done more than anything else to advance the movement, and seemed to solve many of the difficulties surrounding it. Public sentiment was unquestionably averse, and probably always would be, to the indiscriminate sharing of the studies and duties of medical students by young persons of different sexes, and both nature and association offered strong grounds in support of this view. But this was a consideration of less importance at present than formerly, since the special schools now offer advantages not inferior to those obtainable in the others. Four such schools are now in successful operation in this country: that in Philadelphia, established 1850, that in New York, established 1865, the Chicago school, founded in 1870, and this institution, now in its second year.

The Lecturer then continued as follows: In the remarks which have preceded I have sought not so much to present a complete historical resumé of the entire share which your sex have taken in the medical history of the past and of their work in the present, as to show you what they *can* do, and above all to bring before your minds some illustrious examples which may serve during your student-life both as models for your imitation and as incentives to your emulation. To tell what *has been done* is one of the best ways of showing what *ought to be done*. I trust that my recital will also not merely lead you to strive to equal those who have preceded you, but to surpass them. You have no right to content yourselves with equality; for consider your and their relative advantages. Most of them had obstacles to overcome which only their courage and perseverance enabled them to surmount. Many had to contend against the prejudices of ignorance and bigotry. And not only were their means of instruction limited, but the actual amount of knowledge which was to be gained was limited also. To you on the other hand the freest privileges are accorded. The ac-

cumulated wisdom of two thousand years is yours, and you have but to partake of the feast of learning so bountifully spread before you.

Of the proper utilization of your advantages I hope you have already formed some just ideas. No one should venture upon any important work without some definite plan of action. Nevertheless a suggestion or two, in conclusion, from one more experienced than yourselves, may prove of use to you. It is of the first importance that you should always bear in mind the object for which you have come here: that it is not for pleasure, or curiosity, or merely to while away the time. You are here for study—to train your minds in the principles and details of a great and difficult science, which will require the full exercise of your best faculties. It is a work which offers an ample field for the greatest human intellect. It then behooves you to waste no time, but to settle down at once to the student-life which is before you, and steadfastly to persevere until its end. Remember that you are here laying the foundation of an education which will continue throughout your lives, and that the edifice will be durable and secure according to the depth and solidity of the base upon which it rests. In some respects you possess advantages over the other sex. You are free from many of the sources of distraction to which men are liable. It is not necessary for instance, to caution you as them against the charms of

"Rosaline's bright eyes,
—her high forehead and her scarlet lip."

Whether there is any Adonis of the other sex who will occupy the mind's eye of some of you to the exclusion of your books, I will not venture to say; but if so, you must pluck the offending member, and that at once. If you wish to succeed in your studies and make the most of your opportunities, you must banish from your thoughts everything that comes between you and your legitimate work.

Again, I would urge you to be thorough. Do not be satisfied with a half-performance of your tasks. If you do not understand a subject persevere with it until you do. Repetition is not only an aid to the memory but it also aids the understanding. "Learn not many things but much" is an old adage, which means that it is better to know a few things well than to get a smattering of many things. In your reading adopt the rule never to let a word pass of which you do not know the meaning. Hence your dictionary should be your constant companion. Let your thoroughness extend to your habits—and especially let it include punctuality. Industry, system, thoroughness—these constitute the elements of success in student-life. *Sic itur ad astra.*

Clinical Lectures.

ON A CASE OF CYSTOCELE WITHOUT PROLAPSE OF THE UTERUS, AND THE OPERATION OF ELYTRORRHAPHY FOR ITS CURE.

(*Delivered at the Woman's and Child's Hospital, September 25th*, 1883).

BY B. BERNARD BROWNE, M.D,

Professor of Gynecology in the Woman's Medical College of Baltimore.

The patient before you to-day is Mrs. Martha R—, widow, age 50, the mother of four children. Menses ceased four years ago. She complained of burning and itching of the vulva, and thought she had "falling of the womb." Upon examination, however, a bloody tumor, as large as an orange, protruded from the vulva, and an irritable caruncle grew from the meatus, but the uterus was found in its normal position.

This prolapse of the anterior wall of the vagina and cystocele has been much reduced by replacement and the application of astringent tampons and by a retaining pessary. But a permanent cure can only be effected by the operation of Elytrorrhaphy. For this purpose the patient is now fully under the influence of ether. She is placed in Sims' position, and a large-sized Sims' speculum is introduced. The cystocele is now restored, and the amount of redundant tissue is carefully mapped out by the removal of three points of mucous membrane, which will serve as guides in denuding the tissues which are to be brought together and united. The best mode of denuding the tissues is with the scissors, which I always use in these operations. A strong vulsella is now inserted in the cervix, and the uterus is drawn down to the vulva; this renders the space between the points, which have already been made,

more accessible, and the tissues are consequently denuded more easily. There is very little hemorrhage. The uterus will now be replaced, and the raw surfaces brought together with silver-wire sutures. The cystocele entirely disappears, and the patient will be put to bed and the catheter used every six hours.

The most frequent cause of cystocele is subinvolution of the vagina after labor. During this process the advancing head presses the anterior lip of the os downward, and also compresses and shortens the anterior vaginal wall, which at the same time is loosened from its attachments to the subjacent areolar tissue. We now have considerable shortening of the vagina, a heavy uterus, and frequently a retention of urine, consequently this descent is not obliterated, but frequently remains for life. The rugous column of the vagina and the urethral eminence frequently remain very thick and hyperemic, and instead of ascending to envelop the cervix, the vagina descends directly from the external os.

If favorable involution of the uterus and vagina take place, then the vagina will again become rigid and firm, and the anterior wall tense and normal. But even after the most favorable involution, a partial descent of the anterior wall generally remains.

By prolonged retention of urine the anterior wall of the vagina is gradually pushed forward before the distended bladder, and sinks lower and lower in the vaginal canal. In this way a diverticulum of the bladder is frequently formed. After the menopause, cicatrisation of the vaginal walls chiefly affects the posterior one, and consequently the bladder tends to bulge outwards at the vaginal orifice.

Isolated descent of the vaginal wall forming a cystocele of this size, without alteration of the position of the uterus, is of rare occurrence.

Autopsy of Count de Chambord.—A post-mortem examination of the body of the Count de Chambord revealed the following pathological conditions: Extensive carcinoma of the œsophageal end of the stomach, with stricture of the œsophageal entrance and atrophy of the coats of the stomach. There was also evidence of old-standing Bright's disease of the kidneys.

Selected Papers.

INFLUENCE OF THE TUBERCLE BACILLUS ON THE TREATMENT OF PHTHISIS.

BY C. THEODORE WILLIAMS, M.A., M.D., F.R.C.P.,

Physician to Hospital for Consumption, Brompton.

Treatment.—And now comes the question, How are we to combat these bacilli? Shall we apply medicaments directly to the pulmonary mucous membrane? or shall we depend on strengthening the constitutional powers to resist the attack, or shall we try both methods? The treatment of phthisis by vapours or inhalations is very old, and has never been very successful. The form most in fashion at present is that of an ori-nasal respirator, containing a few drops of carbolic acid, creasote, thymol, eucalyptol, with or without some sedative to prevent irritation, a common adjunct being spirits of chloroform. The shapes of the respirators vary greatly, from the simple perforated iron oval one of Dr. Roberts, to the more elaborate ori-nasal form of Cuschman. They are worn for periods of from one hour to six or seven hours, taking them off occasionally when irksome to the patient. During the last three years I have made trial of every form which seemed to offer any advantage, using in them a great variety of medicaments. I have specially noted their influence on cases where tuberculisation was commencing. Sometimes, though rarely, the cough has somewhat lessened, and the patients have felt soothed by their use; but I have never found them to have the slightest effect in diminishing the local disease, or in permanently reducing the cough. I have noted the extension of crepitation from one apex downwards, or its replacement by the signs of excavation, in spite of continued use of this form of treatment, and though I have often perceived a diminution of the crepitation in early cases, I have never been able to connect it with the use of these respirators.

The contrast between the effects of these and the results of counter-irritation applied to the chest wall overlying the diseased lung is very striking. The cough, which weeks of inhalations have not relieved, is often at once reduced by the production of

a good blister on the skin, and the expectoration, which was difficult, is quickly rendered easy by some forms of saline expectorant, especially if combined with a little antimony or ipecacuanha. Another objection to these respirators is that they seriously impede the freedom of respiration, partly by limiting the movements of the jaws, and partly by the obstruction to the exit and entrance of air, which is caused by the wire gauze. They thus more or less muzzle the patient, and prevent the entire freedom of respiration which is so essential in phthisis. Some experiments made by Dr. Hassall on the validity of various antiseptics when used in respirators, and published in *The Lancet* of May 5th, 1883, go to show that creasote, carbolic acid, and thymol are scarcely capable of volatilisation at the temperature generally used in these appliances, and that the amount inhaled when the respirators are used for one or two hours daily is so small as to be practically useless. Iodine, on the other hand, was easily volatilised; but, on reaching the mucous membrane of the mouth, appears to be converted into an iodide by combination with the saliva, and it is doubtful how much of the pure iodine reaches the respiratory surface, though some probably may. When carbolic acid and iodine are inhaled together, according to Dr. Hassall, a strong chemical action is set up between them, whereby probably the antiseptic properties of both are impaired.

Those practitioners who firmly believe in the antiseptic, or rather germicide, virtues of carbolic acid in phthisis, will do well to consider the statement of Mr. Watson Cheyne, reported in the *Practitioner*, April, 1883, p. 285, Experiment xiv., No. 3: "One part of the fluid containing bacilli was mixed with one part of a 5 per cent. watery solution of carbolic acid; this stood fifteen minutes, and was then injected into the left eye of a rabbit." After forty-three days the animal was killed and found to have tubercular iritis of both eyes, and with a considerable number of minute tubercles in both lungs, one or two of which showed commencing caseation. The liver and spleen also contained tubercle. Microscopic examination showed abundant bacilli in all these organs. Here the influence of the carbolic acid was brought to bear on the bacilli in a far stronger and more intimate way than is practicable for application to the human body, except we are prepared to follow Dr. Fränkel's example and inject it and other antiseptics, directly into the lungs through the chest wall, and the results of this mode of treatment as practised by him are not very encouraging. In Mr. Cheyne's experiment the carbolic acid seems to have exercised no influence whatever on the bacilli, which continued to prove their vitality by largely multiplying in the inoculated animal, and this shows the great importance of first studying the conditions of life of these low organisms outside of the human body, and then of testing the effects of various antiseptic drugs on them. In this way we may discover substances fatal to the bacillus, and then proceed to devise methods of applying them, so as to reach and attack the enemy in his strongholds of the human body. But this knowledge can only be attained by long and careful investigation and the work of many patient observers.

Another mode of antiseptic treatment is by hot-water or steam inhalations of various kinds, some form of inhaler being used, and the different drugs kept at a temperature suitable to promote their vaporisation. In this way we, at any rate, do get the drug inhaled to a certain extent. The best form of this treatment seems to be jets of steam spray charged by means of capillary tubes with necessary medicaments, such as may be seen in use in the inhalation rooms of the new hospital at Brompton. The patients receive a good deal of the drug into their bronchial tubes and lungs in a short time, owing to the force of the steam current; but the objection lies in the damp and hot atmosphere which it causes and the inexpediency of subjecting the patient for any length of time to such strong measures.

The third method is by diffusing through the air of a chamber medicated vapours. In this way consumptive cases can be kept under the influence of special drugs for long periods. In this method we only imitate some varieties of climate, such as those of the sea coast, of pine woods, and of sulphur springs, or in the neighborhood of volcanoes. Two rooms are set apart for this purpose in the new hospital, and at the present time two of my wards, containing three beds each, are kept specially impregnated with the vapour of iodine and chlorine respectively, and suitable cases are selected

for this mode of treatment. Observations are being made, and I purpose trying the effect of various drugs in this way.

In the treatment of consumption no stone must be left unturned where we can see any reasonable prospect from treatment, local or general; and we must not forget though various kinds of local treatment, including inhalations, have been tried from time immemorial, it is to the general treatment in the form of tonics, cod-liver oil, and hygienic and climatic measures that we owe the prolongation of life and the majority of cases of arrest of the disease, now happily so numerous. These trusty aids must never be omitted; but we may often combine with them antiseptics in the form of arsenic, quinine, &c., which, by entering the pulmonary circulation, may, as has been often proved to be the case, act more effectually on the local disease than when applied direct to the pulmonary mucous membrane. By such constitutional measures we may do much, and, even if the enemy gain a foothold in the fortress, we may, by strengthening the garrison, cause him to be expelled and the breach repaired. The arrest of phthisis has undoubtedly been produced in many cases by the influence of certain climates, and specially by that of the high altitude resorts. We must remember that though the aseptic character of the air of these last is urged as their chief advantage, the bacillus tuberculosis is found in the sputum of phthisical patients at Davos, as in London, showing that the air of these regions is not absolutely fatal to bacillar life.—*Lancet.*

Editorial.

Typhoid Fever in New York.—It appears from a recent report made by the Sanitary Commissioner of the city of New York, that typhoid fever is widely prevalent and generally distributed over that city. The number of cases has increased each week to such an extent that the probability of an epidemic has been intimated. It is stated that there were 539 cases up to September 1st, of this year, against 304 of the corresponding period of last year. The report shows an increase of 53 cases for July, 148 cases for August, and 183 cases for September of the present year over corresponding months of 1882. In looking for a satisfactory explanation of this visitation of the disease, the health authorities have not been able to assign a definite cause. It is claimed that the sanitary condition of the city is exceptionably good. The fact that the disease prevails to greater or less extent in different sections of the country, and notably in apparently healthy rural sections—where the questions of sewerage, drainage, and overcrowding, can not be considered important factors in the propagation of the disease—has raised the inquiry whether the disease in quession is not largely influenced by atmospheric as well as by local conditions. In the apparent absence of purely local causes, it may be doubted, however, whether atmospheric conditions play as important a part in the causation of enteric fever as is usually assigned to them. Certain it is that reliance should not be placed upon a theory, so unproved as this, when the disease is known to exist in a locality. The cause, when carefully sought for, will more usually be traced to improper sanitation, to bad ventilation and drainage of houses in which the disease prevails, and to the faulty methods of disposing of the excreta and soiled clothing removed from the sick. It can be shown, we think, that very often there is a sad neglect of the sanitary condition of the sick-chamber, and that a number of cases of the disease may be traced directly to the emanations from soiled clothing and discharges of patients, which have been permitted to fill the atmosphere. In times of general prevalence of disease, such as enteric fever, it may be well enough to call the attention of health authorities to the fact, and to raise the cry of bad sanitation, but it must be borne in mind that the health authorities may have done their full duty in the premises without materially limiting the progress of the epidemic. The Health Department of a large city has supervision over streets, alleys, sewers, and general sanitary measures, but it is well known that it has but a limited supervision over the bath-tubs, water-closets, cellars and privy-vaults of private dwellings. The outward appearance of a city may be ever so clean and inviting, and, yet, filth and disease may lurk in the homes of the wealthiest citizens. People of intelligence and wealth are not always able to judge of the actual condition of their closets and cellars. A lamentable amount of ignorance and carelessness prevails in simple matters of house sanitation. Hence the importance of looking for the cause of enteric fever, and of other zynotic diseases, in the recesses and inner places in the houses where these diseases originate, rather than refer them to bad street sanitation or to atmospheric conditions. It is very true that these latter conditions may prevail, but it is more likely that the former are the *fons et origo* of the vast majority of cases.

Recognizing this local source of origin of zymotic disease, the remedy for correcting the same is at hand. Disinfection, cleanliness and ventilation should be freely employed in every home. Water-closets, bath-tubs and pipes should be carefully inspected and removed if imperfect. The stable, wash-room, privy-vaults and out-buildings on every premises should be kept in proper sanitary condition. These details, for the prevention of disease, should fall within the province of the family physician. It is his duty to instruct the people who employ him, and who impose confidence in his judgment, in all matters of house-sanitation. It can not be doubted that if less ignorance prevailed in matters of ventilation, cleanliness, and disinfection, the number of preventable diseases would be greatly reduced.

THE REVIVAL OF MERCURY.—After having been for over a half century the sheet anchor of the profession in all inflammatory troubles, and in all that numerous class of affections embraced under the vague term "bilious," mercury lost its prestige and for a time it was almost as much as a man's reputation was worth to have it known that he used it. This sentiment went so far that by some all efficacy was denied to it, and the less one had to do with it the more "modern" he was and the more "rational" was his system of practice. But indications have not been wanting recently that a change of sentiment has been going on in high quarters, and that it may not be long before mercury may again become the doctor's handmaid and be looked upon as the agent above all others suited for combatting disease in its multifarious forms. Some time ago in noticing Dr. Fothergill's work on "Indigestion and Gout," this tendency was referred to and the return to the practice of our fathers suggested as quite likely. Dr. H. C. Wood, in the last edition of his "Therapeutics," is equally commendatory. Basing his belief upon clinical observation and especially upon the effects of the drug as observed in iritis, he assigns it the greatest antiphlogistic power in inflammations of serous membranes. To a less degree it is useful also in parenchymatous inflammations, especially pneumonia and hepatitis. Its antiseptic power however may be availed of in all inflammations—the only condition being that the type of the disease be not adynamic. In "biliousness" and especially in clay-colored stools it is scarcely less valuable and in bilious fever and catarrhal jaundice it is recomended "to excite the action of the hepatic gland," and in the latter case also to allay the inflammation in the hepatic ducts. It is proper to state, however, that such strong views as these are not common as yet, and it is a little surprising that the Professor should have leaped to such conclusions over the mountain of clinical experience or empiricism, since "knowledge acquired in this way cannot rest upon a secure foundation."

Reviews, Books and Pamphlets.

A History of Tuberculosis from the Time of Sylvius to the Present Day, etc., etc. By Eric E. Sattler, M. D., Cincinnati, 1883. Robert Clarke & Co. Pp. 191.

Five out of the seven chapters of this book are a free translation of Spina's "Studien über Tuberculose," the remaining two being devoted to a compilation of pathological investigations since the discovery of the bacillus by Koch. To those unacquainted with the German language, or who have not kept up with the recent literature of this important subject, this little volume will be of considerable value in furnishing them with a condensed history of the views of leading pathologists as to the genesis and natural history of tubercle.

As it contains absolutely nothing original—not even the expression of personal opinions on the issues involved in the tubercle question, it can hardly be regarded as a work on Tuberculosis by Dr. Sattler, as one would be led to suppose from the inscription which decorates its cover.

Apart from numerous typographical errors, suggestive of careless proof-reading, the general make-up of the book is commendable. J. N. M.

Miscellany.

ENTERIC FEVER WITH TWO RELAPSES.—*Dr. R. W. Forrest* reports in the *Glasgow Medical Journal* a case of this rare occurrence. The first attack ended on the 30th day, when the temperature became normal. Thirty two days afterwards the temperature again rose. The first relapse lasted twenty-three days, then there was an interval of seventeen days, when the second relapse appeared.

Medicated Gelatine in Skin Diseases. *Professor Pick*, of Prague, has recently advocated a new method of applying remedies to diseased skin. He melts in a water-bath some pure white gelatine in twice its weight of distilled water, and whilst keeping up an incessant agitation adds the quantity of medicinal substance—*e. g.*, chrysarobin, iodoform, salicylic or phenic, and pyrogallic acids, and then allows the mass to cool. For use, a portion of this mass is melted in a little receptacle placed in boiling water, and is then applied to the diseased skin by a camel's-hair brush. It presently sets and compresses the skin; but unless smeared over with a little glycerine, in the proper use of which some little experience is needed, the gelatine is apt to crack and fall off. In this way Pick has obtained good results in psoriasis by the application of a gelatine containing 10–20 per cent. of pyrogallic acid, or 10 per cent. of chrysarobin, after a thorough washing of the parts with potash soap in a warm bath. In severe cases he renews the application every two days. He has also successfully employed gelatine medicated with 5 to 10 per cent. of salicylic acid in the squamous stage of chronic eczema, and some erythematous conditions, and in pruritus. The gelatine is easily removable by washing.—*Lancet, Aug. 28, 1883.*

Poisoning by Illuminating Gas Successfully Treated by Inhalation of Oxygen.—*Dr. Alonzo Clark* reports the cases of a woman forty years old, and her daughter twelve years, who had been exposed for fifteen hours in a room filled with illuminating gas. The mother was found to be suffering from pulmonary œdema; the radial pulse was scarcely perceptible; she was unconscious and cyanotic; her extremities were cold; there was rismus with rigidity of the flexor muscles; the urine was passed involuntarily; the pupils were slightly contracted and a frothy mucus issued from the mouth; her temperature was 96.5° F., and her respiration 40. Inhalation of oxygen was kept up for three hours. In addition, dry cups were applied over the chest, and tincture of digitalis was given endermically in all to the amount of thirty minims. Whiskey was also given subcutaneously, and hot-water bottles were applied to the extremities. Occasionally the patient was aroused by flagellation. This treatment extended over a period of four hours, at the end of which time the woman began to show signs of returning consciousness, the pulse became more perceptible and regular, warmth returned to the extremities, and the temperature and respiration were found to be normal. The next day the patient was able to tell her own story, and was soon afterwards discharged. The treatment of the other case was the same, except that in addition a hypodermic injection of a sixtieth of a grain of sulphate of atropine was given. She also recovered.—*Bost. Med. Jour.*

Rupture of the Sciatic Nerve.—*Dr. Conrad Kuester* reports a case in which a rupture of the sciatic nerve was mistaken for rupture of the neck of the femur. The patient, a strong man, æt 30, slipped and fell backward while walking. He immediately felt a severe pain in the right leg, and numbness in the foot. He was unable to stand, and was carried to his house, where Küster saw him on the following day. At that time, he was suffering great pain in the limb—so great that a dose of morphia only partially relieved it. The limb was rotated outward and seemed shortened. There was slight swelling in the neighborhood of the hip-joint, and pain on pressure was most severe at this point. At first sight, there seemed to be a fracture of the neck of the femur. This diagnosis had been guardedly made by two physicians who saw the case soon after the accident, but on account of the intense pain, had not made an examination. Dr. Küster diagnosed rupture of the sciatic nerve, as there was no crepitation, and passive movements caused but little pain. The subsequent conduct of the case confirmed this diagnosis. Morphia was given to relieve the pain, and warm baths administered as soon as possible. The patient was in bed over six weeks, and five months afterwards was able to go about with a crutch and stick.—*Berlin. Klin. Woch., Practioner.*

Syphilis in Animals.—*Neumann*, of Vienna, experimented on eleven animals, viz: three apes, two horses, a hare, a rabbit, a guinea-pig, a marten, a white rat and a cat. Careful inoculations were made with the fresh secretion of the initial lesion of syphilis and of the soft chancre. In some the induration of a chancre was excised and

inserted beneath the skin of the animal. The time of observation of the inoculated animals varied. In a female ape it was four and a half months, during which eight inoculations were practised. The conclusion reached from the various experiments was that the disease is not communicable to the lower animals; for though local inflammation sometimes occurred at the site of inoculation, nothing like either a hard or soft chancre was ever produced.—*Wien, Med. Woch.*

YELLOW FEVER ORGANISMS AND CREMATION.—*Dr. D. Freire*, of Rio de Janeiro, has recently published certain experiments made by him, in which he succeeded in communicating yellow fever to fowls and guinea-pigs, either by injecting into them the blood taken from the heart of a patient who had died of yellow fever, or by transmitting it from one animal to another, or, lastly, by imprisoning a guinea-pig in a space of earth in which a year before was buried a yellow-fever patient. In agreement with these experiments, which clearly prove the grave danger to the public health incurred by the burial of persons who have died of yellow-fever, the Imperial Government of Brazil has ordered the construction of a cremation furnace, where the bodies of those who die of this disease in the hospital may be incinerated.—*Lond. Med. Rec.*

A NOVEL METHOD OF BLEEDING.—*Chas Coppinger, F.R.C.S.I., Dublin*, writes to the *British Medical Journal*, September 15th, as follows:

"I was asked, some time ago, to visit a lady in the country—a fat, full-blooded person, over fifty years of age, who had been complaining of various nervous affections. Twenty-four hours previously to my visit, she had, without anything which could be called 'a fit,' dropped into a state of stupor. When I saw her, she was asleep and breathing heavily; but she could be roused by speaking to her, and made to answer questions in a stupid fashion; after which, she relapsed into sleep. She presented all the symptoms of high arterial tension, and an over-loaded vascular system; and the treatment seemed clearly indicated. She was induced to swallow a strong purgative; and, as leeches could not be procured without great delay, the advisability of blood-letting was recognized by the local medical man in attendance and myself. The friends of the patient, however, who were ladies, seemed greatly surprised at the idea. They stated that the lady had been in the same condition before, and recovered; and also that an eminent physician had attributed all her symptoms to weakness, prescribing the most nourishing food, etc. They consented to the 'operation,' but they were obviously horrified at the idea.

Under the circumstances, I determined to adopt the following device, the accomplishment of which was facilitated by the fact that the patient chanced to have been treated, a short time before, for hemicrania, by hypodermic injections of morphia. She was roused up, and told that 'the needle' was to be inserted into the skin of her neck, to which she at once consented. The needle, not of a hypodermic syringe, but of an aspirator, was then introduced into her left external jugular vein, which was much distended, and four ounces of blood were withdrawn without difficulty. The result was so satisfactory that, after half an hour, I repeated the puncture, and drew off in the same fashion the full six ounces which the aspirator was capable of holding. The patient recovered and neither she nor her nervous lady friends in the room had any idea she was bled until the matter was subsequently explained to them. I mention this novel mode of relieving an over-burdened circulation, because it seems to me a method which can occasionally be resorted to with great advantage."

UNUSUAL RAPIDITY OF THE HEART'S ACTION.—*Dr. Latham* related before the Cambridge Medical Society (*British Medical Journal, Sept. 15,*) the case of a lady, aged 34, married, the subject of remarkable palpitation of the heart. The attacks would come on rather suddenly after fatigue or exhaustion, with pain over the præcordia, and palpitation. During the attack, the pulse could not be counted at the wrist; and the number of heart's beats counted with the stethoscope was about 196 per minute. The paroxysm usually terminated suddenly, the pulse going down to about 76; vomiting usually took place afterwards. The attack would sometimes not last more than twenty-four hours. At first the treatment adopted had been tincture of digitalis, half a drachm at a dose,

and fifteen minims repeated in three hours. This was ineffectual. Bromide of potassium and valerian were useless. Finally a sixth of a grain of morphia was injected hypodermically night and morning. She slept part of the night, and the palpitation ceased about five in the morning.

SHALL I LOCATE? AND WHERE?—In a paper with the above title, (*Medical and Surgical Reporter, Sept. 22 and 29,*) Dr. George B. H. Swayze, of Philadelphia, makes the following sensible remarks:

"But *does* the city doctor have the easier life? No, one hundred dollars in the country will reach as far as three hundred to six hundred in large cities, according to location. With fees nearly the same among the general rank and file of the profession, it is self-evident that the city doctor must do extra work, must sustain extra wear and tear of body and mind to come out even The perplexing uncertainies of a city establishment harrass the lives of city physicians by day and by night. Hence, also, that so many city practitioners feel impelled to round out limited receipts by engaging every spare hour, needed for rest and recuperation, in the severe toils of authorship in some form. It is the pressure of current expenses, rather than the pleasure of overwork, that keeps so many pens busy turning out reports, reviews, essays and books; and hence the publication of so much that is speculative, artificial, unreliable, and unsatisfying to the mass of practitioners." * * * * * "And it need not be imagined by physicians in the country that eminent college professors acquire fortunes by practice; many of the greatest and the best have died insolvent. In the accessible calm and relaxation that physicians find in country locations without detriment to pocket and prospects, there is a luxury of comfort unknown to the profession amid the almost pauseless din and hurry of city life. *There* may he always find equivalent substitutes for money, when money there is none—but such is not the case in cities; *there* he may be greeted by refreshing landscapes, expansion of scene, quiet for weariness, reflection and sociality, but not so in cities, where all is contracted, walled-in, hustle and tussle, with no rest to eye or ear, or nervous system, or head or heart, from year to year. Is it any wonder so many long to get away for even a little while to enjoy the needful peace of Nature's quiet in God's country?"

MENSTRUATION AFTER EXTIRPATION OF THE OVARIES.—At the recent meeting of the American Gynecological Society, Dr. H. F. Campbell read a paper with the above title, in which he attempted to account for the continuation of menstruation after the removal of the ovaries, upon the theory that the ovaries are not the only excitors to activity in the genital organs. The ovaries are under the influence of the nervous system, and after the removal of these organs this influence may still be continued. The mammary gland and mental conditions may act as stimuli to menstruation and uterine action, as was shown by several remarkable cases related. Dr. Campbell presented the following proposition: The hypogastric plexus and uterine nerves must have a centric attachment somewhere. This centre he believed to be about the lumbar or crural bulb in the lower part of the spinal marrow. This bulb is an important centre which receives the sensitive and motor nerves from this region. Frequently after a limb has been cut off, pains will be referred to the amputated portion. May it not be that there resides in the nerve-centres presiding over the function of menstruation an influence which may continue to act for a time after the removal of the ovaries? One objection that will be made will be that castration nullifies sexuality. But it is now well agreed that in the full-grown animal it does not entirely do so. If the operation is done at a period when the organs and nerve-centres are undeveloped, it does destroy sexuality. Ovariotomy is performed when the ovaries are well developed, often after they have, for a long time, been the seat of constant irritation. The controlling nerve-centre has acquired a peculiar sensitiveness, and after the removal of the ovaries the continuance of this reflex irritation causes congestion of the organ, and we have menstruation resulting, although the common excitor, which he admits is the ovaries, has been removed. T. A. A.

SERPENT VENOM AS A REMEDIAL AGENT IN TETANUS.—Dr. A. O. Ameden, of Glens Falls, New York, has experimented with the venom of a rattlesnake in a case of

traumatic tetanus, (*Medical News, Sept. 29,*) with most satisfactory results. Marking the contrast between the appearance of tetanus and that of snake-poisoning, in the one the extreme rigidity and spasm of nearly the entire voluntary muscular system, and in the other a paralysis of both involuntary and voluntary muscles, the poisons were considered so obviously antagonistic that the Doctor was induced to try the experiment. Having a case of tetanus in practice, and having obtained venom fresh from the fangs of the rattlesnake with a moistened point of a hypodermic syringe, the poison was inserted beneath the cuticle in the upper dorsal region near the spine. Symptoms of snake-poisoning rapidly followed, with a decided amelioration of the tetanic spasm and rigidity, which entirely ceased at the end of ten hours, and the patient enjoyed a quiet sleep of six hours duration. Thirty hours after the insertion of the poison, however, rigidity with slight spasms again came on. A second introduction of the venom was made as before, and no further trouble with tetanus was experienced, and the patient made a fairly rapid recovery. But extreme prostration followed the last introduction of venom, which necessitated alcoholic stimulation. The Doctor believes snake-poison can be used with comparative safety, and may yet prove to be a valuable remedial agent in tetanus.

A Useful Bath Bed.—A correspondent in the *Lancet*, writing from Liverpool, describes and recommends the following substitute for a water bed, which has been introduced into an infirmary in the latter city. It consists of a large wooden tank, about five feet long by two and a half feet broad, and a little more than a foot in depth. It is lined inside with zinc, and has a tap fixed to the bottom for draining purposes. It is supported on an iron bed cot, and is filled with water to within a few inches of the top. A large mackintosh sheet is spread over the surface of the water and allowed to fall over the sides of the tank for a foot or so on each side. This sheet may be fastened, if necessary, to the side of the tank. The patient is laid on the mackintosh sheet, a blanket or linen sheet intervening, and he practically floats in the water. The water can be kept at any temperature that is thought proper. At present the bath bed is being used for a case of typhoid fever with hyperpyrexia, and is filled with cold water at a temperature of 60° F., so that the patient has all the benefit of the cold water treatment by plunge bath or douche without the many inconveniences. In many cases of collapse, also, where warmth is useful, the temperature of the water can be raised to 80° or 90° F., and kept at that temperature. The bath bed can be used besides for cases of prolonged illness with tendency to bedsores, for the prevention of which it is superior to the ordinary water pillow.—*Scientific American.*

Anatomy, Surgery and Hygiene of the Rectum.—In an article with the above title published in the *American Practitioner*, July 1883, the author, Dr. Joseph Eastman, concludes with the following advice:

1. That the rectal anatomist dispense with his drawings exhibiting the rectum distended, or borrow the contracting powers of Thomas and add one with it closed.

2. I would urge the rectal surgeon (for purposes of diagnosis and operation) to utilize the expansive genius of Sims in throwing the rectum open.

3. I would urge humanitarians to insist that at least one-third as much time be given to unloading the alimentary canal that they take in filling the same.

4 I believe it is the duty of philantrophists and sanitarians, especially such as are so anxious to serve on boards of health, to see that water-closets invite, not repel. Health boards should inspect every store, factory, and place of business, to see that clerks and employees, male and female, have such privacy and privileges of access to closet accommodations as the importance of the case demands.

5. I would beseech of doctors, philanthropists, sanitarians, and all others interested in humanity, to teach on all proper occasions the pernicious consequences of carrying a load of feces in the bowel until it is absorbed, and its odor escapes from the emunctories of the skin, or adds to the not infrequent unpleasant aroma of the human breath.

Naso-Pharyngeal Tumor Removed by Osteoplastic Resection of Superior Maxilla.—*Mr. Hardie* reported to the Manchester Medical Society a case where such a growth had existed four years projecting

into the zygomatic and spheno-maxillary fossæ. The upper maxilla was turned down by cutting through the malar and alveolar border and nasal process. The finger was then thrust into the nostril and the inner wall of the antrum gave way, allowing the growth to be enucleated from the sinuses. Its attachment to the base of the skull was separated by a raspatory. The maxilla was then replaced and secured by sutures, and the patient made a good recovery. The growth was found to be a fibro-sarcoma.—*Brit. Med. Journ.*

Early Diagnosis of Tuberculosis.—*Dr. Max Schæffer*, of Bremen, gives a method of diagnosing tuberculosis before lung symptoms can be detected. He has found in many cases that the first indication was a slight paralysis of the vocal cords on that side on which pulmonary symptoms subsequently developed. He thinks this due to pressure on the recurrent laryngeal nerve by swelling or œdema of the lung tissue not sufficient to produce other symptoms. He thinks if this early symptom were always looked for and properly treated, many cases of phthisis might be checked before going further. The most important part of the treatment is nourishment to overcome the existing infection and prevent fresh attacks. When cod-liver oil cannot be borne, Scherff's condensed milk prepared without sugar, is very beneficial; and when the stomach will not bear iron, it may be injected subcutaneously. The climate will vary but S. prefers the sea-coast, as a rule. He finds great benefit from drawing deep breaths, ten to sixty at a time, three times a day, the lung capacity increasing thus almost to normal. In hæmoptysis atropine and morphine combined are most useful; for fœtid expectoration he prefers Peruvian balsam, three to five drop doses. Always expectorate, never swallow the sputa and the vessel should contain earth that may be burned.—*Deutsche Med. Woch.* and *Lond. Med. Rec.*

Hereditary Predisposition to Fractures.—Dr. Owen Pritchard reports to the *Lancet* (Sept. 1, 1883,) the following case of hereditary predisposition to fractures: Mrs. M., in her recent confinement, was delivered of a well-developed male child on July 14th. On the 16th the left humerus and femur of the infant were both found fractured about the middle of the shafts, without any history of accident or violence of any kind; and again, on the following day, the right humerus was found fractured in a similar situation, but this time the mother explained it by saying that she was moving her child in bed when the arm caught in the bedclothes, and she felt the bone snap. On the fourth of August the other thigh was fractured in a similar way, thus completing the round of the four limbs, all of which are undergoing the process of union. The child presents no symptoms of rickets. The mother has a good family history, but on the father's side there is a family history of fractures occurring spontaneously in infancy.

Manganese as a Stimulant of the Menstrual Organs and as a Remedy in Certain Forms of Amenorrhœa and Menorrhagia.—Some months ago Doctors Ringer and Murrell, of London, called attention to the gratifying results obtained in the treatment of certain forms of amenorrhœa by permanganate of potash. Their experiments have no doubt induced many physicians to make use of the drug in the manner related by them. We have before us an excellent paper from the pen of Dr. F. H. Martin, of Chicago, published in the *Medical Record*, Sept. 29th, confirming the experiments of Drs. Ringer and Murrell, and claiming for manganese a wider range of application than that assigned by the gentlemen named. Dr. Martin, it seems, has taken advantage of every opportunity afforded him in dispensary and private practice to satisfy himself as to the action and efficacy of the new remedy. He claims, as a result of his observations, that manganese will not only relieve amenorrhœa but also menorrhagia and metrorrhagia. He has been led to consider the drug in any form a direct stimulant to the uterus and its appendages. It may exert this influence by acting as a direct vasomotor nerve stimulant to the vascular system of the parts, and in consequence of the improved circulation directly increase the tone and nutrition of the organs, or it may exert its whole force through stimulation of the sexual nerve-ganglia, or even possibly the *sexual nerve-centres*, thereby bringing the organs to their normal state of action. At any rate, its action is prompt and direct. In his opinion manganese has no equal in bringing the uterus and appendages to a normal state of menstrual tonicity where the lack of tone is dependent upon some previous depression of innervation. Even when the cause of the depressed innervation is still acting, the remedy will exert its stimulating power over the menstrual mechanism. A series of cases is related demonstrating the effects of the drug in bringing about a return of the menstrual flow after complete cessation, and in correcting irregular and excessive menstruation. "In several cases where the flow was a week or ten days overdue, from 'catching cold,' the permanganate was given in large doses, and its almost magical effect demonstrated by the flow appearing within twelve hours." In menorrhagia and metrorrhagia he observed

unmistakable evidence of its power. "Menorrhagia and amenorrhœa, in their outer manifestations, are exactly opposite in nature, but they are very often dependent upon the same causes. When the cause is anæmia, or any depressing constitutional disease producing a perversion of the functional activity of the menstrual organs, and this perverted action consists of an irregular or excessive flow, this condition will as readily succumb to the stimulating effect of manganese as when the opposite condition exists." Cases are related showing the influence of the drug in checking excessive flow of blood.

"Although manganese, like the allied metals, nickel, zinc, iron and silver, has a direct influence on the blood as a tonic in anæmia, chlorosis, etc., it cannot be possible, in my opinion, that its peculiar influence can alone depend upon that virtue." "It undoubtedly, however, as a general tonic, has a predilection for these organs." In prescribing the drug, the permanganate of potash is regarded the most convenient preparation. This should be administered immediately after eating and dissolved in considerable water. If given in pill form, it must be remembered that excipients ordinarily used by dispensers will produce with the drug spontaneous combustion. The usual dose is two grains from one to four times a day. T. A. A.

Sugar as an Antiseptic Dressing.—Dr. Fischer states that Prof. Lücke, of Strasburg, (*Centralblatt f. Chir., August 25, Med. Times and Gazette, Sept. 22,*) has, since May last, been making trials of sugar as a pulveriform antiseptic. He has used it mixed with equal parts of naphthaline or with a fifth part of iodoform, enclosing it in gauze bags, which are fixed over the wound after the application of sutures. When the skin is defective, the sugar is strewed over the wounded surface. The wound has been disinfected during the operation by means of a 1 per cent. sublimate solution. The dressing may remain on the part from a week to a fortnight, until the sugar becomes dissolved, the secretions from the wound diffusing themselves equally throughout the sugar. If, however, the sugar is applied too thickly, (*i. e.*, more than half a centimetre) it forms into lumps. The wounds thrive under the sugar, the dressing emitting no bad smell nor exhibiting bacteria. The granulations are well developed, having no inclination to bleed, and cicatrisation proceeds rapidly. In wounds united by suture primary union has always been obtained. The experience thus far gained justifies the recommendation of further trials of a remedy so easy to obtain.

"Death from Attempt to Reduce an Old Dislocation of the Shoulder."—In the *London Lancet*, of September 1st, a case is quoted from the *New Zealand Herald*, of a * * * "Mr. Taylor, who fractured his arm, and at the same time sustained a dislocation of the shoulder on the same side." The fracture was treated by splints, but it appears that no attempt at reduction of the dislocation was made until some two months after the injury was received. Under chloroform the pulleys were applied at the wrist, with counter-extension in the axilla. "After extension had been made for some time the tissues in the axilla gave way. The wound thus made was sewn up; hemorrhage then occurred, which was controlled by pressure, but next day the limb was found to be gangrenous, and was amputated; death occurred within twenty-four hours." The *Lancet* goes on to call attention to the plan of treatment which Mr. Erichsen so strongly insists upon, the putting up of the fracture firmly in splints, and the immediate reduction of the dislocation. We must confess we had always thought that this was the rule of practice the wide world over. There is another point in this case that we should not lose sight of, however, and that is the great amount of destruction that may be done to the soft parts, without getting the misplaced bone to yield. As the age of the patient is not given, nor the condition of the soft parts themselves, the case is not complete. There is also no account of any former attempt having been made to reduce without the pulleys. O. J. C.

Traction Suture.—Dr. O. H. Allis, in the *Annals of Anatomy and Surgery, Sept., 1883,*) says: "It not unfrequently happens when a large portion of integument has been cut away—as in removal of the female breast—that the healthy borders cannot be fully approximated, and even an attempt to do so is accompanied with such a degree of tension that the sutures soon cut their way out." To distribute this tension, he employs the following device: After drying the skin thoroughly, apply strips of adhesive plaster from the margin of the wound in the direction you wish the sutures

to hold; then pass the needle deeply through plaster and skin. After the sutures are in position, and before tightening them, request an assistant to approximate the margines of the wound by pressure from his hands, while you secure them by twisting the wire. "Sutures employed in this manner have a firm hold upon the plaster, exert their traction upon a large surface, are less irritating and harmful, and will continue an efficient action much longer than the ordinary integument sutures."

For Torpid Liver.—The following is suggested by Professor Delafield, of New York:

℞ Podophyllin. - - - - gr. 2,
Hydrarg bichlorid. - - gr. 1,
Pulv. ipecac. - - - - gr. 4,
Ext. colocynth co. - - gr. 10.
M. Ft. pil. No. 20.

I would give him a pill composed of these ingredients in the above proportions, and let him begin by taking three such pills each day. He may then gradually lessen the number as his symptoms improve.—*Medical Gazette.*

Breach of Promise.—A Jury in Mercer County, Ohio, recently gave the plaintiff in a breach of promise case $3000 damages, the defendant claiming that he had broken off the engagement because a fibrous polypous tumor had developed in her uterus. The plaintiff alleged that the tumor was produced by and resulted from protracted courtship, causing her to brood upon her prospective entry into married life.—*College and Clinical Record.*

Intermittent Fever Treated with Electricity.—Electricity has been used by Frank, Borgini, Aldini and others; in these later times by Bossi, of Rome; by Vizioli, of Naples; by Shipulski, Krasnogladof, Deparquet, etc. Prof. DeRenzi, of Genoa, has also largely experimented with it and has found that in the majority of cases, the fever is stopped, and frequently more promptly than with quinine. In nine cases, the author has had five complete cures, two bettering, and two with no success. They were treated with the continued and the faradaic current; the first obtained with 9 to 62 elements, and applied five to fifteen minutes along the spinal cord. The faradaic current has been more efficient than the galvanic. These experiments have confirmed the possibility of conquering intermittent fever with electricty: but so far, it has been impossible to ascertain why in some cases a rapid and complete cure is obtained, and in others an incomplete one, and what are the best means of application of electricty, and when it ought to be preferred to quinine.—*Annals Univerzali.*

List of Changes in the Medical Corps of the Navy during week ending September 29, 1883:

Surgeon G. S. Beardsley granted leave of absence for six months, with permission to leave the United States.

P. A. Surgeon A. A. Austin: orders to Naval Hospital, New York, revoked, and placed on waiting orders.

P. A. Surgeon, Geo. C. Lippincott ordered to the Naval Hospital, New York.

Medical Director George Peck detached from the Naval Hospital, Mare Island, Cal., and placed on waiting orders.

Surgeon D. McMurtrie and P. A. Surgeon M. H. Crawford ordered to report at Washington, D. C., October 3, for medical survey.

List of Changes in the Medical Department, U. S. Army, Sept. 24 to Oct. 1, 1883:

Appel, A. H., First Lieutenant and Assistant Surgeon: assigned to temporary duty at Fort Warren, Mass. (Par. 3, S. O., No. 181, Department of the East, September 25, 1883).

Brechemin Louis, Captain and Assistant Surgeon: relieved from duty at Fort Columbus, N. Y. H., and assigned to duty at Fort Wadsworth, N. Y. (Par. 5, S. O., No 183, Department of the East, September 28, 1883).

Carter, W. F., First Lieutenant and Assistant Surgeon: assigned to temporary duty at Washington Barracks, D. C. (Par. 5, S. O., No. 182, Department of the East, September 27, 1883).

De Loffre, A. H., Captain and Assistant Surgeon: assigned to duty at Fort Niagara, N. Y. (Par. 5, S. O., No 182, Department of the East, September 27, 1883).

Havard, Valery., Captain and Assistant Surgeon: assigned to temporary duty at post of San Antonio, Texas. (Par. X, S. O., No. 120, Department of Texas, September 21, 1883).

Tilton, H. R., Major and Surgeon: assigned to duty as Post Surgeon at Fort Wayne, Michigan. (Par. 4, S. O., No. 183, Department of the East, September 28, 1883).

Reed, Walter, Captain and Assistant Surgeon: relieved from duty at Fort Omaha, Neb., and assigned to duty as Post Surgeon, Fort Sidney, Neb. (Par. 5, S. O., No. 103, Department of the Platte, September 22, 1883).

Richard, Charles, First Lieutenant and Assistant Surgeon: relieved from further duty at Creedmoor, N. Y, to return to his proper station—Fort Adams, R. I. (Par. 1, S. O., No. 180, Department of the East, September 24, 1883).

Richard, Charles, First Lieutenant and Assistant Surgeon: granted leave of absence for two months—with permission to apply for extension of two months. (Par. 1, S. O., No. 49, Military Division of the Atlantic, September 25, 1883).

Wakeman, William J., First Lieutenant and Assistant Surgeon: relieved from temporary duty at Fort Sidney, Neb., to rejoin his proper station at Fort D. A. Russell, Wyoming. (Par. 5, S. O., No. 103, Department of the Platte, September 22, 1883).

Medical Items.

Dr. Louis Holzhausen, æt. 67, of Prince Georges County, Md., died of paralysis in Baltimore, September 18. He was born in Germany, and gave up medicine to teach music.=Another quack has had to leave West Virginia very unceremoniously—to avoid arrest—a long haired street-vendor of patent medicines, calling himself "Dr. Johnson." Come to Baltimore, Dr. J., we wont hurt you.=Dr. Thuillet, one of the four physicians composing the Pasteur Commission for investigating the cholera, died in Alexandria, Egypt, Sept. 18th.= The session of the medical colleges began on Monday, October 1st. Prof. Lynch delivered the introductory at the College of Physicians and Surgeons. There was no formal introductory at the University.= The epidemic of cholera, which has raged in Egypt during the past three months, is now on the decline. It has destroyed nearly thirty thousand lives.=Quite a respectable number of medical students have arrived in the city, with a view to attending lectures at the several schools during the winter. The prospect of large classes is encouraging. Baltimore is yearly becoming more popular as a medical and educational center.=According to the last official returns, it costs $1,048,600 annually to sweep the streets of Paris. About 2,830 laborers enjoy the privilege of doing the sweeping, whilst 186 foremen are employed to see that it is well done.=During the Russo-Turkish war, 1877–78, the combined force of the Russian army numbered 933,000. Of this number 81,166 perished by disease, and 36,455 by wounds received in battle. These results indicate a very inefficient medical service.=A true case of seizing the bull by the horns is reported in the *British Medical Journal*, Sept. 1st, 1883. A Mr. John Macdonald, in attempting to rescue his brother who was pursued by an infuriated bull, seized the animal by the horns and with a sudden twist dislocated the neck by his jerk. The bull fell helpless. It is needless to say the gentleman was once a champion athlete.=A hygienic settlement has been projected on Cumberland Mountains, Tennessee, which proposes to comprehend all the conditions promotive of and to eschew all that are adverse to health.=According to M. Vulpian's report, the case of the Comte de Chambord was a most remarkable instance of non-malignant ulceration of the œsophagus, simulating cancer of the stomach so closely as to mislead several physicians of great experience.=Fresh dried moss is highly commended as an application to all kinds of wounds.=Dr. Waldeyer, of Strasburg, has been appointed Prof. of Anatomy in the University of Berlin, in place of Dr. Reichert.=The Riberi prize of 20,000 francs has been awarded to Prof. Bizzozzero, of Rome, for his researches in the physiology and pathology of the blood.=Surg. General Jno. B. Hamilton, Marine Hospital Service, was in the city last week looking for a site for the Marine Hospital to be located here, for which Congress appropriated $100,000.=The Second Branch of the City Council of Baltimore has passed an ordinance providing for the appointment of an inspector of plumbing at a salary of $1,200 per annum.=The Clinical Society of Maryland met October 5th. Officers were elected for the ensuing year. The Medical Association will meet Monday, October 8, at half-past eight, P. M.=Prof. Redfern has resigned the chair of Anatomy and Physiology at Queen's College, Belfast, which he has held twenty-three years.= Dr. Frank Woodberry, an experienced journalist, will assume exclusive editorial management of the *Philadelphia Medical Times*. The *Times* has been ably edited for some years by Prof. H. C. Wood, an accomplished writer and scientist.=Prof. J. S. Jewell has been appointed Emeritus Professor of Physiological Medicine in the Chicago Medical College. Prof. Walter Hay succeeds Prof. Jewell in the chair of Nervous and Mental Diseases. Professor Jewell is in ill health.=Sir William MacCormick and Dr. Lyon Playfair are visiting this country.=The new crematory built for the Anatomical Department of the University of Pennsylvania was heated for the first time on Wednesday last. The furnace will not be used for the cremation of private bodies as was announced. There is a similar crematory in connection with the Biological laboratory of the Johns' Hopkins University, recently erected on Eutaw Street, in this city.=*Gaillard's Weekly* has again become a monthly.

Original Papers.

INFANTILE PARALYSIS.

BY THOS. S. LATIMER, M.D.,

Professor of Physiology and Diseases of Children, College of Physicians and Surgeons, Baltimore.

Infantile paralysis, essential paralysis, or spinal paralysis, as it has been variously called, is characterized usually by the abruptness of its invasion, the period of life at which it most frequently occurs, by attaining its maximum of intensity in the beginning, and by the usually speedy recovery of a number of the paralyzed muscles, and the subsequent limitation of the paralysis to particular groups of muscles. Sensation is rarely involved; and the sphincters of bladder and bowel always escape. It is essentially a motor paralysis of limited extent and degree. It is true that the whole of one side may be involved, including the face, or that a true and complete paraplegia may occur. It has been denied on high authority that hemiplegias belong to the domain of infantile paralysis, but this is in support of that view which limits the lesion on which it depends to the spinal cord, and the motor cells thereof—a view most ably maintained by M. Charcot; but in spite of the beautiful simplicity of this hypothesis, I am constrained to admit that hemiplegias differing in no particular in their symptomatology from this form of paralysis, when otherwise located, have been reported upon what seems to be unquestionable authority. (Volkman on Infantile Paralysis, page 22, New Sydenham Society, 1876.) Occasionally a tolerably complete paralysis may occur of one side, one limb, or of the lower half of the body, which will, after a few days or weeks, entirely disappear. Many writers do not consider these cases of brief duration infantile paralysis. The Duchennes, father and son, deny them this title, and Kennedy describes them under the head of temporary paralysis. But as the element of time is the only important particular in which they differ from other cases, this objection can not be considered of weight. As is implied in the name, this affection is characteristic of early childhood; but a form of spinal paralysis, occurring in the adult, is described by M. Duchenne (de Boulogne), Dr. Morris Meyer, and others, which presents all the peculiar features of infantile paralysis, and which, therefore, is probably of the same nature. Not infrequently some precursory fever anticipates the loss of muscular power, but this is either often absent or so slight as to escape observation. More frequently the child is put to bed at night without any suspicion of illness, and on the following morning is found to be without control over certain of its voluntary muscles, which after the fifth or sixth day are incapable of responding to a faradaic current, though still remaining excitable to a galvanic current. Very soon, in a large proportion of cases, the paralyzed muscles recover their power of contraction, some of them entirely, and others in a measure. Rarely, indeed, do all the muscles primarily affected continue paralyzed—never to the degree at first indicated. What at first was a complete hemiplegia, or paraplegia, will, in three or four weeks, continue as an affection of small groups of muscles. And it is asserted by Volkman that after six months or a year the full measure of improvement is attained. What muscles then remain powerless will always continue so. Nor is this due to the fatty metamorphosis sequent on prolonged inaction of the affected muscles, as it has been observed that sometimes in the severest cases, even after years have elapsed, fatty degeneration has not resulted. Drs. Volkman and Steudner removed small bits of muscle in "several severe cases of long standing, and did not once see an unequivocal fatty metamorphosis." Nevertheless, it can not be doubted that fatty metamorphosis does result in a large proportion of cases sooner or later, although we are not entitled to conclude with the Duchennes that the degree of the paralysis always expresses exactly the intensity of the fatty metamorphosis.

Infantile paralysis is essentially a spinal paralysis, though we must admit, in order to account for those complete hemiplegias that do occasionally occur, that the spinal lesion is sometimes preceded by, or associated with, a cerebral meningitis or hyperæmia, which, however, has no necessary connection with the spinal lesion. The spinal lesion is the only lesion invariably present; is the only one essential to the complete symptomatology of infantile par-

alysis; is in itself sufficient to account for all the symptoms in all those cases where the paralysis is limited, as in the great majority of cases it is, to muscles supplied by spinal nerves; and, where the brain is involved, it must be considered an accidental complication by no means necessary to a perfect picture of the disease. Muscular atrophy, not dependent on fatty metamorphosis speedily occurs in most cases of this affection, so speedily as to make it quite certain that it has no necessary relation to muscular inaction, but is a true irritative change dependent on inflammatory changes occurring in the trophic centres of the affected muscles. Brown-Séquard and Charcot advance the opinion that the effect of atrophy of the ganglion-cells may vary, according as it either is, or is not, connected with irritation. The pure atrophy (of these cells) implies only paralysis; the more the destruction is brought about by irritative processes the more certainly and rapidily does atrophy of the muscle ensue. Duchenne and Joffroy conceive the matter to be more simple. They consider themselves warranted in the assumption that the ganglion-cells in the anterior cornua and motor bulbar nuclei are of a two-fold kind—motor and nutritional. Where the typical form of progressive muscular atrophy occurs, there we have to do with a lesion confined to the nutritional cells; where, as in the case of progressive paralysis of the tongue without wasting, the paralysis advances without atrophy, we have a lesion of the motor cells only. (Kussmaul on Progressive Bulbar Paralysis, New Sydenham Society, 1876.) The absence of dermal necrosis, and the extreme rarity with which sensibility is affected are among the most marked features of this affection. Observations made by MM. Duchenne and Heine on patients old enough to communicate their feeling make it probable that pain and formication occasionally occur, and usually last but a short time. The writer has seen one case, the only fatal case that he has ever observed, in which for the first forty-eight hours severe pain and intense hyperæsthesia were present. Nevertheless, the central grey matter is seldom primarily involved. Motor paralysis, with rare and slight modification of sensibility, with nutritional changes in muscles only, point clearly to the large ganglionic cells in the anterior cornua of the cord as the exact site of the primary lesion.

Muscular atrophy is, perhaps, one of the most salient features of this disease, and is usually distinctly manifest about the end of the first month. The atrophic state at a later period is frequently masked by fatty deposition. Duchenne and Volkman have shown that osseous development is greatly retarded in infantile paralysis, even in cases in which the muscular paralysis may have been almost entirely recovered from. This fact is of peculiar interest, as it shows trophic disturbance in a part whose activity is but little altered, and where it can not be referred, as has been done in muscles, to prolonged inaction. Though the muscular contraction may be entirely restored in a few days, the osseous trophic disturbance may last for life. "Even in very circumscribed and very incomplete infantile paralysis, the trophic disorder in question may affect the limb throughout its whole extent; traces are frequently found in the trunk, the pelvis, the shoulders, and, in some cases, even in the head." (Volkman, Quoted from Charcot on Diseases of the Nervous System, New Sydenham Society, 1881.)

Coldness of the extremities, due to diminution in calibre of bloodvessels, sometimes appearing as early as the first week, and deformities consequent on the activity of unparalyzed muscle, and the favoring mechanism of certain joints like the ankle, complete the picture of this interesting disease.

It will be seen from what has already been said that the characteristic lesions are of the nervous and muscular system in the first period; and of the nervous, muscular and osseous systems in the second period. It is to the researches of M. Charcot, assisted by M. Cornil, at the Salpétrière, that we now have a definite and clear idea of the essential nature of these lesions. In 1864 these observers first pointed out the atrophy of the anterior cornua, and of the antero-lateral columns of the cord in the region whence proceeded the nerves supplying the affected muscles. Two years later, MM. Prevost and Vulpian showed the lesion of the motor cells in the anterior cornua with sclerous transformation of the neuroglia. In 1869, Drs. L. Clarke and Z. Johnson reported, under the name of muscular atrophy, a case which properly

belongs to this domain, in which granular degeneration and loss of motor cells, with foci of degeneration in different points of the grey substance, were found. But M. Charcot justly claims that to himself and his assistant, M. Joffroy, is due the credit of most clearly determining the character of the spinal lesions of infantile paralysis. In the case of a female patient, named Wilson, who died of phthisis pulmonalis, at the age of 45, the following lesions, which may be considered typical of infantile paralysis, were found: "Throughout the whole height of the cord the lesions extended, and were principally—in some places exclusively—in the anterior cornua. The great motor cells were greatly altered, though in different degrees; and in the most seriously affected parts entire groups of cells had disappeared without leaving a trace behind. The neuroglia had almost always undergone sclerous transformation in the immediate neighborhood, and to a certain distance from the injured cells, but there were points—and this fact deserves prominence—where this cell lesion was the only alteration which histologic examination could detect, the connective web having in these places retained its transparency, and very nearly all the characteristics of its normal structure.

Finally, we shall notice in our observations, an atrophy with partial sclerosis of the antero-lateral columns and a well-marked wasting of the anterior roots, particularly remarkable on a level with the regions of the cord which were most gravely affected, alterations which had been already pointed out in essays published anterior to our own.

In the memoir, based upon our observations, we considered ourselves justified in admitting that the *lesions of the motor cells*, mentioned already in the cases of MM. Vulpian and Prevost, and in that of L. Clarke, *is a constant fact in infantile paralysis, and one from which the principal symptoms of the disease are derived*, particularly the paralysis itself, and the muscular atrophy. * * * The lesions of the neuroglia and the atrophy of the nerve-roots are to be regarded as consecutive phenomena." (Charcot on Diseases of Nervous System. New Sydenham Society, 1881.) We have seen that a great part of the muscle fibres affected undergo simple atrophy without fatty change in the first period. A large number of fascicles have been found with considerably diminished diameter without fatty degeneration, that have preserved their striation. Others show great multiplication of sarcolemma nuclei. Still others, much less numerous, have lost their striation and exhibit fatty granular metamorphosis. Drs. Volkman and Steudner likewise point out at this period a hyperplasia of connective tissue. In the second period signs of fatty substitution and loading are super-added. Clusters of granulations and fatty droplets accumulate in the sheaths of the sarcolemma and replace here the primary (or ultimate) fascicle which totally disappears, or which leaves but fragments behind. On the other hand, adipose cells form in heaps on the outside of the sarcolemma in the intervals which separate the primary fascicles. (Charcot). According to Laborde, this fatty deposition is sometimes sufficient to so distend the enclosing aponeurosis as to give the appearance of pseudo-hypertrophic paralysis. Yet, though at this period fat accumulation is extremely common, it is not invariably found.

The treatment of infantile paralysis is not quite so hopeless as Volkman would have us believe. He says: The therapeutics of infantile paralysis, if you set yourself the task of removing the paralysis is as good as hopeless. I have not had a single good result in this respect if the condition had existed for half a year or a year. Little is to be gained by the much-belauded electricity, whether you use the induced or constant current. In very recent cases the movements of individual muscles or groups will be quickly established under the electric treatment, but in my belief only those which would have recovered spontaneously. Any muscle which does not react to electric irritation some weeks after the beginning of the disease, remains almost always paralyzed for the rest of life, whatever be the therapeutic means used. (Volkman on Infantile Paralysis. New Sydenham Society, 1876).

That muscles which fail entirely to react to electric irritation after a few weeks will probably remain paralyzed for the rest of life is probably strictly true, but I can not convince myself that those which, retaining some degree of electrical contractibility, subsequently recover under treatment are only those which would have recovered

spontaneously. I have so often seen muscles which, having spontaneously recovered to a degree which left them but feebly responsive to electric irritation, after having remained in that state without any manifest tendency to further improvement, after treatment was instituted soon begin to improve, and continue steadily advancing until very decided improvement was established and maintained. Indeed it is one of the most gratifying characteristics of this affection that any gain is usually permanent. I also have seen but little profit from the much-belauded electricity, and value it only in diagnosis. Much more is, in my judgment, accomplished by frequent vigorous frictions, energetic and oft-repeated massage; and still more by judiciously selected play-things, such as encourage voluntary efforts on the part of the child. Very seldom, after the first or second month, is the paralysis so general as to inhibit the tolerably free movement of any member. When the lower limbs, or one of them, is affected, it will often happen that the child, though quite unable to stand erect, will lie on its back and kick energetically. In such cases, even in children that have not yet learned to walk, much profit is to be had in the use of a tripod four or five feet high, from the centre of which depends an elastic band of strength easily to support the weight of the patient, to the end of which is attached a seat permitting the toes of the child when placed in it to touch the floor. If it is put in motion by slightly lifting it and allowing it to descend until the feet touch the floor, after several efforts the little one will get in the way of using its own feet to lift itself, and finding it good sport, free from danger of falling, will continue the effort for long periods, and return to it frequently with eagerness. If the patient is a little older, an ordinary swing, hung in the door-way, to which the child is secured so that the feet will reach the floor, that it may swing itself by pushing with them, may be substituted. The use of velocipedes and other wheeled vehicles which shall be propelled by the movement of the patient's legs or arms, whilst the body is supported entirely or in part, furnishes attractive and useful means of encouraging such voluntary effort as the patient is capable of—almost always there is considerable capability thus assisted—vastly more advantageous than electric stimulation; and, I need scarcely say, of much more ready application.

The use of drugs either to act on the paralyzed muscles or on the spinal centre is without effect, but there is often incidental occasion for their use to the undoubted advantage of the patient.

Cold applications to the spine; dry cups or wet; stimulating embrocations to the same region, are, in my judgment, absolutely nil. Of little, if any, greater utility are such remedies as iodide of potassium, bromide of potassium, and ergot, administered with a view to the relief of spinal congestions and permanent structural changes in the cord. The disease attains its maximum of intensity before the physician is called. Much remains to be done of a surgical nature to obviate the tendency to deformity always present, especially in the lower extremity. The mechanism of the joints, far more than the active contraction of unparalyzed muscles, as has been well shown by Weber, and later by Volkman, favors the establishment of a talipes equinus varus, and a genu valgum. These should always be watched for, and as soon as observed, if the use of the member—in talipes equinus varus—by the methods heretofore referred to does not sufficiently obviate them, the limb should be fixed in the proper position by mechanical appliances.

Selected Papers.

PLASTER-OF-PARIS SPLINTS FOR IMMEDIATE TREATMENT OF FRACTURES OF THE LEG, ETC.

BY JOHN CROFT, F.R.C.S.,
Surgeon to St. Thomas' Hospital.

In June, 1881, I read a paper on this subject before the Royal Medical and Chirurgical Society of London, and that paper is published in the Society's *Transactions*. Since the period to which that paper referred, I have continued the practice of applying these splints immediately for fractures, and many other injuries of the lower extremity.

The practice is as much approved by my colleagues as when I wrote the paper. Mr. Battle, the registrar of St. Thomas's Hospital, has kindly ascertained for me that, during 1881 and 1882, 403 fractures were

treated in this way, and none but good results ensued. No instances of gangrene, or bad or delayed union, or splint sores occurred. This number, with that already reported, viz., 498, makes up a total of 901 cases treated with the best results.

I would take this opportunity of again advocating the immediate setting of fractures, and their treatment by such splints as these.

The chief obstacles to their use seem to be the lingering of prejudice in favor of waiting until swelling has subsided before finally setting the fracture, and covering up the seat of fracture with bandages. A second obstacle is unwillingness on the part of the surgeon to put it out of his power to see, touch, and tell of the changes taking place in the external appearances of the injured spot. Another obstacle is in obtaining and manipulating plaster-of-Paris.

With regard to the first, I would impress upon those who look upon the swelling as an obstacle, that the equable support given by the splints and muslin bandage is the proper remedy for the swelling. I am speaking of the swelling ordinarily met with in simple fractures, and not the exceptional swelling encountered about once in twenty-five cases. The absolute rest and support form the natural remedies for the extravasation and consequent swelling.

With regard to the second obstacle, I can only ask: How long are we to take in learning that swelling and inflammation are not necessary to the repair of wounds of bone, as they are not essential for the repair of wounds of the soft parts? Subcutaneous, experimental, and antiseptic (or, rather, aseptic) surgery have taught us that much. If these appearances or signs be not needed to enable the surgeon to measure the progress of healing, what need is there for keeping the seat of fracture uncovered and exposed to the ill consequences of unequal support? I beg him to have the courage of his knowledge, and to act upon it. The excuse that he cannot from inspection report how the fracture is going on, is a very lame one. If the fracture have been properly set and fixed in the splints, he may rely upon it that the process of repair will go on to its termination as surely as an acorn, dropped into suitable soil, will develop into an oak. If healthy repair be not going on, symptoms of it will not be wanting in uneasiness, pain, severe throbbing, obstinate starting, and feverishness.

As to the last obstacle mentioned, the difficulty of obtaining and manipulating plaster-of-Paris, that, I must admit, is a real obstacle to some country practitioners, though it is none whatever to a surgeon resident in a town. I hope that some day a plastic material will be found, which will combine the useful qualities of plaster-of-Paris and poroplastic, without their disadvantages.

I still hold that for the immediate treatment of fractures the splints are superior to the plaster-of-Paris bandages; and for the reasons stated in my original paper, that the bandages form a thick case which is comparatively difficult to remove. It is most desirable, in the cases under consideration, to put on an apparatus which, in case of accident, such as rapid unusual swelling, pain, or misadventure in application or manipulation, can be easily taken off with the least possible disturbance of the broken limb. To remove the complete case made by plaster-of-Paris bandages, it must be cut open, and then the limb extracted from it; another case must be built up. These steps cause the injured limb much disturbance and some pain. When the splints have to be removed for some accidental cause, the process is a very easy one. The muslin bandage is easily cut up by scissors; the splints can be removed or turned aside, one at a time, so that the limb is not left without support. In the majority of the few instances in which this change has to be made, the same splints may be reapplied with fresh muslin bandages.

The apparatus consists of: firstly, inside and outside splints made of common house-flannel and plaster-of-Paris; and, secondly, of muslin bandages. The splints for fractures below the knee are shaped somewhat like the old short outside splint; the foot-piece is, however, wider. The splint for the inside of the leg is similar in length and width to that for the outside. The splints should be long enough to extend from above the knee to the middle of the metatarsus, and together they should be in width about one inch less than the circumference of the limb at the corresponding part. A rough guide to the shape of the splint may be found in the injured person's stocking when it is laid flat

on a table. Each splint is constructed of two layers of the flannel; the outer layer carries the gypsum; the inner layer forms a dry, warm, elastic lining, and protects the skin. These splints are applied by means of the muslin bandages. The bandage is put on like any other, from the toes to the knee; one thickness is enough. Two bandages of five or six yards in length are more convenient than one of twelve yards.

To Make the Splints.—1. A piece of house-flannel, or an old shrunk blanket, or any suitable substitute, is selected. The pieces may be shaped by measurement, taking the circumference of the limb above and below the knee, at the biggest part of the calf just above the ankle-joint, from the front of the ankle-joint round the heel to the front again, and at the middle of the metatarsus. The flannel of each splint should be in width half an inch less than half the circumference at any of those points. The width of the two splints should be one inch less than the circumference of the limb at any corresponding part; it should be long enough to extend from above the knee to the middle of the metatarsus. Four pieces are required—two for each splint. 2. Two bandages of common muslin are prepared, each five to six yards long, and two inches and a half in width. 3. A handful or two of good dry plaster is mixed with water to the consistency of thin cream. 4. The inside pieces of flannel may be laid on the table or bed, the outer surface being upwards. 5. The outside pieces are to be soaked in the plaster separately, and laid out on their respective inside pieces.

Application.—Whilst traction is kept up, and the ends of the broken bones are maintained in apposition, the splints are to be applied and smoothed; then the bandage is to be put on. Traction is to be maintained during the hardening of the plaster. The latter takes place in about three minutes. Next, the limb should be laid on a large soft pillow, the toes directed upwards, and the knee a little bent. In the application of the bandage, great caution should be observed that it is not drawn tightly anywhere, and that no one turn of the bandage is tighter than another. The support is to be equal everywhere. The two splints should not meet by about half an inch either down the front or back. The intervals are spanned by the dry porous muslin; at the sides, the bandage is fixed to the splints by the plaster, which oozes into it from the outer layer of flannel. If it become necessary next day, or later, to ease the splints, or to inspect the limb at any spot, the bandage can be slit up with scissors along the middle line in front. One or both of the splints can then be eased from the limb, and readjusted by the addition of another bandage. It is undesirable to wholly remove the splints. They are hinged together at the back by the muslin bandage which spans the interval there. The trimming of the apparatus may be done as soon as the plaster shall have hardened. Should the surgeon be short-handed with regard to assistance, he may apply the outside splint first, and lightly bandage that on; and, when that splint has nearly hardened, he may put on the inside one. As swelling subsides, and the splints become more or less loose, an additional bandage should be put on. At the end of ten days, if the patient be convalescing, the outside bandage may be gummed, or a fresh gummed bandage rolled on. That apparatus will last until splints are no longer needed. At the end of a fortnight, or three weeks, as the case may be, the patient may leave the hospital for his own home.

This mode of treatment is admirably adapted to oblique fractures, accompanied by displacement of the tibia, to cases of Pott's fracture, and to comminuted fractures.

Mental Therapeutics.—I am profoundly convinced of the prominent place of mental influence in the therapeutics of functional nervous diseases. "The most powerful single remedy that can be used in the treatment is the mind," was an aphorism of the late Dr. Beard, and all experience acknowledges its truth. Witness the success of faith-cures. I have seen a hypnotic fall very nearly lifeless when told to shoot himself with a stick, which he thought was a loaded pistol. This mental therapeutics is the mainstay of charlatanry and the backbone of many a genuine professional success. Some persons are spoken of as born physicians, and I conceive it is because they have the tact and skill to manipulate the *psyche* of their patients. Such skill is particularly needed in treating chronic functional troubles.—*C. L. Dana.*

Society Reports.

CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD OCT. 5TH, 1883.

(*Specially reported for Maryland Med. Journ.*).

The Society was called to order at 8.30 P. M., by the President, DR. SAMUEL THEOBALD

ELECTION OF OFFICERS.

This being the Annual Meeting, the election of officers for the ensuing year was held, and resulted as follows:

President, Dr. J. Edwin Michæl; *Vice-President*, Dr. Thomas A Ashby; *Recording Secretary*, Dr. Joseph T. Smith; *Corresponding Secretary*, Dr. Randolph Winslow; *Treasurer*, Dr. H. Clinton McSherry; *Executive Committee*, Drs. Latimer, Theobald and Browne.

The various officers presented their reports for the past year. The Treasurer was ordered to deposit to the credit of the Society in savings bank $100 from the funds in his hands.

Drs. N. A. S. Keyser, I. R. Page, and F. X. Morawetz were proposed for membership. Dr. J. R. Uhler presented his resignation, which was accepted.

PICRIC ACID GIVES THE SAME REACTION WITH THE URINE OF PATIENTS TAKING CINCHONA SALTS AS WITH ALBUMINOUS URINE. *Dr. I. E. Atkinson* made some remarks upon the use of picric acid as a test for albumen in the urine. When he first used it he was much pleased with the results, but on examining the urine of patients suffering with malaria he was surprised to find that it indicated the presence of albumen in four out of five cases, where heat and nitric acid failed to show it. One of the physicians resident at the Bayview Asylum then suggested that the salts of cinchona might have something to do with it. Drs. Cook and Watkins followed up this hint, and have prepared a paper for publication embodying the results of their researches. They report that there is no question that patients taking cinchonidia give the same reaction with picric acid as if they had albuminuria. If the salts of cinchona do this, may not others also?

Dr. Winslow exhibited a pocket-case for testing albuminous and diabetic urine which he had brought from Vienna, and *Dr. Bermann* made some remarks upon sources of fallacy in the use of metaphosphoric acid as a test for albuminuria, and also upon a case of hard chancre of the lip.

The Executive Committee announced that Dr. Coskery would read a paper at the next meeting of the Society, entitled "REPORT OF THREE CASES OF FRACTURED FEMUR IN OLD PEOPLE."

After some remarks by the retiring President, the Society adjourned.

PROCEEDINGS OF THE MEDICAL SOCIETY, DISTRICT OF COLUMBIA.

(*Specially reported for the Maryland Med. Journal.*)

FOREIGN BODIES IN TRACHEA: THREE CASES OF TRACHEOTOMY FOR THEIR REMOVAL.

AN OLD-FASHIONED "LEVY" (12½ CENT PIECE) IN THE LARYNX EIGHTEEN MONTHS—EXPELLED BY COUGHING;—A CURRANT IN THE LEFT BRONCHUS FOR THREE MONTHS EXPELLED BY COUGHING.

TRACHEOTOMY IN DIPHTHERITIC LARYNGITIS—RECOVERY.

HALF OF A CHESTNUT HULL THREE MONTHS IN THE TRACHEA—EXPELLED SPONTANEOUSLY BY COUGHING.

REGULAR MEETING HELD MAY 9, 1883.

The Society met, with Vice-President, DR. CHARLES E. HAGNER, in the Chair, Dr. T. E. McArdle, Secretary.

Dr. J. F. May reported three cases of tracheotomy for the removal of foreign bodies from the trachea. He had, he said, operated eight times and always successfully. His patients had ranged from four to seven years. The reason of this was the well-known habit of children to put things in their mouths. They then begin to speak or laugh, the epiglottis rises, and on inspiration the foreign body is drawn backwards. These substances may be of three kinds: 1st. Small substances, light in their nature; 2nd. Spiculated bodies; 3d Heavy substances. This division is important, for each class will occupy a different position in the throat. The light body will be continually in motion; the spiculated will stick and be immovable; the heavy will fall down into the trachea and remain fixed, most generally in the right bronchus. When anything touches the rima glottidis, a violent spasmodic fit of coughing ensues. This subsides, and in the lull which follows parents and physicians may suppose the foreign substance to have been ejected. Nature does sometimes eject them by coughing, but where this succeeds once it fails fifty times. The inflammation causes a profuse mucous discharge, and the breathing becomes exceedingly rapid with an occasional lull. The symptoms most apparent are dyspnœa, lividity of the face and lips and even of the finger-nails. Heavier bodies cause much less difficulty than light ones. They are apt to fall into one bronchus and do not cut off all the air supply. Still they inevitably lead to fatal results. The Doctor here related some cases of abscess occurring months and even years after the entrance of the foreign body into the trachea.

There are different means of extracting the various classes. When you make an incision into the trachea the light body immediately appears in view, unless it be near the vocal cords, a pouch, or the rima glottidis. The

spiculated cause intense swelling and mucous obstruction. The risk when thrown upwards is that they may be caught in the rima and cause suffocation.

As an example of heavy articles, the Doctor related the case of Mr. Brunel, operated on by Sir Benjamin Brodie. It is recommended to use forceps for the removal of spiculated objects. The operation, however, is extremely difficult and dangerous.

Emetics are worse than useless, and their use is based upon a wrong physiological theory. Turning the head down has no effect upon light substances, and may cause suffocation by heavy ones, unless an opening has been previously made in the trachea.

There are three operations performed by surgeons: Laryngotomy, Laryngo-tracheotomy, and Tracheotomy. It is best to divide above the isthmus of the thyroid, as there is less danger of hemorrhage from important vessels. The best way to stop venous hemorrhage when it occurs, is to open the trachea and allow the pulmonary circulation to go on. The first case which the Doctor wished to report occurred at Sandy Spring in a child five years old, who had got a grain of corn into its trachea the evening before the Doctor saw the patient. The corn could be heard and felt striking against the trachea in respiration. This is an important diagnostic point, as it relieves all doubt concerning the ejection of the foreign body. After the incision was made, the corn appeared in view, and was easily removed with a linen-covered probe. The child then fell into a profound slumber and was well in a week. The second child lived in Georgetown, and the Doctor saw him six days after the grain of coffee had become engaged in the larynx. When he arrived the patient seemed to be in extremis. He had not slept for forty-eight hours; his complexion was livid, the jugular swollen, the extremities cold, and dreadful rhonchus throughout the lungs. Laryngo-tracheotomy was first performed, and then the incision was continued downwards—still nothing could be seen. The patient, however, breathed more freely and quietly. The Doctor became satisfied that the coffee had been caught in a pouch of the glottis; but after exploring the upper part of the larynx he left the patient till the next morning. He then found the child sitting up in bed, after having slept profoundly all night. A probang was forced up the larynx, the coffee passed into the œsophagus, and, after a dose of oil, was found in the first dejection. Two or three sutures were introduced, some adhesive plaster used, several leeches applied to the throat, and besides a roughness of the voice for several weeks, no evil consequences ensued.

The third case was again a grain of corn in a child five years old. Four days afterwards the Doctor saw him, and found him suffering from a spasmodic cough and great dyspnœa. The operation was performed above the isthmus. Just as the Doctor was about to open the trachea, the jaw fell, the eye closed, the lungs ceased to expand and the heart to beat. This was due to one of two causes: Either to spasm of the larynx from the touch of the knife, or the lodgment of the corn about the chink of the glottis. The Doctor lost not a moment, but plunging his knife into the trachea, applied his mouth to the opening and breathed into the child's lungs, whilst another physician kept up the movements of the chest walls. After half an hour's hard work the child was resuscitated and began to cry. Some milk was given it, and it soon fell into a deep sleep. It was not deemed advisable to close the wound till the next day. In a short time the child was perfectly well.

In conclusion, the Doctor said cases like these are extremely gratifying, and compensate for the ingratitude of patients and the anxiety of the physician. There is no pleasure so keen as that which the surgeon experiences when, by the aid of the scalpel and the unerring eye of anatomy, he snatches a patient from the jaws of death. In reply to a question by *Dr. Elliot*, he said that he had always operated without anæsthetics, and he had been successful in his eight cases.

Dr. Garnett said, in confirmation of the tolerance of the lining mebrane of the respiratory tract, he would relate two cases which had come under his observation. One was a child, seven years old, who was seized with sudden suffocation at the dinner-table. During three or four months this occurred several times. At last, after a violent fit of spasmodic coughing, she ejected an old-fashioned "levy," which had slipped into her larynx eighteen months before, and which, in his opinion, remained edge downward.

The second case was a lady who whilst eating some fruit cake got a currant into the larynx. She suffered from pain in the left side of the chest and some dyspnœa. Bronchial rales were easily discernible. Six months afterwards she coughed up the currant.

On motion, the discussion was continued, and the Society adjourned.

MEETING HELD MAY 16, 1883.

Dr. D. W. Prentiss said, in connection with Dr. May's remarks on the performance of tracheotomy in cases of membranous croup and diphtheria, he would mention a case which occurred in his practice some years ago, which was the first case of recovery after tracheoto-

my reported in this city. The recovery in this case he attributed to the careful after-treatment, which chiefly consisted in keeping the room of the patient—a child, four years of age—at as uniform a temperature as possible, and the air well saturated with moisture, and spraying the throat with lime water by an atomizer. The bad symptoms in this case were late in appearing. The following is the history of Dr. Prentiss's case:

Jimmie Frazer—aged 4 years—bright, active, healthy child.

Sept. 5th, 1880.—Office consultation—Tonsillitis. Both tonsils inflamed and swollen. Pharynx congested. No appearance of membrane. Fever.

Prescribed—Tr. iron and chlor. potas. mixt. Fever mixt. Tannin and glycer. locally.

Sept. 6th.—Office consultation—Appearance of mem. on both tonsils, extending to pharynx. Carbol. acid and glyc.—1 per c.—in place of tannin and glyc.

Sept. 7th.—Visited him at home. Much better. Mem. disappearing from throat.

Sept. 9th.—Croupy symptoms—small patch of mem. still on pharynx. Copaiba ordered —℞.

From Sept. 9 to 12—regular course of mem. croup—until on the morning of the 12th (Sunday)—the breathing was greatly oppressed—cyanosis—loss of voice nearly complete—sinking in of supra-clavicular spaces and of abdom. in resp.

Saw patient at 9 A. M.—Explained that there was no hope but tracheot. Sent for Dr. J. F. Thompson. Met him at 10 o'clock. Child semi-comatose, cyanosed, gasping respirat. Dying.

Family agreed to operation, but it was doubtful if the child would live until it could be performed. Dr. T. went home after instruments. I prepared the child on a table before the window. Dr. T. operated. Child so nearly dead as to be unconscious of the cutting. The condition was almost identical to that produced by nitrous oxide gas. Coming down to trachea two veins size of a goose quill were found over trachea; they were separated and incision made between them. Trachea elevated on tenaculum, opened and tube inserted. Effect on child was immediate. Deep inspiration was taken; color returned to face, eyes opened and he looked around; went to sleep; slept 2 hours; awakened and asked for something to eat, and took a drink of milk. Atomizer was used, with lime-water spray. Breathing perfectly free for 36 hours, during which time he slept quietly.

Sept. 14th.—Symptoms of membrane extending below the tube, gradually increasing. Paroxysms of dyspnœa.

From this date to Sept. 19 death from suffocation by false mem. was constantly imminent. Lime-water spray was kept up day and night beside the bed, and during spells of dyspnœa was held to tracheal opening. The effect was very marked in giving relief and softening the membrane so that it was coughed up. Quite a large amount of membrane was expelled through the tube—at first thick, white and tough—but towards the last thin and friable. The wound in the throat around the tube was covered with thick white membrane.

Sept. 16th.—An eruption resembling measles developed over the whole body—not attended with increase of fever—but September 18 erysipelas developed around the tube and extended up to angle of jaws and ears and down the chest to nipples. Skin red, swollen and blistered. Neck swollen out even with the lower jaws. Febrile disturbance. Iron and potas. mixture resumed. (Copaiba had been used internally and lime-water externally. Did it have any influence in causing above?)

Up to September 19 no air passed through the larynx.

Sept. 19.—On closing the throat opening, air was found to pass through the larynx, but not sufficient to support life. From this time forward the larynx cleared more and more, until by September 23 respiration could be carried on through larynx alone. The tube was now left out. Erysipelas had entirely disappeared, and membrane was gone from the raw surface of the wound. Since larynx was opened a portion of fluids swallowed has passed into the trachea and out through opening.

Sept. 29.—Patient improving as far as throat is concerned, but appears to be cachectic. Skin dry and harsh; febrile disturbance in evening; is becoming more emaciated and weak. Has been taking quinine and iron. Takes a quart of milk daily. Brandy ordered.

This patient continued to do well until October 19th. Throat wound has entirely closed, breathing being free and easy through the larynx. Voice returning, but weak. Patient's appetite hearty, but strength does not return, nor does he gain in flesh.

Oct. 19th.—Bronchitis, free secretion, difficulty in freeing air passages. Quinine and iron have been continued until now. Quinine and Emul. Cod oil, oiled silk shirt, soap liniment to chest.

Oct. 22, P. M.—Syr. ipecac. as emetic. Carb. am. 25 centigrams every two hours. Brandy freely. Died at 12 midnight.

Dr. Charles E. Hagner said he was thankful Dr. Prentiss had brought this subject up, as he would not like the impression to go forth that the profession here did not approve

of operating in cases of membranous croup or diphtheria. In his opinion the operation should always be performed when death was threatened by asphyxia. He agreed with Dr. Prentiss that the cases which gave most hope for a favorable termination were those cases in which bad symptoms were late in appearing. Had seen cases of this kind recover when the operation had been delayed until the symptoms had become most urgent. In one case in particular which he recollected, death seemed imminent when the operation was performed, yet the child made a good recovery. He would not advocate operating in cases of very young children, or in cases where the symptoms were very bad from the commencement of the disease, or in cases of profound blood poisoning, but in all other cases temporary relief was afforded, and if life was not saved, it was prolonged, and the death did not seem to be attended with so much suffering.

Dr. Prentiss had seen cases of diphtheritic croup so obviously hopeless from the commencement that operative interference was unjustifiable. On the other hand, he had seen the operation attended with success under what seemed most unfavorable circumstances, as, for instance, in the case which he had just mentioned and in a case which he was still attending, and which showed every indication of making a good recovery. A number of cases of recovery from diphtheritic croup after tracheotomy was performed have been reported to the Society during the last three years, some of which occurred in his own practice, and some in the practice of Drs. J. Ford Thompson, Ashford and Reyburn.

Dr. W. H. Taylor said, in connection with the remarks of Dr. May in regard to the tolerance sometimes shown by the trachea to foreign bodies, he would relate a case which occurred in his own practice some years ago. He was called to attend a man suffering from tonsillitis, and after the inflammation in the tonsils subsided pneumonia set in, the right lung being much involved. After ten or twelve days of suffering, he coughed up the half of a chestnut hull surrounded by a mass of dark sputa. Upon questioning the man as to when he could have gotten the foreign body into his trachea, the patient said he recollected three months previous eating chestnuts while walking and talking with a friend. He had choked with a piece of hull, but it went down his throat and caused him to cough a few times, after which it gave him no trouble. He had thought no more about it, had mentioned it to no one, and never would have known any more about it had not the violence of this spell of coughing called his attention to the matter expectorated, and its black color caused his wife to examine it. The patient had a severe case of pneumonia, ultimately implicating both lungs, and it was some weeks before he recovered, but he finally regained perfect health.

Reviews, Books and Pamphlets.

Therapeutic Handbook of the United States Pharmacopœia. Being a Condensed Statement of the Physiological and Toxic Action, Medicinal Value, Methods of Administration, and Doses of the Drugs and Preparations in the Latest Edition of the United States Pharmacopœia. With some Remarks on Unofficinal Preparations. By Robert T. Edes, A B., M.D. (Harvard), Prof. of Materia Medica in Harvard University, etc. Wm. Wood & Co., New York. 8vo. Pp. 397.

This work forms a very useful complement to the Pharmacopœia, which deals solely with the chemical and pharmaceutical side of medicines, and, therefore, is of less interest to the physician than to the apothecary. Dr. Edes, whilst following the alphabetical arrangement and nomenclature of the Pharmacopœia, supplies the missing physiological and therapeutical details and the dosage. The difference between the two becomes readily apparent on examination. Take the article Acidum Boricum, for instance. The Pharmacopœia gives the chemical formula, new and old, the physical and chemical properties and solubility, and there stops; Dr. Edes' book gives the French and German synonyms, the physiological and therapeutical effects, mode of elimination, and dose. Hence the physician who wishes to become acquainted with the changes in the last edition of the Pharmacopœia will find all that is of practical value here.

The author's style is concise, but remarkably clear, and he displays good judgment in his estimate of the value of drugs. The style and execution of the book are exceptionally good. At the end, we find some remarks upon a number of recently-introduced but non-officinal drugs—as Apiol, Chaulmoogra Oil, Convallaria Majalis, Fucus Vesiculosus, Nitro-Glycerine, Quebracho, Resorcin, etc. Also a classified index of drugs, and a list of poisons and their antidotes. We cannot help thinking that the plan pursued by the author of suggesting *principles* of treatment, rather than, in fact to the almost entire exclusion of, individual applications of drugs, has rendered his descriptions often incomplete, and therefore detracts from the value of his otherwise excellent work.

As the author requests "friendly" criticism, we will refer to two or three points that may,

perhaps, be considered by him with profit in advance of his second edition: In the description of boric acid, there is no reference to the sedative effects of this agent; nor is its use in mucous inflammations spoken of, except in connection with suppurating cystitis. *Per orem* (p. 51) was hardly to have been expected from a Harvard man, whose Latinity is supposed to be above that of the ordinary run of Doctors. In the article on chloroform, the specific gravity should have been given, in view of the risk from dangerous concentration of the heavy vapor in the ordinary mode of administration. On page 84, quinia and quinida occur, instead of quinina and quinidina. The statement on page 85, that cinchonidine is equally efficacious with quinine in intermittent fever, is contrary to all experience and to the best authorities. On the same page, we read that cinchonine is equal in therapeutic effect to quinine in intermittent fever, in the proportion of three to two, but "to be strictly accurate, the dose of the sulphate should be still larger by about seven to six." Under copaiva, page 91, no mention is made of the danger of renal trouble from the use of this agent. The diuretic effect of digitalis, page 97, is barely alluded to, and in very vague terms. At page 150 the author states that there is no proof of the power of calomel to increase the hepatic secretion, and attributes the dark color of "calomel stools" to its combination with the feces and the formation of a sulphide. In this statement he is opposed by very good authority. Professor H. C. Wood, for example, is very positive in his opinion that it stimulates the hepatic functions, and that the discharges contain genuine bile, and not merely discolored feces. (See Wood's Therapeutics and U. S. Dispensatory, 1883.) We would suggest that "carbonizing" the tissues (page 17) is hardly sufficiently explicit for the *black* eschar produced by the corrosive action of sulphuric acid; the former may be comprehensible to most persons, but we think the student will gain a better and more lasting impression of the meaning from the plain English term. E. F. C.

Neurotic Pyrexia, with Special Reference to Opium Addiction.

The Treatment of Opium Addiction. (Reprint from the St. Louis *Courier of Medicine*, June, 1883.)

The Curability of Opium Addiction. Read before the King's County Medical Society, June 19, 1883. (Reprint from *Quarterly Journal of Inebriety*, July, 1883.)

Clinical Notes on Opium Addiction.

Opium Addiction Among Medical Men. (Reprint from *Medical Record*, June 9, 1883.)

A Personal Narrative of Opium Addiction. (Reprint from the *Medical Gazette*, July 7, 1883.)

The above constitute a series of pamphlets which have recently appeared, and for which we are indebted to the author, Dr. J. B. Mattison, of Brooklyn, New York. Dr. M. devotes special attention to the treatment of opium habitués, and some of the results of his experience are here given. The plan which he pursues is that of gradual (not protracted) withdrawal, in this agreeing with Bartholow, who declares, in his "Hypodermatic Medication," that having had one experience in sudden withdrawal, he could not be induced to repeat it, so horrible are the mental and physical sufferings induced; Dr. M. characterises the latter method as "brutal, barbarous and inhuman," and sometimes even fatal in its results. As for the permanence of the cure, the author states that relapses will occur to some extent under any plan of treatment, and enumerates the circumstances particularly favoring them; the fact of relapse, however, he claims, does not invalidate the previous cure any more, for instance, than re-exposure to malaria produces a return of the intermittent paroxysms. The permanence of cure will depend chiefly upon freedom from the primary disease which led to the habit, and to strong will-power in the patient. The author's plan of treatment is based upon the view that the condition following the withdrawal of the opium is one of exalted activity of the spinal cord, of which the pains, vomiting, and other reflex irritations, are the evidence. Hence, coincidently with the withdrawal of the narcotic, he resorts to agents capable of diminishing this over-action, and especially to the bromides in large doses. Hot baths, electricity, atropine, strychnine, hyoscyamine, quinine, etc., are adjuvants. Other points of interest discussed by Dr. M. are the "neurotic pyrexia" following the abandonment of the opium, which is affirmed to be both a trustworthy guide to the degree of reflex irritation present and a reliable indication for the use of sedatives; and the addiction of medical men to the use of opium. It is somewhat surprising to learn that "physicians form a large proportion of opium habitués in general, and the great majority of any professional class." The subject, then, is one of peculiar interest to us, and we will be grateful for any further light thrown upon it by the continued studies and experience of Dr. Mattison, who seems to have this field pretty much to himself since the lamented Kane fell from grace. E. F. C.

Transactions of the Medical Society of West Virginia. Sixteenth Annual Session. Held at Grafton, May 16th and 17th, 1883. Wheeling, 8vo., pp. 84.

This modest little volume comes with the compliments of the Secretary of our neighboring mountain State. It is without an index, but as we have read it through that will be no drawback in the preparation of this notice. The first thing which attracts attention is the proposition made by Dr. Morgan to have a quarterly medical journal, to be published, if practicable, in conjunction with the State Board of Health. This was referred to the Committee on Publication, to report upon at the next meeting. Such enterprises in this country have not heretofore proven successful, and there are divers reasons for it, and yet, as West Virginia has no medical journal within her limits, the result may possibly be more satisfactory in this case.

The President, Dr. B. W. Allen, of Morgantown, gives a matter-of-fact address, in which he urges the establishment of a medical school in connection with the State University. His idea seems to be to institute a high-standard theoretical school, based upon the plan of that at the University of Virginia. Dr. Hall, of Mannington, contributes a brief but interesting report on Epidemic Diseases of the State. Dr. Myers, of Wheeling, reviews the progress of the germ theory, and Dr. Morgan, of Clarksburg, discusses the abuse of ergot in a paper of which we have already published an abstract. The remaining articles are on "Insanity as a Disease," by Dr. Carpenter, of Moorefield; "Puerperal Fever," by Dr. Jepson, of Wheeling (Secretary); a case of "Peritoneal Hæmatocele," by Dr. Hall, of Mannington; and some anomalous obstetrical cases by Dr. Ulrich, of Wheeling. The contributions to the volume, whilst not striking for originality or other excellence, are fully up to the average of those of the State societies generally. An examination of the list of members shows that the Society now has 111 members. The next meeting will be held at Clarksburg, the 3d Wednesday in May, 1884.

E. F. C.

The Roller Bandage. By Wm. Barton Hopkins, M. D., Surgeon to the out-Departpartments of the Pennsylvania and other Hospitals, etc., with 73 Illustrations. Phil., 1883. J. B. Lippincott & Co. 8vo., pp. 95.

Note on the use of Hydrobromic Acid in Nervous Affections. By C. L. Dana, M. D. (Reprint from Jour. Nerv. and Ment. Dis., July, 1883). 8vo., pp. 6.

It is not generally known that Mr. Ernest Hart is editor of the *London Medical Record* as of the *British Medical Journal.* Both are journals of the highest grade.

Editorial.

THE INTRA-PERITONEAL METHOD OF TREATING THE PEDICLE IN OVARIOTOMY.—The treatment of the pedicle after the removal of ovarian tumors is a vexed problem. Various methods have been resorted to by ovariotomists without a final settlement of the claims of any one procedure. Keith, Thornton and Tait have been warm advocates of the intra-peritoneal method, whilst Spencer Wells, with a record exceeding in number of cases—though not in percentage of recoveries—all three of these operators, until a comparatively recent date retained the use of the clamp and the extra-peritoneal treatment of the pedicle. In the first operation performed by Ephraim McDowell the pedicle was secured by a ligature and drawn in contact with the abdominal incision. Dr. Nathan Smith, who operated in 1821 without a knowledge of McDowell's operation, ligated all of the vessels of the pedicle separately, using animal ligatures in the form of strips of kid glove. The ligatures were cut close to the knots and the pedicle returned into the abdominal cavity. Tyler Smith and Peaslee were among the first operators to popularize the method of ligating the stump, cutting both ligature and pedicle as short as possible, returning them to the abdomen and closing the abdominal incision. Torsion of the vessels separately and torsion of the pedicle *en masse* was a method sebsequently employed. Later, Sir J. Y. Simpson constricted the pedicle with the acupuncture needle. The écraseur, the actual cautery, the galvano-cautery and enucleation have been suggested and employed by different surgeons in dealing with the pedicle. The intra-peritoneal method was practiced, the pedicle being treated by one of the plans mentioned, until the introduction of the clamp, which, it is claimed, originated in Germany by Stilling in 1841.

Under the influence of Wells, in England, and Atlee, in America, the clamp became the recognized and accepted method of dealing with the pedicle.

It seemed settled at one time that the extra-peritoneal method had won the day. Statistic pointed in that way, and it was "so simple, safe and rapid a mode of dealing with the pedicle," to use the language of Mr. Wells, that experience gave authority to this method of procedure as the true solution of the problem. As time progressed, it became evident that the clamp was losing ground. The antiseptic system entered as a new factor and made the intra-peritoneal treatment the more successful method of dealing with the pedicle.

Keith, by the use of the actual cautery, and Thornton, with the silk ligature, proved the utility of the intra-peritoneal method beyond doubt. Of the two methods, each has its limit of application and advantage, but there are not wanting signs of a total abandonment of the clamp.

The intra-peritoneal method admits of the full application of the principles of antisepsis, which has its fitting termination in a closure of the abdominal cavity. This method of dealing with the pedicle has been opposed by a question of doubt, which has reference to the behavior of the wounded stump. The changes which take place in the distal end of the stump after its ligation and return were looked upon as elements of danger and the chief cause of mortality. The experiments of Spiegelberg and Waldeyer disproved the theory that gangrene of the pedicle was a sequel of a strangulation of its tissue. These experimenters found the end of the pedicle encapsulated by effused lymph and its nutrition maintained. Their observations threw a clearer light upon the behavior of the pedicle, and, by a recent confirmation in the experiments of Drs. J. Ewing Mears and Morris Longstreth, explain the comparatively harmless nature of the ligature and the good conduct of the pedicle. Drs. Mears and Longstreth have published the results of their investigations of the changes occurring in the pedicle after ovariotomy (*Medical News, Oct. 6, 1883,*) at considerable length. The conclusions reached by these observers, deduced from two experiments made upon rabbits, go to show that the intra-peritoneal method is in every way a safe method; that nature takes care of the ligature, and that it takes care of the stump of the pedicle. In these experiments ligatures of various kinds were used. In rabbit No. 1 both ovaries were removed. On one side the simple catgut ligature was employed, and on the other side a chromatized catgut. At the end of two weeks the rabbit was killed. On opening the abdomen there were no evidences of inflammatory action in the general peritoneal cavity. It was found that both of the ligatures were completely encapsulated. In applying the ligatures only sufficient force was used to control the hemorrhage. The ligature was cast around the pedicle *en masse* and the ovary removed. The ligature was embedded in the tissues, and at the point of application the two portions of the pedicle came in contact and became adherent. A layer of lymph was found covering the ligature and the raw surface of the stump, except on one side where it had become adherent to the adjacent portion of the broad ligament. An interesting point was to determine how the stump was nourished. This took place in two ways: First, by a bridge of tissue conducting nutrition from the proximal to the distal portion; and second, by nutrition passing through the tissues beneath the ligature. Where the stump on one side had become adherent to the broad ligament, vascular connections were formed. In the experiment upon rabbit No. 2, a silk ligature and an ordinary linen thread were used. These ligatures had been soaked in a five per cent. solution of carbolic acid. The rabbit was killed at the end of four weeks. Upon examination, the ligatures had not disappeared, although not completely intact. Between the meshes of the ligature cells had wandered, and the ligature was in a process of disintegration. A layer of lymph was observed, but not so voluminous, as evidences of absorption, shrinking and development were apparent. Adhesions had taken place between two portions of the intestine and between the abdominal wall and the intestine.

A practical lesson is taught in ligating the pedicle by the experiments here briefly stated. The experimenters maintain that it is desirable simply to control the passage of blood through the vessels by compression not firm enough to stop the penetration of the nutrient fluid derived from the blood. They insist that the nutrition of the distal end should be maintained beneath the constricting ligature through the connective tissue interspaces.

Those ovariotomists who advocate the use of the ligature, as a substitute for the intra-peritoneal treatment by the cautery, do not agree in regard to details. Mr. Wells, since his conversion from the clamp, transfixes the pedicle and tightens the ligature simultaneously with loosening the forceps. He forces the ligatures deeply into the tissue of the stump. Mr. Thornton employs the silk ligature and believes that the presence of a blod-clot on the cut surface of the stump should be aimed at in the treatment of the pedicle. In his opinion, which is confirmed by Drs. Mears and Longstreth, the ligatures should be "tight enough to prevent serious hæmorrhage, but not so tight as to cut off all supply from the distal portion of the stump."

The success which each operator will secure in the employment of the intra-peritoneal method will depend upon the care and attention given to the details of treatment of the pedicle so accurately described by Mr. Thornton, and so ably practiced by Tait, Keith and himself.

NORWEGIAN COD-FISHERIES.—In the U. S. Consular Reports for the present year, published by the Department of State, we find some interesting details from our Vice-

Consul at Bergen, Norway, concerning the cod-fisheries of the Lofoden Islands, on the Norwegian coast. Bergen, it may be noted, is the second city in size in Norway, and is situated on the western coast of that country; the fishing stations are several hundred miles to the north, the Lofoden Islands being in lat. 69°, which is further north even than Iceland. The season for catching lasts from the middle of January to the middle of April, and employs 583 vessels, 7,870 boats, and 31,200 men, "net-fishers, long-line fishers and deep-line fishers." During the last season there were in all thirty-two good sea days, and thirty-two when only a part of the day could be used for fishing. The total catch was 24,500,000, or about 64 per cent. of that of last year; this falling off is attributed to the fact that the fish did not enter the "fjords" in such large quantities as usual. Moreover, they were thinner, and yielded less oil than heretofore; for whereas, under ordinary circumstances, 300 to 400 livers fill a barrel, this year it required 900, and in some cases even 1,500. For several years this gradual decrease has been noted, tending to the supposition that the fish have been suffering for want of sufficient food. These circumstances will not only reduce the quantity of oil, but probably its quality also, and accordingly the price has risen, the steam-refined oil, the only sort which is exported to America, costing $85 per barrel. During the season thirteen boats were wrecked and seventeen persons drowned. A table appended shows the gradual reduction in the yield. According to this, in four districts, the number of barrels of steam-refined oil produced was, in 1880, 10,315 barrels; in 1881, 6,020; in 1882, 2,000; in 1883, 1,020. According to the *United States Dispensatory*, 1883, the amount of oil imported into this country from Norway in 1875 was 113,415 barrels. It is hardly necessary to add that our supply is not limited to the Norwegian fisheries. Denmark, Nova Scotia, New England, and especially the Banks of Newfoundland, furnishing a large proportion of that in our market.

BAD WATER VERSUS GOOD SEWERAGE.—It is known to the readers of this JOURNAL that the results of the trial of the separate system of sewerage in the city of Memphis are regarded as a test of the value of that system. So well understood is this that in this city, although our leading engineer has declared in favor of the Memphis system after an exhaustive examination of the whole subject, and although a joint committee of the two branches of the City Council has recommended it and urged an appropriation in order to introduce it here, we are still waiting patiently to see how things are going to turn out in Memphis before venturing to follow in her footsteps. But as Col. Waring has said, the sewerage cannot supply all the demands of hygiene; one cannot, for instance, rely upon that and neglect the quality of the food we eat and of the water we drink. And therefore, whilst willing that his work shall be judged upon its merits, he points to the water supply of Memphis as among other things to be taken into account in estimating the effect upon the health of the inhabitants of that city, of any plan of sewerage which could be adopted. The people of Memphis appreciate these facts, and whilst they express the greatest satisfaction and confidence in their new system, which came to them as a rope thrown to a drowning man, they are becoming more and more dissatisfied with the water which they are compelled to drink. The source of this water is a creek which empties into the Mississippi river within the city limits. The water is supplied to consumers by a private company, and it is the exactions of this company, which requires payment of its customers six months in advance, that have led to the application for an injunction, and to a consequent ventilation of the whole grounds for complaint on the part of the citizens. The condition of the water is represented as being abominable. The sewage is emptied into the same stream from which the supply of drinking water is obtained, and sufficiently near, it is said, to the source of the latter for its contamination by the backflow. The water of the creek itself is represented as being opaque and thick with mud, mineral and vegetable matter, and scarcely fitted even for bathing purposes. No effort is made towards filtration by the company, and it is said that purification could not be expected by any process short of distillation. If these statements be true, the wonder is not that zymotic diseases have not vanished, but that under any system of sewerage the people of Memphis could have what they do seem to have, a satisfactory degree of health.

Miscellany.

HYDROBROMIC ACID IN NERVOUS AFFECTIONS.—*Dr. C. L. Dana*, of New York, contributes to the *Journal Nervous and Mental Disease* for July, the results of some investigations with regard to the above agent. Hitherto it has been used chiefly to prevent or lessen the unpleasant effects of quinine, but it does not have this effect in Dr. D.'s experience. In epilepsy it proved inferior to the bromides, yet it undoubtedly has an influence over the dis-

ease, and in the more controllable cases, when one wishes to keep up a mild sedative effect for a long time, may be substituted for them. The best results were obtained in nervous irritability, congestive headaches, posthemiplegic circulatory disturbances, irritable heart, stomachal vertigo, where a general nervous and vascular sedative is indicated. In most cases of insomnia it acts well. In moderates doses it is agreeable, non-irritating, does not constipate or irritate the stomach, and causes no eruption or other symptom of bromism. It may be given when an acid is indicated for the stomach, and can be combined with iron and tonics. Nervous sedation may be produced by it with as much certainty as by the alkaline bromides. The dose of the officinal dilute acid is ʒj-ij, and a very palatable prescription is: Acid. hydrobromic. dil., ʒij., Tr. nuc. vomicæ, ♏xlv, Aq. Cinnamomi, ʒiv. S. Two drachms every 4 to 8 hours in considerable water. (According to U. S. Dispensatory, 1883, two drachms of the dilute acid are equivalent to eighteen grains of the bromide of potassium, and may be given at once well diluted in syrup; it is devoid of the depressing effect of the bromide).

A Contribution to the General Knowledge Concerning the Prurigo Papule.—Although there has been much written about, and many descriptions made of, the histology of the prurigo papule, the opinions of authors have not always agreed: and it was with the idea of settling as far as possible the disputed points and differences, that *Dr. Robert B. Morison*, of Baltimore, undertook the following investigations in Prof. Chiari's pathological institute at Prague, on material kindly furnished by Prof. Pick, which was taken intra vitam at various stages of the disease under the latter's personal supervision.

He publishes his results in the October number of *The American Journal of the Medical Sciences* for the current year. Dr. Morison draws rather different conclusions regarding the formation of the papules, when considering them in their earliest and latest stages.

He considers that the papule is formed by an infiltration beginning around the upper layer of vessels of the corium, and that this infiltration extending upwards surrounds the papillary vessels, enlarges the papillæ, thus pushing up the epidermis, which becomes thickened at an early stage above them, and at last penetrating it, forms within its layers a small vesicle containing serum, blood, and lymph-cells. The signs of infiltration surrounding the hair sheaths and sweat-ducts are secondary, and they play no especial part in the process Their presence in the papule is accidental, and it is certain that the primary changes in the skin are not in connection with them.

The color of the papule at first does not differ from the rest of the surrounding skin, on account of the depth of the slight infiltration with which it begins. For the same reason, it is at first only felt and not seen, as the infiltration has not extended high enough to push up the epidermis perceptibly, but is sufficiently great to give a feeling of knot-like hardness underneath it. He considers the whole process due to an inflammation, and that all the signs of chronic dermatitis follow regularly, according to the length and duration of the disease, and the amount of scratching, which the itching, as a secondary symptom, causes.

Clinically the formation of the papule coincides with this description, for there is always noticed in the beginning of the disease, after careful investigation of the skin, a slight roughness, and a sensation as of running the hand or finger over small knots, covered with an intervening membrane. At this stage there is no itching. In fact, the itching does not begin until the infiltration has so far advanced that the papules are more distinct. If before this occurs the treatment is begun, no itching appears. This proves, as Kaposi says, that all the symptoms of the disease go hand in hand with the increase or decrease of the papules.

Calculous and other Affections of the Pancreatic Ducts.—*Dr. George Woodruff Johnston*, of Washington, D. C., in an elaborate paper in October, 1883, number of *The American Journal of the Medical Sciences*, presents the most complete clinical study of this subject in our literature. Altogether he has been able to collect only thirty-five cases in which, upon post-mortem examinations, stony concretions were found in the pancreas; he cannot but believe that calculi are present in the pancreas

far oftener than is supposed, and he can only attribute the paucity of medical literature upon the subject to the inexperience or carelessness of observers.

Death of Surgeon-General, U. S. A.—*Surgeon-General C. H. Crane* died in Washington City on the 10th, of ulceration of the tongue. He was appointed Asst. Surg. Feb. 14, 1848; promoted to be Major and Surgeon May 21, 1861; promoted to be Colonel and Asst. Surg. Gen'l July 28, 1876, and Brig. Gen'l and Surg. Gen'l, July 3d, 1882. The remains will be carried to Shelter Island, N. Y., for interment.

Sir William and Lady MacCormac, of London, England, are at the Mount Vernon hotel, in this city. Sir William is Surgeon to St. Thomas's Hospital, but he is best known to the medical world as the Honorable Secretary-General of the great International Medical Congress, held in London, in August, 1881. His distinguished services on that occasion were recognized by the Queen, who conferred upon him the title of Knight.

Suturing of the Divided Ends of Extensor Tendons in the Forearm.—*Dr. F. Lange* presented before the N. Y. Surgical Society (*Annals of Anat. and Surg.*, Sept. 1, 1883), a lady patient who, about two months ago, fell from a considerable height and struck against a China umbrella stand, and cut the tendons of the extensor muscles on the left forearm. He saw the patient two weeks afterward, when the wound was almost healed, and there was extensor paralysis involving the third and fourth fingers, only the last two joints moving through the action of the interossei. About four weeks ago he made a longitudinal incision, and found that three of the extensor tendons had been divided, namely—those belonging to the third and fourth fingers, and to the index finger. The extensor indicis proprius was not injured, because the action of the index existed. The divided tendons of the extensors were separated to a distance of almost one inch and a-half. They were brought together and sutured with antiseptic silk. The hand was then put in a position of hyperextension, and an antiseptic dressing applied. The sutures were removed at the end of one week. The result was that the movements of the fingers could already be quite satisfactorily performed, and it was probable that improvement would continue to increase.

Society Bulletin: *Acad. of Med.* will meet Tuesday, Oct. 16th. Annual meeting, election of officers, announcement of prize.—*Clin. Soc.* will meet Friday, Oct. 19th. Dr. Coskery on "Three Cases of Fracture of the Femur in Old Persons."—*Med. Assn.* will meet Monday, Oct. 22nd.

Medical Items.

The Lectures at the National Medical College and Howard University, Washington, began on Oct. 1st, Prof. A. F. A. King delivering the Introductory Lecture at the former and Prof. Lamb that at the latter.=According to the *Journal of the Amer. Med. Assn.* all the regular medical colleges in Chicago now require a moderate standard of preliminary education for admission to their halls.=According to the *Phil. Med. News* Dr. Koch is now in Egypt making post-mortem examinations of persons dead of cholera.=Dr. Josiah F. Smith died suddenly of heart disease in Hagerstown on the 5th inst. He was aged 69 and had practiced in Boonesboro until his removal to Hagerstown 15 years ago. He was one of the wealthiest and most enterprising citizens of Washington Co.=The *Medical World* is the title of a new weekly medical journal, published in Philadelphia, of which the first number appeared Sept. 27th. Brief articles and portraits of eminent physicians are leading ideas in its policy. A portrait of Prof. Flint accompanies the first number.=Dr. Sydney O. Heiskell has been appointed by the Mayor and confirmed by the City Council, Quarantine Physician of Baltimore, vice Dr. J. McHenry Howard resigned. The salary is $3,000. Dr. H. has for several months held the position of assistant at the Quarantine Hospital.

List of Changes in the Medical Corps of the Navy during week ending October 6, 1883:

Surgeon F. L. DuBois detached from Naval Rendezvous, Philadelphia, and ordered as member of the Medical Examining Board, Philadelphia.

P. A. Surgeon Chas. W. Rush detached from the Naval Hospital, New York, and ordered to the Rec'g Ship Colorado, New York.

P. A. Surgeon M. D. Jones detached from the Naval Hospital, Washington, D. C., and ordered to the Naval Hospital, New York.

P. A. Surgeon Richard Ashbridge detached from the Naval Academy, and ordered to the U. S. S. Swatara.

List of Changes in the Medical Department, U. S. Army, Oct. 1 to Oct. 8, 1883:

None.

Original Papers.

A REPORT OF THREE INTERESTING CASES.

BY F. W. PEARSON, M. D.

(*Read before Baltimore Medical Association.*)

MR. PRESIDENT: Having received the honor to be appointed to read a paper at this, the last meeting of the Baltimore Medical Association, and not having made lately any very new or startling discoveries in the science of medicine, I thought, perhaps, the time of this body might be best employed in listening to the report of three cases, which have at various periods come under my observation, all of them, I think, presenting some points of especial interest, and, perhaps, affording food for discussion also.

The first was a case of inability on the part of the patient to introduce food into the stomach, in which the diagnosis, although guessed at during life, was only made positively post mortem. The second was a case of hysterical spasm of the glottis, threatening life; and the third and last, a case of impacted foreign body in the air passages, tracheotomy and death of the patient.

The history of case No. 1 is as follows: There presented himself one morning at my office a sallow, anxious looking, middle-aged man, who gave the ensuing history: His name was J. S—, by occupation a florist for the last ten years; previous to that had been a petty officer in the Navy. For five or six years had been in failing health; had had chills and fevers; complained of shortness of breath, pain in the left side, and constipation. Six weeks before I saw him, while eating supper, was seized with difficulty in swallowing, which since that time had gradually gotten worse, until, finally, three days ago, his misery had reached a climax, and he found himself unable to force even a teaspoonful of water into his stomach.

On examination, I found what was evidently the remains of a very muscular man. Chest well formed, lungs healthy, heart acting well, urine free from albumen and sugar; pulse accelerated, temperature a fraction over a hundred. This I attributed to starvation fever.

On forcing him to attempt the swallowing of water, I found that his account of his inability to swallow was rather misleading, as he was able to swallow a few mouthfuls, but that they never reached the stomach, and after a few moments were regurgitated. He professed to feel a point of stoppage under the sternum, on a line with the third rib. Auscultation gave negative results as to the locality of the obstruction. Palpation over the abdomen gave no evidence of cancer of the stomach or adjacent organs.

Such a condition of affairs as he presented might have been occasioned by stricture of the œsophagus, carcinoma, abscess of the œsophagus, œsophagitis, pressure of thoracic tumors, aneurismal, cancerous, or otherwise, upon the œsophagus, thus diminishing its calibre, cancer of cardiac orifice of stomach, impacted foreign body in œsophagus, or, lastly, it might be due to spasm or paralysis of the tube.

The passage of an œsophageal catheter apparently eliminated every thing, excepting the two last mentioned conditions, as the instrument passed freely, without let or hindrance, into the stomach and through it, I poured a half pint or more of beef tea into the stomach, which was retained upon the withdrawal of the catheter.

He did not admit the sensation of pain, but each passage of the instrument was attended with what he described as a peculiar sickening sensation, and was followed by such a profound shock to the nervous system that the good effect of each dose of food administered in this way was more than counterbalanced by the subsequent prostration. Finally, on the fourth day of treatment, the operation caused a sinking spell, from which it was only with the greatest exertion that he could be rallied. Upon his recovery he positively declined to persue that line of treatment any longer, and, as you may well imagine, I did not argue the point with him. From that time forward to the day of his death, which covered a space of over five weeks, he was nourished entirely by rectal alimentation, peptonized beef tea, milk punch, coffee and milk, &c., being injected into his rectum about once every three hours during the day, and at night also when he was awake. A few drops of laudanum were sometimes combined with the injection, to overcome restlessnes and allay irritation of the bowel.

Prof. Christopher Johnston was called in consultation, who, owing to the man's weak state and the alarming symptoms induced by the procedure, declined to pass a bougie, but by a careful examination of the abdomen he was unable to detect the presence of a tumor of any sort in the stomach or adjacent parts. He said there was a great similitude between the case and two other cases which he had met with in the course of a long and extensive practice, in which there was an inability to swallow coming on rather suddenly, where alimentation by means of the stomach tube had to be abandoned on account of the refusal of the patients to allow its continuance, and when they died the post-mortem revealed no lesions whatever, the trouble probably arising from some obscure lesion of the medulla oblongata. The diagnosis, therefore, appeared to be narrowed down to paralysis of the œsophagus and some undiscovered malignant affection.

In spasm of the œsophagus, of which several cases have come under my observation, there was always more or less obstruction to the passage of an instrument which would yield to gentle but persistent pressure, besides which, in the majority of cases, the spasm is more or less intermittent.

Paralysis of the œsophagus is, almost without exception, one of the associated symptoms of so-called *progressive bulbar paralysis*, and cases in which the œsophagus alone is paralized without the involvement of adjacent parts or organs, are so exceedingly rare that I think a person would only be induced to accept it as a last resource as an explanation of inability to introduce food into the stomach.

The suspicion of cancer was based upon the man's appearance, he having the characteristic cachectic look and yellow color, the lemon color mentioned by some authors, so often seen in cancerous affections of the stomach, but even this might have depended upon the malaria from which he professed to have suffered. Well, to cut a long story short, at the post-mortem performed by Professor Michæl, his trouble was found to depend upon a cancerous disease of the cardiac orifice of the stomach. There appears to have been a peculiar valvular arrangement of the new growth which admitted of its being thrust aside by the catheter, but not by the food bolus acted on by the enfeebled muscles of the œsophagus. I may add that at the time of the post-mortem the contraction of the cardiac orifice was such as would most certainly have been detected by a moderate sized instrument, but further contraction had evidently taken place during the time which had elapsed from the last introduction of the catheter to the day of his death, a period of nearly a month and a half.

The second history is the case of spasm of the glottis. I was called one night to see a young lady, who the messenger said was thought to be dying. I had attended this same person before, once for a condition resembling exophthalmos, Graves' Disease, or Basedow's Disease, as it is variously called, where there was tremendous over-activity of the heart, continuing for days at a time, in spite of all medication, fulness of the throat and slight popping of the eyes, which only yielded to a long course of digitalis, iron and manganese; and again, for an attack of spasmodic cough, which consisted of three or four explosions, winding up with a yelp not unlike that of a dog who has been struck a sudden blow.

To show how much influence imitation sometimes exerts in the production of hysterical phenomena, I will mention that a servant girl in the family became affected in a similar manner, as did also a younger sister, not yet in her teens. The last-mentioned case, however, yielded promptly to a domestic remedy, which I could not help thinking would have proved of signal benefit to the maid also, if it could have been applied, viz.: vigorous counterirritation over the nates by means of an old slipper in the hands of the mother of the child, with a promise of a repetition of the dose well rubbed in, whenever the symptoms demanded it. I found my patient lying upon the bed struggling for air. She had an inspiratory stridor that could be heard all over the house. Pulse 110, temperature 99°, face flushed and anxious, abdomen distended with gas and tympanitic. By the aid of a candle and my head reflector I obtained a view of the larynx, and found the epiglottis well erected, the vocal cords white, glistening, rigid, and nearly approximated, such as may be seen in a case of paralysis of the posterior crico-arytenoid muscles. She belonged to a family who do not tolerate opium well, and unmindful of this idiosyncrasy, I administered, while

awaiting the arrival of other remedies, two hypodermic injections of an eighth of a grain each of morphia at short intervals without any effect other than to increase the unfavorable symptoms, which finally became so alarming that I was on the point of performing a rough and ready laryngotomy when the breathing of itself became somewhat freer, probably from the relaxing effect of commencing carbonic acid poisoning, and she finally recovered from the attack by means of large doses of a mixture of Hoffman's anodyne and f. e. valerian.

Owing to the irritable condition of this patient's heart I was loath to use either chloroform, æther, or amyl, but would have used some one of them if she had not improved without. She had several other attacks at irregular intervals after this, but as she was freely dosed at their commencement with the Hoffman's anodyne and valerian mixture, they never assumed the same alarming proportions, and she made a complete recovery under a course of tonics and forced exercise in the open air—something which she was very much averse to, preferring greatly to lie upon a bed all day immersed in a novel.

The third case is not so interesting in itself, foreign bodies in the air passages being sufficiently common, but the manner of death was rather remarkable.

The history of the case was briefly this: a little girl, five years of age, was playing with an exploded No. 32 copper cartridge shell. She put it into her mouth, it disappeared from view, and immediately afterwards she was seized with cough and dyspnœa. She was brought to me, and on examination I found diminished respiratory movement and sounds on the right side.

Before I saw the child she had been in the hands of two physicians, and all the procedures usual in such cases had been gone through with. She had been given an emetic, taken by the heels and violently shaken head downwards, stood on her head, and patted on the back, &c. All of these measures, by the way, are not without danger in a foreign body of this shape, for, if instead of being discharged it should become wedged in the chink of the glottis, the patient would, of course, die from suffocation.

I made a diagnosis of foreign body impacted in one of the primary bifurcations of the right bronchus, and as a rise in temperature gave warning of a commencing pneumonia, advised immediate tracheotomy and an attempt at removal. The advice was accepted, and, assisted by Professor Michæl, it was done. The operation was safely and quickly performed under chloroform, with little loss of blood.

To our disappointment, instead of the foreign body presenting itself at the tracheal opening with the gush of air which takes place when the trachea is opened, nothing came. The child was then stood upon her head and attempts made to dislodge the shell by shaking her and patting on the back, but in vain. She was then placed on the table again, and the right bronchus was probed and long, slender forceps were introduced as far as possible, but no trace of the foreign substance could be detected. A tracheotomy tube was then introduced, and the child put to bed. Next day, having provided myself with a further supply of forceps, and also with a lot of flexible copper wire, bent into probes and loops of various shapes, the child was again placed under the influence of chloroform, and another attempt at extraction was made, but with like non-success. Having done all that we were able, the only thing that remained was to put the patient to bed and trust to nature. The mother received orders to watch the little patient carefully, and whenever a coughing spell came on to bring the sufferer to the edge of the bed, let her head hang down and pat her gently on the back, and if symptoms of suffocation should ensue, to remove the adhesive strips from the wound in the throat and permit the child to breathe through the tracheal opening. Things remained in *statu quo* for seven days, excepting that as the pneumonia spread from the part of the lung occluded by the foreign body to that part still permeable by the atmosphere and consolidation took place there also, there was complete suppression of the respiratory sounds on that side. Little was done for her in the way of medication, with the exception of giving her quinine for the purpose of reducing the temperature. On the seventh day, notwithstanding the continued presence of the shell, she appeared to be somewhat better, the temperature was not so high, and she had taken nourishment with some relish.

I gave the poor mother all the encour-

agement I was able from the improved appearance of her child, and half an hour after I left I received a message of its death. My first supposition was that the mother had not obeyed my instructions in regard to removing the adhesive strips from the throat, that the shell had lodged in the glottis, and suffocated my patient, but at the post-mortem, the larynx, as well as the air passages of the right lung, where I had diagnosticated the obstruction, were found free from any foreign body. The anterior portion of the upper lobe of the right lung was emphysematous, and the rest of the lung was consolidated by pneumonia, and there were also recent adhesions between the costal and pulmonary pleura. In short, the whole right lung was unfit for respiration. At the point of bifurcation of the first primary bronchus there was an ulcerated spot about the size of a hickory nut. Here it was, evidently, that the shell had lodged and ulcerated itself loose, but what had become of it and how had death occurred? On examining the left lung the mystery was solved. The shell was found completely filling up the lumen of the left bronchus. When it had been coughed loose from where it had been impacted in the right lung it had tumbled back again into the left bronchus, and, as it completely filled the calibre of the tube, of course no air could enter that side of the chest, and, as the right lung was consolidated and impervious to the atmosphere, the effect was to suffocate the child as quickly as if it had been strangled by the cord of the thug.

As this paper comes under the head of the regular subject for discussion, I think the points to be considered in these three cases might be the following: In the case of cancer of the cardiac extremity of the stomach, could the diagnosis have been made out with any greater degree of certainty, and if such had been the fact, would the treatment have been different, and would the termination have been otherwise from what it was? I think not.

In regard to the girl with the hysterical spasm of the glottis, would tracheotomy have been justifiable if the symptoms had not yielded to other remedies? Death from this cause is very rare, but yet it does sometimes occur (*vide* Ziemssen, Vol. xvi., p. 514; Jolly on Hysteria.). Therefore I consider the operation would have been allowable, and I may add in this connection that I do not think a doctor should ever hesitate in opening the air passages when suffocation appears to be impending from stoppage, no matter what may be the cause, above, or at the point accessible to his knife, or to be reached through the opening thus made, the apparently bold procedure of cutting into the larynx or trachea being really the most conservative.

Was tracheotomy indicated in the third case? I take the affirmative, and for the following reasons: We know that in the vast majority of cases the destructive inflammation which impacted foreign bodies set up in the lung tissue proves fatal, and, again, from the peculiar shape and size of the impacted substance, a No. 32 cartridge shell, the chances were largely in favor of its becoming wedged in the chink of the glottis, and causing death that way in case it should be coughed loose from its attachments, and therefore, although we might not be successful in removing the offending body, the opening in the throat rendered the second accident impossible, but, as we have seen in this case unfortunately, death, apparently foiled of this means of promptly cutting short the little sufferer's life, accomplished his purpose by transferring the shell from one lung to the other. In a somewhat cursory examination of the literature of the subject I fail to find a record of any other case where death occurred in this way.

ABSTRACT OF A PAPER ON DEFLECTION OF THE NASAL SEPTUM.

BY JOHN N. MACKENZIE, M. D.,
OF BALTIMORE,
Surgeon to the Baltimore Eye, Ear and Throat Charity Hospital.

[Read by invitation before the State Medical Society of Virginia, Sept. 6, 1883.]

After some introductory remarks on the influence of nasal obstruction in the evolution of morbid conditions of the lower organs of respiration and middle ear, Dr. Mackenzie proceeded to comment on the frequency of the deformity and the unsatisfactory manner in which the subject is treated in surgical works. Differences in

the direction and form of the external nose depend to a great extent upon corresponding peculiarities in the septum, so that when Tennyson sings of the "nose, tip-tilted like the petal of a flower," it is only the poetical expression of the fact that the septum narium of his heroine was deflected. Adherence to national custom was given as the probable explanation of the relative infrequency with which asymmetrical position of the septum is encountered among different races. The elegant aquilinity of the Caucasian nose is attributed to the careful manipulation of nurses, and we are told, that, among the Persians, the eunuchs who had charge of the royal offspring, were accustomed to introduce tubules into the nostrils to preserve that symmetry of the organ, which was essential to him who aspired to the throne. Acquired malposition is most commonly met with in youth and manhood, and more frequently in men than in women, as the former are more exposed to the agencies by which it is produced.

Malposition also occurs as the natural result of the changes in the skeleton of the face which accompany the processes of old age. The occasional appearance of the same deformity in a number of individuals of the same family would lead to the belief in an inherited proclivity to deflection, and, according to the author's observation, the same is true in regard to certain deformities of the turbinated bones. The anomaly may be congenital or acquired. In the latter case it is either the result of traumatism, or occurs as the sequel of a pathological process. Under the first head may be included asymmetrical conditions of the bony and cartilaginous framework which accompany or follow irregularities in the embryological evolution of the nasal chambers and their dividing partition. Morgagni thought that the more rapid growth of the septum itself, as compared with "the other bones of the upper jaw," must be reckoned among the causes of the malformation, and elongation in its vertical diameter has been insisted on by subsequent observers as provocative of the same result. Undue arching of the palatine process of the superior maxilla and a diminution, therefore, of the vertical diameter of the corresponding nasal fossa, as well as other asymmetrical conditions of the nasal chambers, furnish the explanation of the malformation in a certain number of cases. These asymmetrical states are usually associated with imperfect development of the corresponding side of the skull, and are either the result of a teratological process or are due to the operation of accidental influences. They have been found, for example, in the embryo and fœtus, and occur in connection with the imperfect cerebral development of idiots, and Ziem has shown that nasal disease itself may be an important factor in their production. Among the causes of acquired deflection, the most common is traumatism. Dislocation of individual parts of the septum, fracture of the cartilage or bone, or both, occur in depressed fractures of the nasal bones, the accident generally involving the cartilaginous septum, fracture of the vomer being rare. It is possible that injury to the nose and consequent deflection of the septum may occur during difficult parturition, and it is also conceivable that the introduction of the finger into the nose, as suggested by Quelmalzius, Cloquet and others, may lead to displacement, but this, as well as the use of the hand in cleansing the organ, must be looked upon as an infrequent cause of the deformity. Deflection may also be produced mechanically by tumors of the nasal and accessory cavities, excessive hypertrophic states of the turbinated bodies and bones, and other irregularities in the conformation of the outer nasal wall. Diathetic diseases (rickets, syphilis, osteo-malacia, etc.), by involving the nose, lead to malformation of the septum. Quelmalzius thought that the prolonged use of sternutatories and astringents brought about deflection, by contracting the pores of the vessels — a process which he compared to incurvation of the written side of a sheet of paper when held before the stove to dry.

The deformity may consist either in simple deflection to right or left, in which case the inclination is usually confined to the cartilaginous portion and anterior part of the bony septum, deflection of the posterior third of the vomer being exceedingly rare, or the septum may be bent in a more or less sigmoid curve, or flexed in an angular manner. Not infrequently it is inclined neither to one side nor to the other, but presents, usually in its bony portion (but sometimes at the junction of the cartilage

with the vomer and ethmoid), an oblique, rounded, bony ridge, which produces more or less occlusion of the nostril into which it projects. The opposite surface of the septum, corresponding to that of the anomaly, is usually concave. This form of deflected septum, which has been recently carefully studied by Zuckerkandl, did not escape the observation of Morgagni, who was the first to describe it. The deflection may affect the septum as a whole or be limited to the cartilage, the perpendicular plate of the ethmoid, or the vomer. In the latter case it usually takes place at the juncture of the latter with the perpendicular plate, or the articulation of the latter with the cartilaginous septum, the condition here being, according to Harrison Allen, one of hyperostosis of the sutural line. A very common point of irregularity in the vomer is along its inferior edge, in the neighborhood of the nasal spine, where it is associated with a similar projection of the cartilage, the two together forming a more or less wedge-shaped process, whose apex lies across the floor of the nostril. Occasionally an *s*-shaped incurvation, from above downwards, of the bony septum is seen, in which both the vomer and perpendicular plate participate. By far the most common seat of deflection is, however, the cartilaginous septum, which presents a great variety of irregularities and abnormal positions. The principal are: 1. Simple bulging on one side and concavity on the other, the smooth, rounded dome of the deflected portion occluding the nostril of that side and giving to the eye the impression of a polypus. 2. Wedge-shaped projections, the apex of the wedge projecting into the obstructed nostril, and running either in an antero-posterior or vertical direction. The opposite side of the cartilage may or may not show a corresponding depression. 3. Spurs of the inferior border, either confined to the anterior portion or running the whole length of the cartilaginous septum. These are often associated with a depression of the septum above them, which bulges into the fossa of the opposite side. 4. Irregular nodular growths of the cartilage of varying size and appearance, often extremely vascular, and giving rise to deformity, which may be looked upon rather as cartilaginous outgrowths than true deflections. 6. S-shaped incurvation, producing obstruction of one nostril anteriorly and the other posteriorly. 6. Lateral dislocation of the inferior border. 7. Two or more of the above combined. Dr. M. next dwelt upon the evils which follow as the natural results of the deflection, and its importance as an etiological factor in the production of throat and middle ear disease, and, in connection with this part of his subject, called attention to the development of laryngeal and aural disease through the reflex agency of the vaso-motor and trophic nerves as the result of pathological conditions of the turbinated tissues of the nose. Passing, then, from diagnosis and treatment, the operations with the galvano-cautery, knife and snare were mentioned, and resection, as practised by Dieffenbach, Heylen, Chassaignac, Demarquay, Ingals and others was commented upon. Adams' operation, with the modification practised by Jurasz, were described, and the procedure known as Steeles, viz: triangular division of the cartilage and subsequent replacement, was shown to have originated with Dr. Bolton, of Richmond. Of the various forms of plug used to retain the septum in its position, gutta percha was specially recommended, and the use of rubber bags, introduced into the nostril and inflated, were suggested, as producing less irritation and securing more equable pressure than the other forms of plug in common use. In reference to the operation of perforating the cartilage, as practiced by Blandin and others, Dr. M. said: "Apart from the creation of a condition which disturbs the physiological relations of the air-current, the tendency to scabbing and the difficulty of thoroughly cleansing the nostril after the perforation, this operative procedure must be regarded at the best only as a palliative measure, the anatomical relations, and, therefore, the most disagreeable feature of the case, remaining the same, and the nostril deprived of its natural functions. It is only, therefore, in exceptional cases, where other operative procedures are contra-indicated or impossible, that the operation will be called for." After referring to the operations on the bony septum with the dental engine and saw, and the suggestion of Dr. Delavan to remove the turbinated bone of the unobstructed nostril in cases where it was hypertrophied before resorting to straightening the septum, Dr. M. called attention to certain cases of deflection of the bony

septum where operative procedures are difficult of execution, and recommended as a substitute for operation on the septum itself removal of the turbinated bone of the obstructed nostril, relating a case where he had successfully performed the operation.

Clinical Notes.

A CASE OF MALARIAL FEVER IN WHICH A CHILL IS REPLACED BY A CONVULSION.

BY H. J. BERKLEY, M. D., OF BALTIMORE.

Robert T., æt. 35, was admitted to the hospital November 28, with a history of having suffered from quotidian ague for a period of several weeks, and with swollen extremities for a less time. Physical examination showed the heart and lungs to be sound, the liver and spleen enlarged, and that he had œdema of both feet, but no ascites. The urine contained no albumen or tube casts, but was colored by biliary acids, and gave their reaction with the nitric acid test. Microscopically it showed quantities of amorphous urates and some epithelium scales tinged with bile. He was placed on cinchonidinæ sulphas gr. x,t.i.d. After his entrance he had two well-marked rigors, after which there was a complete cessation. The large doses of cinchonidina were discontinued at the end of a week, on account of their producing nausea, and a mixture of tr. ferri and a small amount of the alkaloid substituted. The œdema of the cellular tissue is somewhat lessened.

Saturday, December 9th, he had a recurrence of the chills precisely at midday, and was immediately returned to his former medicine. On Sunday at 2 o'clock he had another rigor, and complained of the drug making him sick at the stomach, on account of which trouble it was ordered not to be given until next morning, when kalium bromide was to be added, to relieve the cephalalgia from which he was also suffering. At 4 o'clock Monday afternoon he had a convulsion. The nurse, who was near him at the time, states that after several spasmodic movements, he rolled over the edge of the bed, and was apparently entirely unconscious. When I reached him, a few minutes after the debut of the attack, I found him partly conscious, screaming wildly, pupils dilated and eyes fixed and staring, respiration stertorous. The carotids are throbbing with a rapid and heavy pulsation, the face is of a leaden hue, while other symptoms mark an intense cerebral congestion. The radial beat, which at first was like the carotids, sledge-hammer and rapid (100 to the minute), dropped in a few moments so as to be perfectly uncountable. For treatment, I injected m. v of Magendie's solution, and had cold compresses applied to the head and hot mustard pediluvia to the feet. Within the next quarter hour he returned sufficiently to consciousness to answer a question, and then complained only of intense pain in the head.

At 8 o'clock in the evening he had materially improved, though still suffering greatly from the cephalic pain. The bromide was now ordered to be given in increased amount, and sulphate of quinine substituted for the chinchonidine. This his stomach retained. There was no elevation of temperature after the convulsion, the observation being made in the axilla. The pediluvia produced profuse perspiration. The urine passed about an hour after the seizure was collected and tested. It was yellow in color; sp. gr. 1018; contained no albumen.

Tuesday morning he seemed better. The headache, though continuing, is lessened. The stomach is now rebelling against the quinine. Small quantities of milk punch are being given at intervals of two hours throughout the day. P. 80, R. 20, T. 98⅘° (morning). At 6 o'clock P. M. he had an intense fever (T. 104⅘°), but no chill, which state continued several hours. There is now a great and rapidly increasing congestion of both lungs, which has developed since morning, shown by increased difficulty in breathing, and crepitant rales all over the bases and back of the lungs. Percussion shows no change. Death occurred in the early morning hours.

Post-Mortem (twenty-three hours after decease.) There are no anomalies of the skull. The dura-mater is normal; its sinuses are filled with dark coagulated blood. Lying upon the visceral arachnoid are numerous flakes of recently coagulated lymph. At the basis cranii, in the arachnoid space has collected one and a half ounces of turbid yellowish serum. The pia and arachnoid are everywhere greatly con-

gested. The large basal vessels are sound.

Section of the brain in the usual way, showed all the vessels filled with blood and distended. The white and gray matter of the cortex, ganglia, etc., except the vascularity, look healthy; as is also the cerebellum. The bulb is throughout intensely injected.

Thorax: The heart has extensive deposits of fat upon its surface, though the muscular tissue is quite thick, but not hypertrophied. The ventricles are stuffed with white ante-mortem clots. The valves are normal. The pericardial sac contains a quantity of straw-colored fluid; its surfaces are not roughened, except at the apices; the lungs were very dark in color, œdematous, somewhat devoid of air, though still crepitant, and completely filled the cavity. The small bronchial tubes are filled by a thin, colorless watery fluid, containing air bubbles.

Abdomen: Throughout this cavity remain the vestiges of an old peritonitis; the intestines are all matted together and adherent to the parietal peritoneum, while this membrane is elsewhere thickened and opaque. Between the bladder and rectum is seen a tumor as large as the fist, adherent to both by bands of connective tissue. Sections of this body showed it to be composed entirely of cheesy lymph contained in a thin membranous sac. The intestines are without signs of inflammation. The liver is much enlarged, weighing five and a-half pounds avoirdupois, is soft and breaks down readily under slight pressure. In color it is a light fawn. Its vessels are empty of blood. The spleen is also enlarged, and weighs sixteen ounces; its capsule is thickened, and the trabeculæ and Malpighian corpuscles are very prominent. The kidneys are deeply congested. The pancreas alone of the abdominal organs shows no disease. The peritoneal cavity contains a small quantity of clear serous fluid.

Two leading questions naturally arise in reviewing the observation: First, did the convulsion really take the place of a chill? It most probably did, for the retardation of the chill and fever was regular from day to day, the first at midday, the second at two o'clock, and so on till the day of his death. Secondly, is there a connection between the congestion of the medulla and the acute lung trouble; the disturbance in the blood supply reacting on the centres of the vagi?

Society Reports.

PROCEEDINGS OF THE MEDICAL SOCIETY, DISTRICT OF COLUMBIA.

REGULAR MEETING HELD SEPT. 26, 1883.

(*Specially reported for the Maryland Med. Journal.*)

The Society met with the President, Dr. A. F. A. King in the chair, Dr. T. E. McArdle, Secretary. *Dr. W. H. Taylor* read the notes on

A Case of Opium Poisoning Treated Successfully by Atropia and Caffein Hypodermically—and Artificial Respiration.—I am indebted to Mr. Andrea F. Hofer (medical student), for taking the notes in this case.

Mrs. F—, a lady, æt. about forty-five, had some family unpleasantness, and tooth-ache, and to relieve these unpleasant complications took a glass of beer, and soon after half an ounce of laudanum. The laudanum was taken about 3 o'clock, P. M., and I saw her a little after 5 o'clock, P. M. Her servant, a very respectable and intelligent-looking colored woman, told me that she came in the room just as Mrs F— had taken the laudanum, and that she became insensible in a few minutes. When I saw her she was lying on her bed, her eyes open, but turned up so that the pupils were not visible; her breathing was very labored, and her pulse was rapid and small. The countenance was much flushed and had a bloated appearance, the conjunctiva was injected, and the pupil contracted to about the size of an ordinary pin-head. Touching the conjunctiva with the finger did not produce any reflex action. I could not detect the smell of spirits or opium on the breath. The case looked very like apoplexy. Calling loudly in her ear and violent shaking made her mutter a little and roll her eyes, that was all. I gave thirty grains of sulphate of zinc, and tried to get down some mustard-water, but could not get her to swallow a drop of anything after the solution of zinc. The case became worse, the respiration less frequent and the pulse more rapid every minute. I dashed the face and chest with cold water, and had the palms of the hands and soles of the feet rubbed and smartly slapped with wet towels, but these measures, though at first producing slight manifestations of dissatisfaction, soon ceased to make any impression whatever. At this time—5.40 P. M.—the respirations were 6 per minute, pulse 118. Gave hypodermic injection of sulphate of atropia, gr. $\frac{1}{100}$.

5.45—five minutes later—respiration 7 per minute, pulse 132.

5.50—Gave hypodermic injection of atropia sulphate gr. $\frac{1}{60}$. One minute after this in-

jection the respiration was two (2) per minute, pulse 136 per minute, small and weak.

5.54—Four minutes after last hypodermic injection of $\frac{1}{33}$ of a grain of sulphate of atropia, the pulse was perceptible at wrist, but could not be counted; the action of the heart was very rapid. At this point respiration ceased for over one minute. I now slapped the face and chest violently with a towel wet with cold water, and had the feet and legs whipped with wet towels, but with no effect. I then shook the woman violently, raising her up into a half sitting posture and shaking her; then this producing no perceptible effect, I tried artificial respiration, raising the arms and compressing the chest, &c., until in a few seconds respiration was recommenced. I then immediately gave hypodermically one grain of caffein.

6 P. M—Six minutes after the injection of caffein the respiration was 8 per minute and pulse 120. I directed the attendants to shake her from side to side, but not roughly—just enough to induce her to keep up respiration. I will state that this lady was of rather a stout build and quite fleshy, and that it required no slight effort to shake her up.

6.05—Respiration 10 per minute, pulse 130 per minute.

6.10—Respiration 12 per minute, pulse 128 per minute. Gave one grain of caffein hypodermically.

6.15—Respiration 14 per minute, pulse 120 per minute.

6.23—Respiration 9 per minute, pulse 128 per minute. Gave $\frac{1}{33}$ of a grain of sulphate of atropia hypodermically, and after a little shaking induced her to swallow some water. She complained now of being roughly treated and disturbed. The pupils now began to dilate a little.

6.30—Respiration was 7 per minute, pulse 126 per minute, temperature 96.80°.

6.40—Pulse and respiration same as at 6.30. Gave $\frac{1}{2}$ grain caffein hypodermically.

7 P. M—Respiration 10 per minute, pulse 130 per minute. Had turned on right side and was sleeping quietly. I left her with directions to shake her up if respiration became difficult.

10.45—I called and found her sick and vomiting. She had been vomiting since 9 o'clock at intervals.

I called next day and found her up and about, and seemingly quite well, only complaining of feeling a little sore and not having much appetite.

Dr. King asked if Dr. Taylor had used caffein before?

Dr. Taylor replied in the negative, but said that he had of course used coffee.

Dr. Kleinschmidt thought the successful issue was due to the production of artificial respiration.

Dr. King thought there was some uncertainty as to what had saved the patient's life. It would be difficult to decide whether medicinal or mechanical means had been most beneficial.

Dr. C. E. Hagner considered it certain that the atropia had been more beneficial than the caffein. He had seen the influence of atropia not only in opium poisoning, but in the difficult respiration of pneumonia and croup. With two injections of $\frac{1}{120}$ gr. he had established respiration in a child in ten or fifteen minutes. The patient was in its second summer, and had been suffering from cholera infantum. Its father, who was a doctor, had given it preparations of opium until it was collapsed and cyanosed. Dr. Hagner knew from personal experience that the full effect of a hypodermic injection would not be felt before ten or fifteen minutes.

Dr. Taylor said he had given the first injection of atropia gr. $\frac{1}{160}$ at 5.40. Five minutes afterwards he gave another gr. $\frac{1}{33}$. In four minutes after the respiration ceased.

Dr. J. T. Johnson thought that both remedies did the business.

Dr. Taylor did not wait long enough for the good effect of the atropia which was produced after awhile.

Dr. Johnson remembered a case very like this one in which the respirations had gone down to four in a minute, and he could scarcely distinguish the heart beat. He despaired of saving the man's life, and did nothing until the arrival of Drs. Patterson, Palmer, and Eliot. Atropia was then sent for, a battery was brought into requisition, and a knotted towel was very effectually used whilst the patient was made to walk up and down. His life was finally saved. Not long ago he saw an infant less than a week old that had been poisoned from laudanum rubbed by the nurse on the mother's breast. Belladonna was used and ice water was poured on its head from a distance. It was, however, only after persistent efforts for a good many hours that Dr. Lovejoy and himself succeeded in reviving the child.

Dr. Hoehling said that Dr. Fry had used caffein with good results in these cases. We should remember that in using the usual solution for hypodermic injections we may give the patient more of a poisonous dose of atropia than of morphia. In such a case it would be clearly wrong to inject more atropia.

Dr. Reyburn had obtained excellent results from nitrite of amyl. He had tried it recently in a child three months old which had become thoroughly narcotized, and he succeeded in starting respiration with this drug. Apomorphia given hypodermically is a prompt emetic, and useful when the opium is still in the

stomach. He thought the abuse of the hypodermic syringe was increasing. We should be a little more guarded in our use of it, and ought never to permit a patient to buy one for personal use.

Dr. C. E. Hagner insisted that the important point in the treatment had been the fact that Dr. Taylor kept up the respiration. As to electricity we must be careful in using it. When the vital spark is burning low the slightest electric shock may put it out forever. It is important that the electrodes should be placed in proper position. There are cases on record where patients have been killed by putting one electrode at the back of the neck, and the other on the pit of the stomach. One should be placed over the region of the sterno-clavicular articulation, and the other over the scalene muscles thus electrifying the phrenic nerve.

In a case where he himself had given repeated doses of morphia to quiet a man with delirium tremens, he was compelled to practice artificial respiration for several hours in order to revive the patient.

Dr. King hardly thought the abuse of the hypodermic syringe was increasing so much since it was more painful than other ways of using opium. He believed, however, that the abuse of all opiates was on the increase.

Dr. Kleinschmidt said the pleasure was obtained more quickly by the use of the hypodermic.

Dr. Magruder thought we made the mistake of giving too large doses at the commencement. He scarcely ever began with a larger dose than the sixth of a grain. He believed the abuse of the hypodermic syringe was on the increase especially among females. When taken by the mouth it takes longer for the desired effect to be produced, and after repeated use, absorption does not take place so readily in the stomach. He sometimes injects only water. When we order opium preparations we should write minims instead of drops, as the size of the latter vary according to the size of the bottle from which they are dropped. He thought the use of caffein as an antidote to opium poisoning was good. Had seen mention of a fluid ext. of coffee for the same purpose. When physician to the poor he had at one time an epidemic of such cases, six or eight in one month. He usually relied on emetics and flaggellations.

Dr. Hagner said it had been contended that some doctors exhaust their already weakened patients by walking, flaggellations and other such means.

The City Council of Baltimore appropriated $30,000 additional to the Health Department last week, to meet the expenses incurred in the recent small-pox epidemic.

Editorial.

GEE ON THE LITERATURE OF THE DISEASES OF CHILDHOOD.—In an address before the British Medical Association at its recent meeting in Liverpool, Dr. Samuel Gee, of St. Bartholomew's Hospital, London, gives a very interesting resumé of the medical literature relating to the diseases of infancy and childhood. As may be inferred, the knowledge we possess upon this subject is almost entirely of modern growth. Yet even in the writings of Hippocrates we find an essay on dentition and the disorders which accompany it, and especially "ulcers of the tonsils," the exact analogne of which with us is difficult to identify. He also mentions aphthæ, inflammation of the navel, watery discharges from the ears, spinal disease, calculus, round and thread worms, and especially mumps, which he classes among the epidemic diseases. Celsus, Aretæus, Aurelian and Paulus scarcely refer to the subject. Rhazes, the Arabian, wrote the first treatise upon diseases of children in the 9th century. It is devoted almost wholly to therapeutics. He first described small-pox and measles. The first English treatise was "The Boke of Children," by Thomas Phayer, 1544; it is based upon the work of Rhazes. Paracelsus was the first to mention inherited syphilis in 1529. Sainte Marthe, a French gentleman, but not a physician, published a poem in 1584, called "Pædotrophia," or the rearing of children, which some have affirmed to fall not far short of the Georgics. About 1650 an Italian poem appeared called "La Balia," or "The Nurse," which was deemed worthy of an English translation by the Poet Roscoe. In 1653 Robert Pemell, "Practitioner in Physick," of Kent, wrote a little book entitled "De Morbis Puerorum," which is chiefly remarkable as showing how little had been acquired since Rhazes, or even Hippocrates. Three years before this appeared Glisson's "De Rachitide sive Morbo Puerile, qui Vulgo. The Rickets dicitur, Tractatus," which marks a new epoch in this field, like that which characterized the discovery of the circulation of the blood in physiology. In the next generation came Sydenham, who makes the first clear reference to whooping cough, St. Vitus' dance and scarlet fever, and gives the first good and sufficient history of measles. Contemporaneous with Sydenham was Walter Harris, who wrote a poor but popular book entitled "De Morbis Acutis Infantum." With the eighteenth century the books on this topic

became numerous, yet at the beginning worms and teeth constituted the refrain of writers. Dr. Patrick Blair, in a letter to Dr. Richard Mead, 1713, speaks of "the croops," but the first adequate history of croup is Francis Home's, 1765. Bronchotomy for croup was first performed in 1782, and the distinction between spasmodic and inflammatory croup was first made in 1796. Acute Hydrocephalus, or Tubercular Meningitis, was discovered by Whytt, who wrote in 1768. Our knowledge of chicken-pox begins with Heberden, 1767. In 1798 Jenner wrote upon cow-pox. With the present century the study of morbid anatomy and the invention of physical diagnosis advanced immensely the knowledge of this subject, as, indeed, of the whole science of medicine. In France Bretonneau has placed diphtheria within the limits of exact knowledge, inherited syphilis has been elucidated, Duchenne's pseudo-hypertrophic paralysis has been made known, and the knowledge of the diseases of the nervous system has been successfully cultivated. In England the acquisitions have been especially in connection with skin diseases (Willan), laryngismus stridulus (Clarke), scarlatinal albuminuria (Wells), typhlitis (Burne), and tubercular peritonitis (Gregory). In concluding, the author points out that not one of these writers was a specialist, and affirms that "art is not yet so vast nor human wit so narrow that the diseases of children need be made a specialty."

THE TEA WE DRINK.—The picture which is drawn of the tea which comes to us from Japan—constituting nearly one-half of the total importation—in a communication forwarded to the Department of State by our consul at Hioga, Japan, is not likely to prove a pleasant subject of contemplation to those who indulge in this kind of beverage. The leaves are spoken of as being "converted from a dirty brown or yellow into a dingy blue or greasy gray color by means of ultra-marine or indigo, mingled with gypsum or soapstone, and the whole mass flavored with the perspiration which drops abundantly into it from the filthy and oftentimes diseased work-people who for hours together in a high temperature turn the tea in the pans."

DR. J. S. BILLINGS FOR SURGEON-GENERAL OF THE UNITED STATES ARMY.—The unexpected death of the late Surgeon-General, Charles H. Crane, after only about a year's occupancy of his office and at the comparatively early age of 52, devolves again upon the President the duty of selecting from among the numerous aspirants for the vacancy an incumbent. We venture to urge upon his Excellency the name of Dr. Billings, a name known to both hemispheres. And, first of all, we should say that such an office should seek the man, and not the man the office. For it is not as in subordinate positions, where ordinary capacity suffices and promotion by seniority is reasonable and wise, but this office demands qualifications and abilities of a high order, which few men possess. Hence, it would be a public misfortune if the interests of the service and of the country should be sacrificed simply on account of technical considerations. Who would think of placing at the head of an army a general merely because of seniority of rank, without regard to his peculiar fitness to conduct a campaign? We have nothing to say against the aspirants for the place who are unknown to fame and us except by newspaper report, but of Dr. Billings it can be said that no one in the medical profession is better or more favorably known than he. In fact, abroad he is recognized as the most perfect representative of the American profession. Whether we regard his labors in the field of sanitary science or his administrative ability in the organization and development of the great national library, he occupies a position of the highest professional eminence. And who bore off the honors at the International Medical Congress but he? He is now in the very prime of his manhood and intellectual vigor, and hence there is every prospect that his services would be available for many years to come. His relations with the office also have been so close and intimate that he possesses a thorough knowledge of its workings and requirements. Not the least consideration is it that he would not be separated from the library work, in which he has displayed so much zeal and from which the profession are unwilling that he should be taken. We therefore respectfully urge that he be placed at the head of the army medical service, which will not only do honor to that service, but also to the great medical profession of America, which holds him in such high and deserved esteem.

PERSONAL.—*Dr. H. J. Berkley*, one of the editorial staff of this JOURNAL, left Baltimore on Tuesday last for Europe. He will be gone about two years, and will first go to London. He will apply himself to the study of nervous diseases, in which he is specially interested. *Dr. Canfield* has recently sailed for Europe, where he intends spending a year and a-half or two years, principally, we believe, in Vienna. *Dr. Winslow* returned to Baltimore on the 29th ult., and *Dr. H. Clinton McSherry* is also back again from his European trip.

Reviews, Books and Pamphlets.

Index-Catalogue of the Library of the Surgeon-General's Office, U. S. A. Authors and Subjects, Vol. iv. E—Fizes. pp. 1033. Government Printing Office, Washington, D. C., 1883.

The fourth volume of the *Index-Catalogue*, including letters E to Fizes, has recently been issued from the Government Printing Office, and a copy placed at our disposal. We observe throughout the volume the guiding hand of Dr. Billings, and the same display of care and watchful oversight which were so eminently characteristic of the previous volumes of this work from the Surgeon-General's office. This volume covers 1,033 pages, and includes 4,802 author-titles, representing 1,926 volumes and 3,885 pamphlets. It also includes 12,361 subject-titles of separate books and pamphlets, and 48,977 titles of articles in periodicals.

An idea may be gained of the vast mass of literature which has been stored away in the library of the Surgeon-General's office from the following facts: The four volumes now issued include 35,431 author-titles, 24,967 volumes and 27,479 pamphlets. They also include 41,483 book-titles, 149,737 journal articles and 4,335 portraits. The entire work of the *Index-Catalogue* when completed will occupy about ten volumes. An appropriation was made by Congress sufficient to publish volume V; unless an additional appropriation is secured, the publication of the remaining volumes may be postponed indefinitely. In view of the great value of the *Index-Catalogue* to the medical profession, and to all students of science, a petition should be made to Congress to vote an appropriation that will complete the work without delay.

Miscellany.

Over-Pressure in Elementary Schools.—Great as are the advantages of free elementary education it is under the compulsory system apt to suffer from certain disadvantages which a little forethought and discretion on the part of officials connected with its administration may often remedy. Complaints are heard from time to time of the tendency to unduly increase the number of subjects of instruction. Teachers complain of the pressure on their own behalf and that of the children. We do not dispute that there may be subjects in the circle of the three R's about which young children may learn something with benefit to themselves, but the application of all such instruction should be tempered by consideration for the age, the circumstances, not always favorable, in regard to nutrition and hygienic surroundings of the recipients. The brain of the child of ten or twelve, for example, even under the best conditions, is not usually equal to much in the way of elementary mathematics, of languages other than the every-day tongue, or even of the favorite school study, physiology. In regard to all such subjects there should be no pressure. We do not know that ill effects in this connection are to be measured by the statistics of brain disease. A child's health may suffer for want of timely play and fresh air without any signs of mental alienation. There is many a strumous child in boarding-school. Can any one say whether tuberculosis or meningitis has increased under educational pressure?—*Lancet, Sept. 29th, 1883.*

Annual Election Baltimore Academy of Medicine.—At the annual meeting of this Society, held Oct. 16, the following officers were elected: President, Dr. F. T. Miles; Vice-President, Dr. S. C. Chew; Recording and Corresponding Secretary, Dr. B. Bernard Browne; Reporting Secretary, Dr. E. F. Cordell; Treasurer, Dr. G. Lane Taneyhill; Executive committee, Dr.'s W. Chew VanBibber, Jas. A. Steuart, and I. E. Atkinson.

Academy Prize.—Upon recommendation of the Prize Committee, the Baltimore Academy of Medicine has awarded its prize of $50, for the best paper read during the year by a member, to Dr. Julian J. Chisolm, for the paper published in the Maryland Medical Journal, January 1, 1883, entitled "Bromide of Ethyl, the Most Perfect Anæsthetic for Short, Painful Surgical Operations."

Sanitary Convention. — Arrangements have been made for holding, under the auspices of the State Board of Health, a Sanitary Convention on the 27th of November. The State Board will furnish a hall for the meeting and also a room for the display of sanitary appliances. The physicians of the State will be invited, and reduced prices by railroad and steamboat will be secured. Papers will be read by our leading sanitarians.

THE BICYCLE IN GEORGIA.—*Dr. J. H. Logan*, editor of the *Atlanta Medical Register*, thus concludes an article on the velocipede for the doctor: "To those (if any such there be) who imagine that bicycle-riding does not fully comport with the dignity of their stations, I would suggest that whatever in the way of garb, vehicle, instruments or appliances is most appropriate for the occasion; whatever will most effectually and easily accomplish any worthy object sought, is entirely justifiable, and can by no possibility detract from merited dignity. Concerning the bicycle, I do not speak from theory alone. I was half a century old before I ever mounted one, and am now riding mine for the third season, and with much individual benefit. I have ridden my bicycle with ease and pleasure twenty-five miles in an afternoon over our country roads, which are not the best, making several professional calls during the time. To my professional brethren I would say, test the wheel for yourselves." —*Louisv. Med. News.*

THE ACTION OF ANTISEPTICS.—*M. Gosselin* has communicated to the Academy of Sciences, in Paris, the result of his researches on the action of antiseptic substances, such as a solution of carbolic acid, weak solution of alcohol and camphorated brandy. He examined, under the microscope, a membrane submitted to the influence of these substances, and he observed that solution of carbolic acid at 5 per cent. arrested the circulation of the blood in a few seconds; at 2½ per cent. it produced the same effect. After three applications, and at 1½ per cent., after an interval of ten minutes, alcohol at 86° (Gay Lussac) produces the same effect as a solution of carbolic acid at 5 per cent. The effect of camphorated brandy is also similar. The arrest of circulation was not accompanied by vascular contraction, but was due solely to coagulation of the blood. If antiseptic agents of a suitable strength be used they cauterize the surface of wounds and prevent the development of germs.—*Br. Med. Journal.*

FALSE LEARNING.—*Dr. Lewis W. Atlee*, in the *Phila. Med. News*, quotes the following language of Broca, which is so applicable to the times that we repeat it: "There is a false erudition that consists in citing at second-hand, on the faith of others, authors never read, and in copying bibliographical references that have been transmitted from one book to another, every time with some alteration, without any one ever taking the trouble to verify them. In this way a writer succeeds in furnishing a text all sprinkled with citations, and gives himself, at little cost, a varnish of erudition and of polyglottism that fills the reader with admiration. Many reputations have been built upon such foundations. These reputations have been or will be merely voluntary, because they are badly constructed. When any one acts in this way, he becomes, without wishing it, the falsifier of science."

TRANSPLANTATION OF MUSCLE IN MAN.—*Helferich* (*Archiv. f. Klin. Chir.*) reports a case in which, as a result of the removal of fibro-sarcoma from the arm of a woman, aged 36, the whole upper half of the biceps, with the exception of a thin strand at its outer part, was extirpated. Into the cavity which was left, he promptly introduced a large fragment of the biceps from the leg of a dog. The cut surfaces were carefully brought together with sutures, as little injury as possible being done to the parts. The transplanted muscle was much more voluminous than the original portions, and was long after the operation distinctly perceptible to the touch. Electric experiments instituted about three months after the operation showed that the biceps reacted perfectly naturally to both kinds of current. The high point of stimulation situated at the place of section of the musculo-cutaneous nerve was, however, absent. The movement at the elbow-joint was almost normal.—*Louisv. Med. News.*

ABORTION AT TWO MONTHS AND QUADRUPLETS AT FULL TERM.—*Drs. Edwards and McTaggart*, of London, Ontario, Canada, report in the *Canada Lancet* for October, the case of a woman, aged 38, the mother of four children, who miscarried at about seven weeks after her last menstruation, which occurred on the 4th of December, 1882, and who gave birth on the 14th of September, 1883, to four living children, two boys and two girls, the time elapsing between the birth of the first and the birth

of the last child being one hour and forty-five minutes. The weight of the male children exceeded that of the females by a few ounces, the weight of the former being four pounds nine and a quarter ounces and four pounds three ounces, and that of the latter four pounds six ounces and three pounds thirteen and three-quarter ounces. The labor terminated favorably. There was but one placenta, and each cord was inserted at different places on its surface. At the date of their report the children were six days old, all healthy and able to nurse, and all bid fair to live. T. A. A.

Clinical Observations upon Otorrhœa (Chronic Purulent Otitis Media) with Perforations of the Membrana Tympani.—Dr. Read J. McKay, of Wilmington, Del., having treated during the past eleven years 230 cases of otorrhœa, or, more technically, chronic otitis media with purulent discharge, presents for consideration in *The American Journal of the Medical Sciences* for October, 1883, some clinical observations upon such cases with old perforations of the membrana tympani, and endeavors to show that they are the unsatisfactory and irremedial class of aural diseases which they have been regarded, and perhaps still are by many general practitioners as well as by the public generally. And because of the well-known dangers from caries and necrosis of the temporal bones, meningitis, cerebral abscess, and purulent infection, which sooner or later may, and often do ensue, when they are disregarded or neglected, they should not in the future, as in the past, be permitted by physicians to pass from under their observation without any, or carelessly directed local and medical treatment.

His earlier cases were treated by various caustic applications, and they required usually several months' treatment to relieve or cure them. The later ones were treated with finely powdered boracic acid (the dry method), packed in the ears, usually filling the meati the first few visits, which generally checked the purulent discharge in a few days, and only required several weeks (usually about four) to relieve or cure them.

The Exact Value of the Electrolytic Method.—In a paper read before the American Academy of Medicine on the above-named subject (*Med. Record*, October. 13th,) the author, *Dr. A. D. Rockwell*, formulated the following conclusions:

First. The success met with in the treatment of malignant tumors is generally but trivial. In epithelioma, however, when superficial and easily reached, success may be had.

Second. The electrolysis of *intramural* fibroids often reduces the size somewhat, and gives great relief.

Third. For erectile and small cystic tumors electrolysis is a specific.

Fourth. Goitres, if small and soft, may be reduced in size, even by external applications. Even when hard, electrolysis may be beneficial, but the results are variable.

Fifth. Hairs can be permanently removed.

Sixth. In many cases of stricture relief or cure can be obtained by electrolysis, but experience is not sufficient to speak of its value positively.

The Management of Patients During Capital Operations.—In a paper with the above title (*Boston Medical and Surgical Journal*, October 11th,) *Dr. George W. Gay*, urges that special attention be paid to the following particulars: If shock or collapse be present, put nothing into the stomach, but stimulate and nourish by the skin and rectum. Take extra pains to keep the patient warm by means of heaters, blankets and a rubber sheet. Disturb him as little as possible with examinations, moving, changing of clothes, or dressings, etc. Use the least possible quantity of the anæsthetic, and allow the patient to rally early, depending upon opiates to control subsequent pain and inquietude. Finish the operation as quickly as is compatible with its proper performance.

Get the patient into a warmed bed as soon as possible and without any exposure to cold. Preserve the utmost quiet, and avoid doing too much for the patient until fair reaction has taken place.

Mercuriform Amide.—A correspondent from Vienna to the *Medical News* calls attention to the above-named new remedy, which Professor Neumann is now trying upon a large scale as an anti-syphilitic. The agent was produced early in the present year in Liebreich's laboratory. It is exhibited hypodermically in quantities of 1 cc., and is said to be efficacious in causing the rapid disappearance of syphilitic efflorescences. Salivation occurs more rapidly after its use than after any other known form of mercury. Severe pain, which frequently lasts the entire day, follows its hypodermic injection, and, in a number of cases abscesses and diffuse cellulitis of an alarming severity have been provoked.

Dr. E. D. Cross. — The shooting of Dr. McKune, at Council Bluffs Sept. 24, by Dr. E. D. Cross, formerly of Baltimore, appears to have been purely in self-defense. The former is said to have come up behind the latter and dealt him a blow which crushed in the bone behind the ear and felled him to the ground. His adversary pressing the attack, Cross, still prostrate, drew his revolver and fired, the ball passing through his own hand and his adversary's breast. The cause of the difficulty was a suit for criminal malpractice brought by Cross and others against McKune. Cross it is said has lost the hearing in the injured ear.

Prolonged Retention of a Fœtus.— Prof. Sappey, at a recent meeting of the Academie des Sciences (*Comptes-Rendus*, Aug. 27, and *Union Medicale* Sept. 1,) read an "account of a fœtus which remained for fifty-six years in the abdomen of its mother, without undergoing any alteration or causing any inconvenience beyond that resulting from its weight and size." (*Med. Times and Gaz.* Sept. 29.) The author observed that when a fœtus encounters an obstacle which prevents its expulsion, it dies, and becomes, in the vast majority of cases, the cause of accidents to the mother which prove fatal. In some exceedingly rare cases, however, the fœtus comports itself as a simple foreign body to which the surrounding organs so well habituate themselves that a new pregnancy may even occur and follow its natural course.

All the instances of very prolonged retention have presented identical conditions. The fœtus is found rolled up on itself and enclosed in a cyst of bony hardness; and this cyst separates the fœtus so completely from the neighboring organs that its organic connexions with the mother, once so intimate, no longer exist. These conditions fail to explain why the fœtus so placed did not undergo putrefaction. Morand claimed that the preservation of the fœtus was due to the drying up of its tissues and to the incrustation of the air-tight cyst in which it was enclosed. This theory was generally accepted. The case now presented by Prof. Sappey is opposed to this explanation. The fœtus which remained in the abdomen of its mother for fifty-six years was not dessicated at all, but all its various parts retained their normal consistency. The mother became pregnant at 28 years of age and died at 84 from an affection of the respiratory organs. The tumor which had existed for so many years was placed at the outer side of the uterus in the course of the right Fallopian tube. It was covered all over with calcareous deposits and incrustations, presenting the appearance of a cyst with an unequal and mammelonated surface, of a bony consistence, and adhering at some points to neighboring organs. On opening the cyst the fœtus was found in ordinary attitude, with limbs folded on the trunk and its head inclined upon the thorax. It was between six and seven months development, and during its prolonged captivity had undergone no change whatever. The superficial organs, the viscera contained within the great cavities of the body, all the muscles, and all the other soft parts had preserved their consistence, their suppleness, and their normal color.

Having to abandon the drying-up theory of Morand, Prof. Sappey formulates a new theory modified by the light of Pasteur's experiments. It is this: "The fœtus which, after its death, is preserved for an indefinite period in the abdomen of its mother, owes its preservation to the physical conditions of its imprisonment, which have the advantage of sheltering it from the action of atmospheric germs." T. A. A.

The Brain Transfixed by a Ramrod with Recovery.—Fischer reports in the *Deutsche Zeitschrift fuer Chirurgie* (Bd. xviii.) (*Med. News*, Oct. 13,) an interesting case of an accident which occurred during the unloading of a carbine, by which the brain was transfixed by a ramrod without fatal result. The ramrod, which was of iron, entered the thorax to the right of the fourth dorsal vertebra, passed upwards in the deeper tissues of the right side of the neck through the base of the skull and the brain, and projected to the extent of thirty centimetres out of the left side of the head. After an opening had been made into the neck, the rod was driven backward through the skull by the strokes of a hammer, and taken out at the neck. The patient recovered, except that he remained blind in the right eye.

Cocoanut as Food.—The following is given by the *Figi Times:* "A vessel that once left San Francisco with four hundred passengers for Sidney, had, in consequence of running short of stores, to put in at Samsa, where a large quantity of cocoanuts were obtained. During the remainder of the passage very heavy weather was encountered, in which the vessel became water-logged, and only reached Sidney after a perilous journey of eighty days, during which time all the provisions ran

short, and men, women, and children were fed only upon cocoanuts, being at last reduced to one per diem for each adult. Notwithstanding this diet, not a life was lost, not a single case of sickness occurred, and all the passengers landed in a healthy and well-nourished condition."—(*Lancet, Sept. 29th.*)

Medical Items.

The Government Quarantine, at the mouth of the Chesapeake, ceased on the 15th inst.=The Commission appointed by the Secretary of the Treasury to select a site for the U. S. Marine Hospital in Baltimore, has adjourned without making a selection, too much being asked for suitable sites.=Dr. Wm. J. Jones has been appointed Assistant Demonstrator of Physiology at the University of Maryland.=If bromide of sodium, says Dana, be dissolved in carbonic acid water, ʒss to a tumblerful, it makes a mixture very much like Saratoga Geyser, and ladies will drink it with much satisfaction. It is an improvement on the bromides with Vichy, as suggested by Seguin.=The ordinance providing for an inspector of plumbing has passed both branches of the City Council of Baltimore, and now only awaits the Mayor's signature to become a law.=Louise Lateau is dead, at the age of 33. Her case was celebrated on account of the flow of blood said to take place during fits of ecstacy from stigmata in her hands and feet.=New York city has seventy-seven Medical societies.=According to the Medical Directory just issued by the Illinois Board of Health, the proportion of physicians to the population in Maryland is 1 to 329, which is the *largest* proportion of any of the States or Territories of the United States. North Carolina has 1 to 1,029 and South Carolina 1 to 1,084.=Says Homer:

"The great physician, skilled our maladies to heal,
Is worth ten thousand to the common weal."

Dr. Henry M. Wilson, of Baltimore, class of 1850, will deliver the oration before the next annual meeting of the Alumni Association of the University of Maryland, School of Medicine.=The Secretary of War has designated Surgeon David L. Huntington to take charge of the Surgeon-General's office until further orders.=Dr. Stoughton W. Dent died near Newport, Charles county, Md, on the 7th instant, aged about 79.=Dr. J. S. Billings will lecture at the Johns Hopkins University during the winter on sanitary legislation, with special reference to Baltimore. His lectures will be for physicians. There is no subject upon which this community—and may we not add the profession of this community—needs enlightenment so much as upon sanitation.=Sir William MacCormac, of London, was at the entertainment of the Baltimore Medical Reunion, given at the Carrollton Hotel, on Thursday week, by Dr. Thomas S. Latimer, and made some remarks during the course of the evening.=Some months ago a charge was brought against the surgeon of the steamship Köln, belonging to the line running between this city and Bremen, of having outraged one of the passengers of the vessel on the voyage from Europe to this country. The father of the girl brought suit for libel against the owners of the vessel. Judge Morris of the U. S. District Court decides that the steamer is liable for the act of the surgeon, but holds that the suit should be for violation of the contract between passengers and owners, and not for the wrong as distinct from the contract. The case will probably go to the Supreme Court.

List of Changes in the Medical Corps of the Army during the week ending October 15, 1883:

Hammond, John F., Colonel and Surgeon—Leave of absence on surgeon's certificate of disability, granted April 2, 1883, extended six months, on surgeon's certificate of disability. (Par. 7, S. O. No. 231 A. G. O. October 8, 1883).

Swift, Ebenezer, Lieutenant-Colonel and Assistant Medical Purveyor—Under the provisions of section 1 of the Act of Congress approved June 30, 1882, is, by operation of law, this day retired from active service, and will proceed to his home. (Par. 4, S. O. No. 231: A. G. O., October 8, 1883).

Hartsuff, Albert, Major and Surgeon—Granted leave of absence for fifteen (15) days. (Par. 2, S. O. No. 205, Department of the Missouri, October 5, 1883).

Huntington, David C., Major and Surgeon—By direction of the President, will, until further orders, take charge of the office of the Surgeon-General of the Army, and perform the duties pertaining thereto. (Par. 3, S. O., No. 234, A. G. O., October 11, 1883).

Meacham, Frank, Major and Surgeon—Assigned to duty at Fort Douglas, Utah. (Par. 3, S O. No. 109, Department of the Platte, October 6, 1883).

Sternberg, George M., Major and Surgeon—Granted leave of absence for one month to date from October 6, 1883, with permission to go beyond the limits of the Department and to apply for extension of one month. (Par. 3, S. O., No. 134, Department of California, October 4, 1883).

Cronkhite, H. W., Captain and Assistant Surgeon—Assigned to duty at Fort D. A. Russell, Wyoming. (Par. 3, S. O.. No. 109, Department of the Platte, October 6, 1883).

Weisel, Daniel, Captain and Assistant Surgeon—Assigned to duty at Fort Fred. Steele, Wyoming. (Par. 3, S. O. No. 109, Department of the Platte, October 6, 1883).

Arthur, W. H., first Lieutenant and Assistant Surgeon—Assigned to duty at Fort Douglas, Utah. (Par. 3, S. O. No. 109, Department of the Platte, October 6, 1883.)

Strong, Norton, First Lieutenant and Assistant Surgeon—Assigned to duty at Fort Washakie, Wyoming. (Par. 3. S. O. No. 109, Department of the Platte, October 6, 1883.)

Original Papers.

A NEW SUGGESTION CONCERNING THE USE OF CHLOROFORM AND AMMONIA IN LABOR.

BY W. C. VAN BIBBER, M.D.

(Read before the Baltimore Academy of Medicine on Tuesday, the 16th of October, 1883.)

It was in 1847 that Sir James Y. Simpson, at the suggestion of Mr. Waldie, gave chloroform, by inhalation, as an anæsthetic in labor. In the enthusiasm of the moment he wrote: "Future generations shall be born in Elysian dreams on beds of asphodel."

In what proportion of labor cases have we, the pupils of Sir James, seen this poetic prophecy fulfilled? or, how often have we been disappointed? and why? For a number of reasons both physicians and patients have not been so favorably impressed with the results of chloroform, upon the whole, as to bring it into general use in all stages of labor. This may be owing, in some measure, to the manner in which the chloroform is given.

The physician, in the practical application of remedial means to diseased conditions, and to purposes within his domain, encounters many serious difficulties. Some of these difficulties are to be found in the original individual peculiarities of the patients themselves; others, in the peculiarities which diseases have engrafted into the systems of his patients; and others, again, in the want of uniformity in remedies. There are also many other difficulties appertaining to this question which need not be mentioned now. So far as the administration of chloroform is concerned, there are individuals who have idiosyncrasies against its use. Mr. Wm. Martin Coates, Surgeon to the Salisbury Infirmary, says (*Braithwaite's Retrospect, vol. 37, p. 414*): "Curiously enough I have had several illustrations of this in the Salisbury Infirmary lately. One young woman, of twenty-four years of age, was completely narcotized by five minims of chloroform. A middle-aged woman was rendered insensible to pain during an operation lasting a quarter of an hour by seventy-five minims, and a child by ten. Had the usual dose been given to these patients, would not their lives have been placed in danger? I think so. * * * By care, the fatal cases can be reduced to one in a few thousands, but to that one this makes all the difference between life and death." There are some diseases which contraindicate chloroform; and again, all specimens of chloroform are not alike. There are some things in natural labor itself which prevent the literal fulfillment of Sir James' prophecy. The average duration of labor is too long to be safely occupied during its entire process by the Elysian dream produced by chloroform. If it should be attempted to prolong the full effects of chloroform for twelve hours, without the utmost care, both mother and child might pass away for ever. If the exhibition of chloroform is commenced early in the first stage of labor and continued to its end, it diminishes the force of the labor and prolongs its duration. There are certain dangers incident to labor which are increased by the administration of chloroform.

For these reasons and others which I might give, but some of which will occur to each one of you, it is a rare exception to find a case strictly verifying the full spirit conveyed in the words of Sir James Y. Simpson's prophesy. There is something or other preventing its complete success in a vast majority of cases, where chloroform is administered as it is now. I think this will be admitted as a truism by all physicians. Indeed the practical objections to the administration of chloroform in labor, as it is commonly done here, are not to be despised. Sometimes the patient herself wants *too much*, and will not be denied; and again, the attendant friends around her bed want her to have too little. Even as an attendant operation, the manual part of exhibiting chloroform is no small affair. For the physician to attend to the birth, at its crisis, and to watch the chloroform process at the same time, is a great strain and fatigue upon him; and therefore, without extending the list of objections to the use of chloroform in labor any further, I trust a suggestion looking towards an improvement in anæsthesia in labor will not be regarded as a thing which is not wanted.

The few cases in which I have used chloroform and carbonate of ammonia together have been so encouraging and satisfactory that the method which has been used will now be explained in detail. The ordinary smelling or ammonia bottles have been employed for this purpose,

selecting those of large size. For convenience, four of these bottles are used in each case. They are freshly filled with carbonate of ammonia. Into these a small quantity of chloroform is poured, and the patient is permitted to hold them herself and inhale from them, *ad libitum*, without assistance. It may occur to each one of you, as it did to me, that the effect of ammonia emanations being stimulating, and that of chloroform anæsthetic, that by a combination of the two a stimulating anæsthetic might be thus obtained instead of a depressing one. Practically this seems to be the fact, and in the six cases of natural labor in which I have used this combination, it has prevented the appalling obstetrical spectacle of a corpse being delivered of life. An attendant replenishes the bottle with a small quantity of chloroform during the intervals of pain, and replenishes it oftener, or uses another bottle during the pain, if it lasts long.

All of the five cases have given entire satisfaction to the patients, and in none of them have stertor, coma or nausea, occurred, either at the time of giving the anæsthetic, or after the delivery of the living children.

In the two last cases in which this method was used, the amount of anæsthesia was sufficient to be called a dream, and the patients were unconscious of the passage of the child over the perinæum. The effect was delightful both for the patient and the physician, because pain was relieved and there was no care, anxiety or dread, either on account of the mother or infant.

Those who are accustomed to use chloroform boldly and to make the third stage profound, might think the Elysian dream was not complete, and that the bed of asphodel still savored too much of the cruelty of Procrastes. But, upon trial, I trust this, or some better method of giving these two emanations combined will prove to be a needed improvement in this therapeutic manipulation, rendering it so safe for the infant as to divest it of anxiety. It may be said by some, before trial, that this method must be inefficient, and insufficient to produce, in full, the result desired. To these the reply is, give it a fair and full trial; and to encourage obstetricians to do so, I will, in conclusion, quote a few lines from Mr. William Martin Coates's paper "*Upon the Safe Administration of Chloroform*," which I saw for the first time to-day. He says: "By experiments on frogs and observations on patients I had become convinced that chloroform could only be safely administered by limiting the dose to the smallest quantity capable of inducing insensibility to pain. By repeated trials I found, that by means of Snow's inhaler, five minims of this anæsthetic, followed by ten in twenty seconds, and in forty seconds by fifteen, and then fifteen every minute until the patient became insensible, and afterwards an occasional ten minims, sufficed in almost every case to produce and maintain complete anæsthesia."

It is presumed that Mr. Coates means this process for the long continued application of chloroform, as in labor. The mixture of ammonia with chloroform certainly does not diminish the anæsthetic property of the latter, but, so far as my observation has gone, it does prevent its *die-away* effects, and renders its exhibition safer in labor for the child. I say for the child, for, so far as I know, there has yet been no fatal case to the mother resulting directly from the use of chloroform in labor. But the terrible prostration often induced, debilitates the mother, endangers the child, and alarms the physician. The suggestion above made has been efficient in my hands in preventing these effects.

Clinical Notes.

A CASE OF DISLOCATION BACKWARD OF THE ULNA AT THE ELBOW.

BY E. G. WATERS, M. D., OF BALTIMORE.

A colored boy, driver for Dr. Taneyhill, about fifteen years of age, was thrown off a bicycle. When he presented himself, the left arm hung straight down by his side, and suggested a fracture of the humerus. The boy complained of much pain, and was under the impression that the arm was broken. On examination it was found that the forearm could be readily pronated and supinated without sensible increase of pain, and that it could be flexed to an angle, say, of 60° with the arm without difficulty, but the attempt to flex it further was sensibly resisted, and caused much suffering. Both condyles of

the humerus could be felt intact, and the head of the radius was in its proper situation. The prominence of the olecranon as compared with its fellow was at least 50 per cent. greater. It seems quite probable that the coronoid process had not sunk completely into the posterior sigmoid cavity, yet the arm gave obvious evidence of shortening. The patient was thin, and thus gave an opportunity for thorough and exact examination, almost equal to that of a skeleton. The luxation was easily reduced, an assistant grasping the arm above the elbow, while gently increased traction was made upon the forearm, the limb meantime being quite straight. The boy resumed his duties in the service of his employer, who, I believe, returned to the city the following day, and did not seem to be much inconvenienced by the accident. He complained of but little pain, and I understood there was no swelling or impairment of function. This accident seems to be rare, neither Gross, Agnew nor Hamilton, apparently, having met with it. Dr. Agnew says, Princ. & Pract. of Surg., Vol. 2, p. 70: "This luxation, though well-established, is by no means a common accident. The coronoid process slides back to the margin of the olecranon fossa, or it may rest on the posterior face of the internal condyle of the humerus. In either case the upper part of the interosseous ligament will be torn." Gross says, System of Surgery, Vol. 2, p. 71: "Dislocation of the ulna alone directly *backward*, is an uncommon accident, and can scarcely be complete without fracture of the coronoid process." As there was no crepitus in this case, and the ulna remained permanently in its natural position after reduction, it is safe to conclude there was no fracture. The click or snap of the bone as it slipped into its place, was distinctly audible throughout the room. Hamilton, Fractures and Dislocations, p. 686, says: "This accident, the existence of which as a simple luxation is placed beyond doubt, has nevertheless been described so variously, and often indefinitely, that it is impossible to declare its history, except in a few points, with any degree of accuracy." He mentions a case reported by Sir Astley Cooper, in which an autopsy revealed the fact that both bones had been displaced. In a case reported by Dr. Waterman, the arm was at a right angle, and the hand pronated. He adds: "Pirrie says that in a case occurring in the practice of M. Gosset, in which the coronoid process rested on the internal condyle, and the pain, on bending the arm, was insupportable, owing, it was supposed, to the pressure of the coronoid process against the ulnar nerve, reduction was accomplished by extension and counter-extension applied by two persons pulling in opposite directions, and by the pressure of the olecranon process downwards and outwards, while the forearm was suddenly flexed." It seems to be implied, in the report of this case, that the arm and forearm were in the same line—that is straight.

Selected Paper.

ON EARLY TAPPING IN CASES OF ASCITES.

BY AUSTIN FLINT, M.D.,

Professor of Medicine in Bellevue Hospital Medical College, New York.

Most writers on practical medicine at the present time, as in the past, recommend tapping in cases of ascites, as a last resort, when the dropsy occasions an alarming interference with respiration, and when other measures of treatment have proved ineffectual.* The practice of most physicians now, as hitherto, I suppose to be in accordance with this recommendation. Many years ago I was led by reasoning, and by clinical observation, to advocate tapping early in cases of ascites. In 1863 I communicated for the *American Journal of Medical Sciences* an article entitled "A Clinical Report on Hydroperitoneum, based on an Analysis of Forty-six Cases." The histories of these forty-six cases I had recorded. The results of the analysis seemed to show the utility of tapping early, and as often as the dropsy returned. Since the publication of that report, in the cases which have come under my observation in hospital and in private practice, I have pursued this course of treatment, and the results have appeared to confirm its utility.

The objections brought against tapping early, and, it may be, repeatedly, in cases

*As an exception to this statement, the *Handbook of Medicine*, by Dr. Frederick T. Roberts, may be mentioned.

of ascites, are these. 1. It is liable to be followed by alarming prostration, and it may even prove fatal in subjects greatly enfeebled. 2. It sometimes proves fatal by inducing peritonitis. 3. Relief procured by tapping is usually but temporary, the dropsy, as a rule, speedily returning. 4. With every return of the dropsy, a large quantity of albumen is withdrawn from the blood. The vital forces are thereby impaired; and, although temporary relief may be obtained, the duration of life is shortened.

In no instance under my observation has either a fatal result or alarming prostration followed tapping. On the contrary, relief, immediate and pronounced, has been invariable. I have met with but a single instance of peritonitis induced by tapping. In that instance, ascites, from cirrhosis of the liver, was associated with general dropsy from chronic Bright's disease; the latter, as is well known, involving a predisposition to inflammation of serous structures.

Danger in the direction either of exhaustion, or peritoneal inflammation, is probably avoided if, instead of the ordinary mode of tapping, aspiration be employed. The slowness with which the liquid is withdrawn by aspiration obviates any risk of exhaustion, and the insignificant puncture, with a very small trocar, can hardly give rise, in any case, to peritonitis. Two objections may be raised to aspiration. One of these is the length of time required, and the fatigue on the part of the operator in removing, by this method, a large quantity of liquid. It is an answer to this objection, that the manual part of aspiration does not call for a skilled hand; and, therefore, the assistance of a nurse or an attendant may be made available. The other objection is, the inconvenience of having at hand an aspirator. This objection is met by substituting for the beautiful, but cumbersome, apparatus of Dieulafoy, or the adaptation of stomach-pump by Bowditch, a very simple arrangement which I devised many years ago. The instrument used is that known in the United States as Davidson's syringe. It consists of an India-rubber hollow ball, of a size to be readily grasped by the hand, connected with which are two India-rubber tubes. By the introduction, within the central ball, of movable valves one of the tubes is made afferent, and the other efferent. At the end of the afferent tube is an attachment for connecting with it a small cannula. The aspiration through this tube is effected by the expansion of the central ball, and the latter, by compression with the hand, is emptied through the efferent tube. For thoracentesis, and all other applications of aspiration, this simple instrument is all that could be desired, except from an æsthetic point of view. Its advantages are its cheapness, its portability, its durability, and its being always in order for immediate use.

The more important of the objections to tapping early and repeatedly in cases of ascites are, that the relief which it may afford is but temporary, and that life is shortened by the impairment of the vital forces consequent on the loss of nutritive constituents of the blood. Regarding these objections from a rational standpoint, the measures employed by those who delay as long as possible tapping are to be contrasted with the advantages of the latter method of treatment. Measures of treatment other than tapping generally have for their object the removal, or, if this be not attainable, the diminution, of the dropsy. The measures are sudorifics, diuretics, and hydragogue cathartics. Sudorifics accomplish so little, that nothing is to be said in their favor; very little can be said in favor of diuretics. The instances are rare in which much is accomplished by this class of remedies. Hydragogue cathartics are more efficient. Elaterium, the *pulvis purgans*, the sulphate of magnesia or of soda, and other saline cathartics, sometimes diminish considerably, and they may even remove, the dropsy. Their uncertainty, however, must be admitted; and, when more or less effective, the object is usually accomplished slowly, not a little depression and perturbation being caused by them.

Now, is it not a rational conclusion, inasmuch as, by tapping, the removal of the dropsy is effected with certainty within a few hours or even minutes, the operation being harmless and giving very little pain, that this method of treatment is to be preferred? And, in view of the advantages of tapping, why waste time in an endeavor to effect the object by drugs?

Here, as in regard to all therapeutical questions, an appeal must be made from reason to experience; and in deductions

from experience, as well as from rational conclusions, the different affections of which ascites is a symptom are to be taken into account. If the ascites be symptomatic of malignant disease, and when it depends on persistent occlusion of the portal vein from thrombosis, embolism, or the pressure of a tumor, tapping, as well as other measures for the removal of the dropsy, cannot be expected to furnish more than temporary relief. But, in the cases falling in this category, life has seemed to me to be prolonged by tapping, repeated as often as need be; and on the other hand, life has seemed to me to have been shortened by the use of depressing and perturbatory drugs. In the great majority of cases, as is well known, cirrhosis of the liver is the affection having a causative relation to the dropsy. Now, in a certain proportion of these cases, the dropsy is dependent on auxiliary causes cöoperating with the hepatic lesion. Anæmia, anorexia, impaired digestion, etc., the effects of alcoholism or of other agencies, are more or less involved in the causation of ascites. Without these auxiliary causes, dropsy would not have occurred, and the cirrhosis perhaps would have been well tolerated. These cöoperating causes are often, to a greater or less extent, removable. The discontinuance of spirit-drinking alone may sometimes suffice for their removal. These statements are based on the study of cases which I have recorded. Let tapping be resorted to as soon as the dropsy occasions notable inconvenience; let auxiliary causes be removed as far and as soon as practicable; let the patient be placed on a tonic and analeptic treatment; let depressing and perturbatory drugs be avoided; let tapping be promptly repeated if the dropsy return; and, notwithstanding the existence of a certain amount of cirrhosis, there may be a restoration to fair general health, and its continuance for an indefinite period. My collection of recorded cases furnishes illustrations of the correctness of this assertion. It may be that the dropsy will not return after a single tapping. More frequently, the tapping has to be repeated. The intervals between the repetitions in different cases differ greatly. Even if tapping be repeated many times, and after short intervals, I believe the rule to tap as early and as often as the dropsy occasions inconvenience, to be better than to let the dropsy remain, or to undertake to lessen it by hydragogue cathartics. In one of my recorded cases, the patient was tapped thirty times within eighteen months. He had come to regard this measure as a trivial affair; and on one occasion, surgical aid not being at hand, he tapped himself, using the blade of a pair of scissors instead of a trocar, and introducing a common clay pipe-stem as a cannula. He was accustomed, the day after a tapping, to go about his business as usual. This was a dispensary case, and was lost sight of after the thirtieth tapping. At that time he was anæmic, but able to take pretty active exercise. There are some cases of ascites in which a causative lesion may remain permanently innocuous, at least when not associated with auxiliary causes, as shown by the recovery and continuance of perfect health. Of my recorded cases, a few are in this category.

In concluding my clinical report on ascites twenty years ago, I used the following language: "Unpromising as are the majority of cases of ascites, I cannot but believe that, as regards prolongation of life, and as much improvement as is compatible with existing structural disease, the success of medical practice would be enhanced by employing less than has been the custom of physicians, diuretics, hydragogue cathartics, and other depressing remedies, by resorting earlier than is usually done to tapping, and by a greater reliance on tonic medication, together with hygienic measures to invigorate and strengthen the system."

In conclusion, now, after the added experience of twenty years, I hold to the same belief, with a stronger conviction of its correctness, as based on reason and clinical facts.—*Brid. Med. Jour.*

Correspondence.

LIABILITY FOR DOCTOR'S BILLS.—A LEGAL CASE OF INTEREST TO THE MEDICAL PROFESSION.

BALTIMORE, *October* 22, 1883.

Messrs. Editors:

Dr. Samuel H. Gump was sent for by Mrs. Harry Fisher to attend her nurse who was sick at their place in the country. The nurse failing to pay the bill for professional services rendered, the Doctor sent it to Mr. Fisher, who refused to pay it. There-

upon the Doctor brought suit against Mr. Fisher, and the case was tried before Judge Duffy, of the Baltimore City Court on October 20th, 1883. The Judge decided that Mr. Fisher was responsible for the payment for medical services rendered the nurse employed by him, the Doctor having been sent for by Mrs. Fisher, and that she had the right to make her husband responsible for such services, and that having sent for the physician herself, her husband was fully responsible. Judgment was given the plaintiff for the amount of the bill and costs.

This decision is perfectly equitable and just, and is an important one to physicians, and may prevent them from being defrauded out of their fees after rendering service in such cases.

It is very humane and commendable for employers to summon medical aid in case of sickness or accident to their servants or employees. Under some circumstances they would justly be considered cruel and inhuman not to do so. But if under these conditions people are anxious to get medical assistance, it is for their satisfaction and to relieve their apprehensions that they send for the physician, and to that extent the service is to them personally. Of course if the servant pays, it is all well enough, but in case of failure to do so, their employers should be held responsible in all such cases. And to this end, it is better always to enter the charge and send the bill to the responsible party. We recently heard of a case where a gentleman called upon a physician at night to go to his house to see the cook, as he was afraid she was getting the *small-pox*, and it was very important to have her moved if such were the case. The Doctor inquired who was to pay for his visit. The reply was that he must look to the woman for his pay—that it was very mercenary for him to ask such a question, and that as there was danger of the family contracting the disease, it was his duty to go whether he got paid or not. The physician took a different view of the matter and declined performing such *duty*.

We know of another case in point where a physician was defrauded out of his bill by a family said to be of low origin, but vulgar aspirants to social position, whose only claim to notice is their money. In this case, the wife of a man who is considered quite rich—the President of a bank and the director in a railroad—sent for the Doctor to see her waiter-man, who had fainted and been taken up stairs. She met the Doctor in the parlor and led the way up to the man's room, and took the deepest interest in him; wanted everything done for him; called at the Doctor's office afterwards to have extra attention rendered him, &c.; and yet, because the Doctor trusted to their honor, and sent the bill to the servant instead of to the lady's (?) husband, it has never been paid, although they have had frequent notice of it—and yet they continue to keep the man in their employ.

In conclusion, your correspondent would suggest that every physician establish the rule—to enter on his book the name of the responsible party who requests the service (whether in the case of servants or others), and always to make the bill out to such party and to hold them responsible for it.

Yours, &c., MEDICUS.

Society Reports.

CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD OCT. 19th, 1883.

(*Specially Reported for the Maryland Medical Journal.*)

The Society was called to order at 8.30 P. M. On taking the Chair, the newly-elected President, DR. J. E. MICHAEL, made a brief address, thanking the Society for the honor conferred in his election, and expressing a hope for a continuance of the prosperity of the past year.

PROPOSITIONS FOR MEMBERSHIP.—The following gentlemen were proposed for membership: Dr. Geo. Strauss, 51 Saratoga St.; Dr. William Rickert, 520 Penna. Ave.; Dr. John H. Smith, 281 S. Charles St.

CHRONIC CYSTITIS CURED BY AN ARTIFICIAL VESICO-VAGINAL FISTULA.—This case was reported by Dr. Moseley, and will be published in full in this JOURNAL.

BONY ANKYLOSIS OF THE KNEE.—*Dr. L. M. Tiffany* showed a specimen illustrating complete bony union between the femur and tibia. The patient in early life had suffered from inflammation of the left knee, which left the joint flexed at a right angle. When 64 years old he fell while drunk, from a cart, breaking the left tabia three inches below the knee; the fracture was compound and comminuted. Necrosis, with much suppuration, followed, and the limb was amputated through the con-

dyles. Examination showed the femur and tibia to be fused together, the intercondyloid notch being represented by a canal perforating the mass of bone from before backwards. The patella was adherent by bone to the external condyle. The patient recovered.

CRUSHING FRACTURE OF THE LOWER END OF THE FEMUR.—*Dr. L. M. Tiffany* also presented a specimen of this injury, the crushing being confined almost entirely to the articular surface of the inner condyle. The cartilage was split off from a surface as large as the end of an adult thumb, the cancellated bone being torn. The injury resulted from the passage of a street car diagonally on to, *not* over, the limb. The soft parts were extensively torn from the inner aspect of both the thigh and leg. The patient was a very hard drinker, aged 64 years, and was brought into hospital shortly after the accident. A vessel or two required tying, but much blood flowed from within the knee joint, the synovial membrane of which was opened by a tear perhaps two inches long. This blood came from the cancellated bone, from which the cartilage had been torn. In consequence of the patient's age and habits, excision was thought to be contraindicated, and the limb was amputated above the condyles, the flap being taken from the outside, and partly of bruised tissue. The blood from the condyle was noticed to flow slowly and to be very dark in color; it was arrested with difficulty. But six days have elapsed since the amputation, and the outcome in so unfavorable a subject cannot be predicted.

CARIES OF KNEE-JOINT.—*Dr. L. M. Tiffany* presented the three bones of a left knee. The articular surfaces were carious and deeply excavated, but the disease did not extend beyond the epiphyseal cartilage. The patient was aged 17 years, female negress, and gave a history extending over several years of different attacks of inflammation. Both the thigh and leg were riddled with sinuses, so that amputation was thought proper in the lower third of the thigh. The patient recovered rapidly.

COMPOUND DISLOCATION OF THE ASTRAGALUS, WITH PARTIAL SEPARATION OF SCAPHOID AND FRACTURE OF CUNEIFORM.—*Dr. Latimer* reported the following case: A man got his foot caught between a car and rail, by which it was violently wrenched. In consequence of this he received a compound dislocation of the astragalus, forward and inward, a partial separation of the scaphoid from the astragalus and a fracture of the cuneiform bone. There was an extensive rent in the soft parts extending from the posterior extremity of the heel to the junction of the first matatarsal bone, admitting the hand between the skin and the bottom of the bones of the foot. A piece of the proximate angle of the cuneiform bone, about as large as a five-cent piece, was found detached and was removed. The dislocated bones were reduced, the broken fragment removed, a compress applied to the wound and the skin of the sole brought in apposition with the foot by means of a bandage. An opening was made at the external side of the foot, into which a drainage tube was inserted and then bound to the foot. Carbolized water was applied to the wound. Four hemorrhages took place from the latter. The foot had to be kept constantly bent on the leg, as, if allowed to drop, the dislocation would be at once reproduced. The patient is now sitting up, the accident having occurred September 12th. The foot is still swollen and is supported by a bandage, but there is no deformity remaining.

Dr. Coskery opened the regular subject by a report of THREE CASES OF FRACTURE OF THE FEMUR IN OLD PEOPLE.

ELECTION OF MEMBERS.—The Executive Committee reporting favorably, the following were elected to membership: *Drs. N. A. S. Keyser, F. X. Morawetz, I. R. Page. Dr. Morison* was announced to open the discussion two weeks hence.

Reviews, Books and Pamphlets.

The Dispensatory of the United States of America. By Dr. Geo. B. Wood and Dr. Franklin Bache. Fifteenth Edition. Rearranged, thoroughly Revised, and largely Rewritten, with Illustrations. By H. C. Wood, M. D., Prof. of Mat. Medica and Therapeutics, etc., in the University of Pennsylvania; Jos. P. Remington, Ph. G., Prof. of Theory and Practice of Pharmacy in the Phila. College of Pharmacy, etc., and Sam'l P. Sadtler, Ph.D., F. C. S., Professor of Chemistry in the Phila. Col. of Pharmacy, etc. J. B. Lippincott & Co., Phila.: 1883. 8vo., pp. 1,928.

This work continues at the beginning of the second half-century of its existence to fulfill its mission as a standard commentary upon the United States Pharmacopœia. How much it has aided in causing the latter to be accepted and put into practice, and in thus securing for us all the advantages of uniformity in the nomenclature and preparation of medicines, is known to all those who have paid any attention to the subject. Appearing originally under the

direction of Drs. George B. Wood and Franklin Bache, who were led to its preparation from a belief that some such work was essential in order that the Pharmacopœia should obtain the acceptance of the Medical and Pharmaceutical professions, it has in this addition, owing to the death of its first editors, passed into other but no less competent hands. Under the present arrangement each of the three departments —Materia Medica, Chemistry and Pharmacy—is under the supervision of an expert, which secures the most thorough treatment of the subject in all its details and in its most modern phase. Besides this, one of the editors has enjoyed the advantage of having assisted in revising three preceding editions "under the rigid discipline of Dr. Geo. B. Wood," a circumstance which secures to us the benefits of a continuance of his methods and plan of work. Nevertheless the great advance of knowledge, and especially the numerous changes of the recent edition of the Pharmacopœia have necessitated alterations in the present work so numerous as to constitute a virtual remodelling. Among the changes that have been made are the collation of Parts I and II of the former editions in alphabetical order, to correspond with the abolishment of the Divisions—"Materia Medica" and "Preparations"—in the Pharmacopœia. What was formerly Part III, embracing non-officinal remedies, now becomes Part II, which, in order to avoid the inconvenience of two volumes, is printed in smaller type. Part III replaces the Appendix of former editions. In it are considered tests and test-solutions, weights and measures, the art of prescribing, and other miscellaneous subjects. Dr. Wood has brought the subject of therapeutics up to the present date, giving it that physiological basis of which he is known to be one of the most strenuous advocates. Prof. Remington has done the same for the pharmaceutical part, and has rendered a service that will be appreciated by druggists, in introducing, with the officinal formulæ, containing *parts by weight*, the corresponding amounts in the more familiar measures. Dr. Sadtler has revised the chemical part, which, owing to the death, in 1864, of Dr. Bache, the former chemical editor, and the adoption of the new nomenclature and theory, sorely needed revision. Other features of the present edition are the indication of the pronunciation of officinal titles, the analysis of American mineral springs and of many of the European, and the illustrations of drugs and microscopical sections. In its present form the work is truly encyclopædic in character, and invaluable for reference. As a model of painstaking and laborious work, and as a complete exponent of the vast range of subjects to which it relates, it is worthy of the highest praise, and Americans may justly feel a pride in the production of such a volume. E. F. C.

Editorial.

Sanitary Regeneration of the Roman Campagna.—There is no problem which we may watch with more interest than that of the regeneration of the Roman Campagna. The circumstances connected with this region are remarkable. Long before the Christian era, in fact before the settlement of the Roman colony on the banks of the Tiber, it was inhabited by powerful and highly civilized nations, the soil was pre-eminently fertile, and malaria was certainly to any considerable extent unknown. Singular to say, the historical records seem to be silent as to the agencies employed in effecting these results. As centuries rolled by and the Republic gave place to the Empire, and this in turn tottered to its ruin, a transformation took place, and fertility was changed to barrenness, and the healthful atmosphere was replaced by poisonous emanations which gave this region an unenviable reputation for fatality to human life. In fact, for an area of many miles around Rome it was not safe for human beings to dwell. This condition seemed to be accepted as irremediable, and but little was attempted or even thought of until the discovery, a few years ago, of an ancient and long-forgotten system of subsoil drainage, pointed to the explanation of the immunity of the early Romans, and revived the hope of rescuing the soil from the disease-breeding elements, whatever their nature. As the result of this discovery, the Italian Chamber of Deputies passed a law in 1880 designed to effect the drainage of the volcanic lakes, to which the moisture of the Campagna is due, and of the soil of the region generally. This has been supplemented by a further act during the present session, which (according to the correspondent of the *British Medical Journal*) "is likely to effect one of the most important changes in the direction of public hygiene which Europe has ever witnessed." The new law gives to the Government the power to compel proprietors of land

in the Campagna, within a certain distance of Rome, to put their land under cultivation. When the owners are unable to effect the improvement, the Government does it, being reimbursed by the payment of annual taxes. In certain cases the land may be confiscated by Government. As inducements to carry out the proposed reform, immunity from taxation and prizes will be granted to those who shall erect buildings, promote agriculture, plant trees, etc. The advantages to flow from this legislation are thus summed up by the authority above quoted:

"The value of land will increase as its produce becomes greater in quantity and of superior quality; a larger population will exist under proper hygienic conditions; the produce will find a ready market in Rome, with its annually increasing population; the country will be planted and beautified, instead of being as at present a dreary waste; foreign capital, which even now, under so many difficulties, has effected so much, will be able to do infinitely more in the cultivation of the vines, cereals and olives; in the improvement of the breeds of cattle and sheep; and a great menace to the health of the capital itself will be gradually removed."

He might have added that the wretched poor of Italy, constantly threatened with starvation and afflicted with diseases which proceed from want and destitution, will have a better chance of securing the means of subsistence.

In view of the slow development of the proposed improvements and the risk that will be meanwhile incurred by those engaged in them, Professor Tommasi-Crudeli suggested the systematic administration of arsenic, a remedy which commends itself by its efficacy and cheapness On account of the danger from the use of the liquid preparations he selected gelatine wafers. As the result of the trial of this agent in the case of the employés of a railway which traverses very malarious districts, it was found to exert very marked prophylactic powers. The commencing dose was $\frac{1}{35}$ grain of arsenious acid, daily increased gradually to $\frac{1}{5}$ or even $\frac{1}{3}$ grain.

An Inspector of Plumbing.—The adoption by the City Council of Baltimore of an ordinance providing for the appointment of an inspector of plumbing has received the approval of the Mayor, and is therefore now a law. The City Council is to be congratulated upon so creditable a piece of legislation. The ordinance has received the endorsement of the Plumbers' Association of Baltimore, which would indicate that it meets the views of those best qualified to judge of its merits. The ordinance provides that the inspector shall be appointed by the Commissioner of Health, by and with the approval of the Mayor; that he shall receive a salary of $1,200 per annum; that he shall be under the direction and supervision of the Commissioner; that he shall be a practical plumber; and that he shall give bond in $2,000 for the faithful performance of his duties. The following section specifies the class of work to be inspected:

"No pipe now used, or hereafter to be used to draw any matter, solid or liquid, from any building used for the habitation or occupancy of man, into any sink, well, public sewer, stream or harbor, except of pure water, shall be put up, constructed, altered or repaired, without a permit from the Board of Health, which permit shall be given the applicant without cost."

Failure to obtain such permit subjects to a fine of $5, and those who put up a pipe to the detriment of public health forfeit $20. It is further provided that the Inspector shall not be interested, directly or indirectly, in the business of plumbing, or the furnishing of plumbing materials, during the holding of his office. We regret to see the parsimony exhibited in the insignificant salary attached to this important position, but it seems the characteristic of all sanitary legislation. It is no economy to employ a cheap plumber. Let us hope that so important an office will be filled with a view to the welfare of the community, and not to provide for some political parasite. It would be far better that the office were never created than that it be filled with an incompetent person.

Bath Tubs in the Homes of the Poor.—The good effects of the ordinance recently adopted by the City Council of Baltimore, exempting bath-tubs and water-closets from charge for water rent, cannot fail to be realized in the greater comfort and health of the poorer class of our population. Undoubtedly it will stimulate builders to provide such conveniences for their tenants, and the daily bath will, before long, cease to be a luxury beyond the reach of the artisan and laborer. As an earnest of this appears the statement in the daily press that a gentleman owning property at Locust Point—a locality bordering on the water, where thousands of men reside who are employed in connection with the shipping, railroads and elevators—proposes to erect 156 houses, each of which is to be provided with a bath-tub. Mention of this subject recalls the vast improvement that has been made in the condition of the poor within comparatively recent times. Let any one who is skeptical as to human progress read an article on the "Good Old Times" in Dio Lewis' Monthly for August.

Responsibility for Medical Services.—The recent decision of Judge Duffy of the Baltimore City Court, has an important bearing upon the interests of the medical profession in fixing the question of responsibility for the payment for medical services rendered to an employee. Our correspondent signing himself "Medicus," in another column, presents the subject in a clear and practical manner. He shows conclusively the relations which should be maintained between the profession and public in this question of service to an employee. The suggestion which is made "to enter on his book the name of the responsible party who requests the service (whether in the case of servants or others), and always to make the bill out to such party, and hold them responsible for it," should be observed in every case. The illustrations presented by "Medicus" are such as have come within the experience of a large number of practitioners. Examples could be enumerated in hundreds, of great injustice perpetrated upon medical practitioners by designing people, who, to relieve their own anxiety, impose an unnecessary service upon the physician without an adequate remuneration. An example of the following character once came under the writer's notice: A family of good standing and easy circumstances manifested an intense interest in the welfare of an ill nurse and insisted upon close and unnecessary attention to her case. The service rendered was out of proportion to actual requirements; but it was given in deference to the wishes, not of the patient, but of her employers. The bill presented was promptly paid, but the physician was subsequently informed by the patient that she had been charged with the amount of the bill and her hard-earned wages expended in an unnecessarily large medical fee.

There was evidently in this instance an over anxiety for the welfare of the nurse which had its origin in an unpardonable self ishness on the part of her would-be friends. Their own sense of insecurity exacted an unnecessary service of the physician for which the unfortunate patient was made to pay.

There is another aspect of this question of responsibility for medical services which is not embraced under the decision of Judge Duffy or referred to by "Medicus." We refer to a custom which prevails of dispatching numerous messengers for physicians in cases of sudden illness or accident. It now and then happens that four or five physicians are rushed to see a case, to the neglect of other important business, and upon arriving at the house frequently find one or more physicians already in attendance. They are met at the door with the message, "our doctor, or Doctor So-and-So is here, and we do not need your services." Burdened with thanks for prompt response to the summons the physician returns to other work. As a rule, there is no recognition of a service rendered, by the parties who thus call upon his time and other engagements, and a bill rendered is looked upon as an unjust charge. It is a matter of impossibility for the physician to regulate services of the nature related by an arbitrary monetary standard. He must be the judge of the value of the service rendered in such cases. It is very evident that the laxity of the profession in claiming fees for attendance to such cases has been the means of imposing unnecessary calls. If people were educated to understand that the physician would demand pay for emergency calls, whether personal attention was given to the case or not, fewer messengers would be dispatched and greater care would be exercised in calling upon physicians to attend such cases.

As much as the profession may dislike the monetary side of medical work, the fact should not be lost sight of that the vast majority of practitioners make a support for themselves and families by their professional labor. Any custom or method of practice which imposes unnecessary labor without its adequate return should be corrected by the profession. We cannot but commend the justice of Judge Duffy's decision, and at the same time applaud the courage of Dr. Gump in demanding through a legal tribunal payment for services actually rendered, but which was refused by the party contracting for them.

Miscellany.

A Question of Medical Ethics.—The following correspondence came to us too late for publication under its proper heading:

[In regard to the point of medical ethics involved in the case presented by our correspondent, Dr. J. R. Quinan, as having occurred between Drs. Dulles and Louis W. Atlee, of Philadelphia, there can be but one reply: Medical ethics, so far as we understand it, does not forbid the correction and refutation of errors of opinion or assertion made by others to the press, nor do we think it incumbent on the party making such correction to hold any preliminary private correspondence with the party whom he supposes in error before publishing his correction. Of course the tone employed must be such as characterizes

gentlemen, and free from all personality.—EDS. MD. MEDICAL JOURNAL.]

BALTIMORE, *Oct. 24, 1883.*

Messrs. Editors: Would you be kind enough to give your views on a question of Ethics?

If I find a contributor to your journal misquoting the views of his authorities, do I commit a breach of ethics in correcting him through the same channel? And again, which is the greater *literary dishonesty*, to misquote by being misled by second-hand authorities, or to misquote from a false interpretation by yourself of the original?

These queries are suggested to me on reading a controversy which appears in the *Phila. Medical News of October 6 and 13*. The facts are, that Dr. Charles W. Dulles, in an article on "Hydrophobia," represents that Celsus advised us to drown the victim of that disease, as the most effectual way to treat him. For this is the natural inference of the language Dr. D. puts into the old Roman's mouth. He is made to say that we are "to throw the victim of hydrophobia unexpectedly into a pond, where, if he could *not swim*, he was allowed to *sink*, and, if he *could*, he was *held under* until he was *full of water*."

To this gross misrepresentation of the venerable Celsus, Dr. Louis W. Atlee took exception, and by a fair translation of the original shows up the error of Dr. D., and takes occasion to deprecate and censure those addicted to quoting authorities at second-hand, &c.,—a practice, I fear, too common nowadays.

Dr. D. rejoins, in a note of October 13 (*Medical News*), and contents himself with pointing out that the assumption of Dr. A. that he (Dr. D.) did not consult the *original* writing of Celsus, is erroneous.' "But," (and here is the graveness of Dr. A's offence) "the fifth and sixth paragraphs" (censuring second-hand quotations) "of the letter charge me by innuendo with literary dishonesty," and "that Dr. A., in his zeal for the 'ethics' of Celsus, has forgotten what is demanded by the 'ethics' of the present day." The Editor of the *Medical News* adds a note expressing his regret that anything casting an imputation on the literary methods of Dr. Dulles should have been admitted into his columns, and assuring the public that "we are informed" that Celsus in the *original* was really consulted by Dr. D.

The first paragraph of Dr. D's reply, tacitly excuses Dr. A's criticism, because it was based on the assumption that he had quoted Celsus at second-hand—the most charitable assumption, by the way, that Dr. A. could have made; but the second paragraph of Dr. D's note expresses great umbrage at Dr. A's making the *same* assumption, by censuring second-hand quotation, which in Dr. D's opinion is a charge of "literary dishonesty." To say nothing of the inconsistency of contenting himself with the simple denial of Dr. A's assumption in one paragraph, and making it (the assumption) a charge of "*literary dishonesty*" in the next paragraph, I would like to know whether the deliberate misrepresentation of an author with the original before you is not greater "literary dishonesty" than a misquotation at second-hand? And this last is the charitable interpretation which, by Dr. D's admission, Dr. Atlee gave it.

Please give your opinion of the ethics involved in this controversy, and oblige,

Your Friend,

JNO. R. QUINAN,
71 Gilmor St., Baltimore, Md.

THE NEW SCHOOL OF MEDICINE, PARIS.—The New School of Medicine, which is being built in Paris, consists of two separate edifices, divided by the street called the Ecole de Médicine, the first of which, belonging to the Faculty of Medicine, is to be used for the general purposes of the Faculty, and includes the library, general offices, and Museum of Normal Anatomy; while the second, belonging to the Practical School, will contain the laboratories of the professors and all the services relating to anatomy, such as the dissecting-room, lecture-room, collections, etc., as well as a Museum of Pathological Anatomy. The Dupuytren Museum, which was placed in what was once the refectory of the Monks, to whom the Monastery, which had been converted into a school of medicine, belonged, is to be rearranged, and will have a facade upon the new street. When it is completed, the total length of the frontage of the new schools upon the principal street, is upwards of 400 feet, and they will cost, when finished, about £280,000.

On the Renal Circulation during Fever.—*Dr. Walter Mendelson*, of New York, in an elaborate experimental research undertaken at the Pathological Institute of the University of Leipzig, the results of which he publishes in the October, 1883, number of *The American Journal of the Medical Sciences*, endeavors to determine by experimental methods the actual condition of the circulation in the kidney during fever. He finds: —

1. That in dogs with fever the kidney undergoes a diminution in its bulk.

2. That this diminution is due to a contraction of the walls of the bloodvessels; and,

3. That it is constant and progressive, being proportionate to the intensity of the fever.

4. That it is in all probability the result of a nervous stimulus, originating in the central (cerebral) nervous system from the irritation of abnormally hot blood circulating there.

From the intimate relations existing between the arterial pressure and the secretion of the urine, it will at once be evident that many of the changes occurring in the latter during fever may be readily explained by considering the above-named facts. Thus the *decrease in the amount of urine* secreted by fever patients, which has heretofore been ascribed to the increased loss of water through the lungs and skin (and which may amount to one-half, or even a third, of that normally secreted), becomes all the more explicable when the marked contraction is considered, which he here shows that the renal vessels undergo during fever. For in this case it is immaterial whether we accept the theory of Ludwig and his pupils, that the amount of urine secreted is dependent on the height of the arterial pressure in the kidney, or that of Heidenhain, that it is due to the rapidity of the blood-current in the renal vessels. In either case the great contraction of the kidneys' vessels would produce both a diminished blood-pressure and a retarded current within the organ, and hence a lessened secretion of urine.

The occurrence of *albuminuria*, such a constant symptom in nearly all high fevers, becomes readily understood when we bear in mind the extreme anæmia which he finds affects the kidney during a hyperpyrexia. For nearly all authorities are now agreed that albuminuria is due to the glomerulal epithelium, in consequence of being insufficiently nourished with arterial blood, losing its function of retaining within the vessels the albuminous portions of the blood plasma. The extreme sensitiveness of the renal epithelium generally to anæmia, whether partial or complete, has been shown by many observers, and it is not surprising, therefore, that in consequence of the prolonged and marked anæmia in the kidneys of feverish individuals, the epithelium should be so profoundly affected as to seriously impair its function, and allow it to become permeable to albumen.

Bromide of Potassium in Diabetes Mellitus.—The influence of the sceptre which the so-called "diabetic centre" has so long swayed over the domain of diabetic pathology is, perhaps, destined ere long to be felt less acutely, or even not at all. It is certain, at all events, that the majority of pathologists are by no means satisfied with the opinion that diabetes is essentially due to a lesion of the parts of the central nervous system about the medulla oblongata. In 1866 Begbie, probably influenced by the prevailing views of the nervous origin of diabetes, suggested the employment of bromide of potassium in that disease. He obtained satisfactory results in four cases. Since that time many physicians have employed the drug with varying success. Last year M. Felizet presented, in August, to the Academie de Médecine a work entitled "The Cure of Diabetes Mellitus and Glycosuria by Bromide of Potassium"; and now we have before us the report of the commission appointed to inquire into that paper. From a therapeutical point of view, the numerous theories of diabetes may be divided into three classes, according to the report. The alimentary, hepatic, and nervous theories are the names adopted. Each of these hypotheses has had its own therapeutics. M. Felizet believes that he can cure diabetes with bromide of potassium. His belief is based on the results of clinical and experimental researches. Glycosuria induced by puncturing the floor of the fourth ventricle of rabbits ceased sooner under the administration of bromide than when left alone.—*Lancet.*

THE INTERDEPENDENCE BETWEEN UTERINE AFFECTIONS AND CONSUMPTION.—*Dr. R. J. Nunn*, of Sav'h, Ga., in a paper published in the *Transactions of the Medical Asso'n of Georgia*, calls attention to the influence of the unhealthy uterus upon the development of diseases of the lungs. He regards the subject one of great practical importance, and affirms that cases have died under his care having all the microscopic symptoms of consumption, in whom the initial lesion was uterine, and the lung complication a matter of secondary development. "In this particular," he says, "the observant public has been ahead of the medical profession. 'Her courses stopped and she got consumption and died,' is an expression frequently heard, and indicates the natural sequence of events as they present themselves to the non-medical mind."

Dr. Nunn gives his reasons for holding these views in these words: "If I am consulted by a patient complaining of lung trouble in whom, upon examination, physical signs of lung disease are present, if in the same patient I find a chronic uterine disease, and finally, if the lung disease disappears upon treatment of the uterine symptoms, without any other kind of medical interference, it is but fair to conclude that the disease of the lung was dependent upon that of the womb."

"Now, if several such cases can be shown, what may have been a coincidence becomes a consequence, and the conclusion at which I have arrived is unavoidable." The Doctor selects from a large number a few cases which illustrate his views. The following case is related: "Miss —, aged 18 years, was supported into my office by her mother three years ago. The history given to me of her case was that she had been then under treatment for consumption for three years without benefit, but on the contrary, was gradually failing. The girl's appearance was pitiable in the extreme; color livid, with an expression of extreme anxiety; large drops of cold sweat bathing her emaciated face; her extremities swollen, and abdomen distended until it was painful; altogether at first sight the case looked most unpromising. Auscultation showed sibilant rhonchus over both lungs, with prolonged expiration; heart's action feeble; the abdomen was tympanitic. Examination per vaginam revealed a prolapsed and inflamed uterus; no kidney complications. She was kept in bed for six weeks with douches and other uterine treatment; the displacement was corrected; she received no other treatment; she now wears an Albert Smith pessary, shaped up from one of Chamberlain's rings, and is robust and well. From 92 pounds, her weight when she first consulted me, she has increased to 140 pounds at this writing."

Dr. Nunn does not think that the implication of lung substance in connection with uterine disease is an extraordinary fact. He cites other instances of tissue changes being produced at a distance by ovarian or uterine irritation. How these changes are brought about he regards an open question. It seems to him that the steps in the downward march may be as follows: First, derangement and impairment of the nervous system and the neuric function by the uterine disorder, followed by impaired digestion and malassimilation. Second, invasion of the contents of the digestive tract by the *torula cerevisiæ* and consequent fermentation with its attendant disorders constantly increasing; the yeast-plant then appears in the sputum, having probably found its way there through the circulation.

If these pathological facts are kept in view, the cure of these diseases, he says, is effected without difficulty; first, by treating the uterine disorder; second, by starving out the yeast-plant, by prohibiting the use of fermentable materials as food; third, by washing out the system and promoting digestion by the scientific employment of a suitable diluent; fourth, by close attention to personal hygiene; fifth, by suitable medication when required.

T. A. A.

CORROSIVE SUBLIMATE IN MIDWIFERY PRACTICE.—M. Tarnier has used a solution of bi-chloride of mercury as an antiseptic with great success (*Journal de Therap.*, February 15th, 1883; *Glasgow Medical Journal*, August, 1883). He requires every nurse and student, or any one who has to approach the patient to wash his hands in the solution. When the patient is taken into the hospital she has a bath, if it is found convenient. The whole of the genital region is then bathed in a 1:2000 solution and the vagina is thoroughly injected with the same; a compress soaked in the same solution is then placed over the parts. During labor the injection is renewed every three hours, and after delivery another injection is given and the parts sponged. If the labor is normal and everything goes on well the parts are simply sponged with 1:80 carbolic solution and covered with a compress soaked in the same. The sublimate solution is however used if any portion of the membranes remain in the uterus, if there is sloughing or if the lochia turn fetid. The vaginal injection is given from five to six times a day. Of 350 women treated this way only one died. Under the influence of the sublimate solution the lochial discharge loses all trace of fetor in one or two days and the fever rapidly diminishes. No case of salivation was met with among the patients or attendants. T. A. A.

Professor A. R. Simpson on Axis-Traction Forceps.—This double property of the Tarnier Forceps—of, *first*, giving power of correct traction; and *second*, giving a guide to the proper direction—puts the obstetrician who uses it at a great advantage over the operator who has only an ordinarily curved instrument in his hand. It is vain to tell us who have employed such axis-traction forceps that you can do so and so with the older instrument. We fancy we know precisely what we can do with that. We have used it in all imaginable cases, and have had recourse to the various manipulations recommended with the view of obviating the loss and misdirection of power that their construction involves. In the simple cases—and these, to be sure, constitute the majority of forceps cases—we have accomplished the delivery of the child to our perfect satisfaction, and without the expenditure of much strength or skill. But cases have sometimes met us that tried all our strength and taxed all our skill, that sometimes baffled us completely or were terminated by the extraction of a damaged child from a damaged mother. And now we find that the axis-traction forceps enables us to effect delivery in such cases with less expenditure of energy and with more precise direction of power; hence, not only with more ease and comfort to ourselves, but with more safety to the woman and child. Let who will continue to use ordinary curved forceps, an obstetrician who has used the Tarnier forceps in a few test cases, will no more think of reverting to the other than a man who can afford to keep a carriage will continue to practice as a peripatetic. He may use the defective instrument occasionally, to keep muscle and mind in exercise, or because the case is so easy that it can be finished with anything, as he may walk to some patient's house for the sake of his own health, or because he lives in the same street; but in the general run of his work, and in all his difficult cases, the axis-traction forceps becomes for him a valued necessity.—*Edinburgh Medical Journal, October.*

Division of the Meatus Urinarius for the Relief of Locomotor Ataxia.—At a meeting of the New York Medical and Surgical Society (*N. Y. Med. Jour.*, Oct. 20th), *Dr. F. N. Otis* related the following case: Two years ago a gentleman consulted him with regard to incontinence of urine and some loss of motor power in the lower extremities. He was requested to see Dr. Seguin, who pronounced it undoubted locomotor ataxia, and gave a very unfavorable prognosis. He recommended the administration of large and increasing doses of ergot, and if convenient, a course of treatment by the galvanic cautery. Dr. Otis recognized contraction of the meatus urinarius, and divided it, with the effect of producing almost immediate relief from the urinary symptoms. There was no history of syphilis, but, having recently read an article on locomotor ataxia, in which the iodide of potassium was highly recommended in the treatment, he administered the drug, and within a short time the man began to show decided improvement in the motor symptoms, and was at present almost perfectly well, and able to attend to his business as a gentleman farmer. Dr. Otis remarked that he had never failed in such cases to produce benefit by the division of the strictured meatus if it existed.

Decoction of Lemons in Intermittent Fever.—In a letter from *Prof. Tommasi-Crudeli* to the Italian Minister of Agriculture, attention is called to a simple remedy for intermittent fevers, used with good effects by Dr. Maglieri. This physician heard of it from his uncle, who had treated his farm laborers by administering to them a decoction of lemons prepared in the following way: A lemon, freshly gathered and unpeeled, is cut into very thin slices, put into an earthenware jar, with three cupfulls of water, and boiled down to one cupful. The decoction is strained through a cloth, the remains of the lemon being firmly squeezed. The decoction ought, if possible, to stand over night in the open air, and be drunk some hours before the access of fever is expected. Besides the testimony of Dr. Maglieri, that of a well-known landed proprietor near Rome is adduced, who had also cured many of his workmen whose fevers had proved rebellious to quinine, with this simple remedy. —*Brit. Med. Jour., Sept. 1.*

Death of Dr. Frederick D. Lente.—*Dr. F. D. Lente*, a well-known physician and surgeon, died at Cold Spring, N. Y., October 13th, of cerebro-spinal meningitis. He was born in Newbern, N. C., in 1823, and was a graduate of the State University. After graduating in medicine at the University of New York, he located at Cold Spring, where he became well known as a skilful practitioner and as an able contributor to medical literature. He possessed an original and observant mind, and his writings were widely and favorably noticed. He enjoyed a large acquaintance and reputation throughout the country. Dr. Lente was one of the founders of the American Academy of Medicine, and its first president. During the past few years, in consequence of ill-health, he has practiced his profession at Palatka, Fla., during the winter months, and at Saratoga Springs in the summer.

Lectures on Hygiene.—Dr. J. S. Billings, United States Army, will give a course of twelve lectures on "Municipal Hygiene," beginning early in November and continuing on successive Mondays and Wednesdays. These lectures are designed first for students of the University; next, for persons officially or otherwise interested in sanitary science and city administration, and for the medical profession. The number of these persons is so large that the invitation cannot be extended to others. The first lecture will be on growth of cities and their importance in modern civilization, and the significance of death-rates. Other topics will be announced later.—*Sun.*

The Histology of Gonorrhœa.—*Professor Hamilton*, of Aberdeen, whose profound study of the histological conditions in bronchitis well qualifies him for the task, has been enabled to examine microscopically the condition of the urethra in acute gonorrhœa, opportunities for which must rarely occur. The epithelium of the urethra is disposed much as in the bronchus, in three strata—the deepest of flat cells, the middle of pear-shaped cells, and the superficial of columnar cells. In acute gonorrhœa the process consists mainly in an exaggerated and irregular proliferation of the deeper strata of cells, the cell-production being so rapid that the discharge contains but few of the fully developed columnar forms. The denudation of the surface in this process explains the scalding pain on micturition. The secretion of the mucous glands is increased, as in bronchial inflammation. There is also considerable corpuscular infiltration of the mucous membrane, leucocytes being accumulated in the subepithelial lymphatic spaces; and although there does not exist an elastic basement membrane, which Professor Hamilton believes to prevent the escape of these interstitial products on to the free surface in bronchitis, he doubts either if that occurs here, believing rather that the cellular exudations in the meshes of the mucosa are carried away by the lymph stream. There was not in this specimen any marked congestion of the bloodvessels; and the trabecular tissue of the penis was not abnormal, unless accumulated leucocytes in the cavernous spaces be so considered. Strictures are produced in chronic urethritis probably by the submucous tissue becoming cirrhosed and contracting upon the lumen; the absence of "fixed joints" indicating the difference in result from chronic bronchitis when the tubes are dilated. The tubules of the testicles and of the epididymis from the same case also showed marked catarrhal inflammation, being filled with debris and epithelial cells in all stages of disintegration; but there was no interstitial inflammation whatever. The paper is contained in the current number of the *Practitioner*, which is also enriched by a very lucid account of the pathology of dropsy from the editor's pen. —*Lancet.*

Dr. Billings as Surgeon-General.—A cablegram to the *Brit. Med. Jour.* says: "Dr. B. is designated by universal opinion" as his (Crane's) successor. His great knowledge, untiring industry, administrative power, and literary ability have rendered him conspicuous. His services to medical literature in connection with the Army Medical Library at Washington, and its unrivalled Catalogue, have laid the whole professional world under obligations. Dr. B. made a conspicuous figure at the International Congress, in London, and he lately refused tempting offers from the Johns Hopkins University."

Arsenic in Kindergarten Papers.—From analyses made by *Dr. Henry Leffman*, in the laboratory of the Philadelphia Polyclinic, it appears that arsenic is present in large amounts in the shades of red. Specimens of green paper could not be obtained at the time of the experiment. The blue papers contained ultramarine, a harmless color, and the yellow, lead chromate. Whether the last is dangerous is not determined. The arsenical colors are easily detected by maceration in water, which is due to the fact that they are simply glazed, that is put on with some adhesive material. The action of water, or even the moisture of the fingers, will dislodge the glaze. There is another grade of paper in which the color is worked into the pulp before the sheet is made, and water will not dislodge the color of these. They are known as "engine-colored," and should be preferred in Kindergartens. Although the risk of the arsenical papers is probably slight or nil, there is no necessity for using them, and therefore they should be avoided.—*The Polyclinic.*

BALTO. MICROSCOPICAL SOCIETY.—At the annual meeting, held on the 20th instant, *Dr. L. M. Eastman* was elected President; *Dr. E. M. Schaeffer*, Vice-President; *Mr. George L. Smith*, Recording Secretary; *Mr. F. W. McAlister*, Treasurer, and *Mr. Otto Lugger*, Librarian. The Society meets twice a month.

HOSPITAL RELIEF ASSOCIATION.—At the annual meeting of this Society the following officers were elected: *Mr. Geo. J. Torrance*, President; *Mr. Arthur H. Whiteley*, Vice-President; *Mr. Thos. L. Cole*, Recording Secretary; *Miss Mary E. Gibson*, Corresponding Secretary; *Miss F. W. Brown*, Treasurer. Nearly $3,000 has been secured for the Home for Incurables.

SOCIETY BULLETIN: *Clin. Soc. of Md.* will meet Friday, Nov. 2d. Dr. Morison on "A New Instrument in the Treatment of Seborrhœa and Eczema Capitis."—*Acad. of Med.* will meet Tuesday, Nov. 6.—*Med. Assn.* will meet Monday, Nov. 12. Dr. Tiffany will open the discussion.

Medical Items.

It is stated that the sales of *Wood's Therapeutics* in England have been immense; that permission has been asked to translate it into Italian, for use as a text-book in the University of Padua, and that it is now being translated into Russian.=Professor William Pepper, of the University of Pennsylvania, will deliver the oration at the next annual meeting of the Medical and Chirurgical Faculty of Maryland, in April, 1884.=It has been decided by the Secretary of the Navy that Surgeon General Wales' term began with the date of his commission, so that he has still about three months to serve. It is expected that Dr. Wales will be reappointed, although Medical Director F. M. Gunnell is being strongly pushed for the place.—*American, October 21.*=On the 18th October, the remains of Dr. William Harvey, the discoverer of the circulation of the blood, were removed from the vault under Hemstead Church, where they have long reposed, and placed in the Harvey Chapel in a sarcophagus furnished by the Royal College of Physicians. The change was demanded in order to secure protection against desecration.=A series of resolutions practically abolishing the Code of Ethics of the American Medical Association failed to secure the requisite two-thirds vote in the New York Academy of Medicine.=A boy, aged 10, died the other day in Washington from obstruction of the bowels. On post mortem there was found in his intestines a piece of rubber, a copper cent, a nickel, two buttons, a tooth, twenty-two damson seeds, and some pebbles.=Trichinosis is said to be prevailing so extensively in Saxony as to have created a panic.=In Portugal cremation has been made optional in ordinary cases, and during the prevalence of epidemics compulsory. A strong tendency exists, it is said, to do away with burial altogether.=$198,000 have been appropriated to the Health Department during the present year. The small-pox epidemic cost the city $124,000. "An ounce of prevention is worth a pound of cure." If Mayor Whyte had taken the advice of the medical profession the result would have been different.=An ordinance for the registration of births and deaths, making the rules adopted by the Health Department ordinances of the city, has been submitted to the City Council by Mr. Hamilton, and referred to the Committee on Health.=It is said that Koch reports that cholera is due to a thread-like microscopic organism.=Dr. N. D. Baker, of Martinsburg, has taken the place in the West Virginia Board of Health of Dr. George H. Carpenter, retired.=M. Ramon de Luna maintained before the Académie de Sciences that the poison of cholera enters by the air passages, and that the only effectual remedy is the fumes of nitrous acid.=Lister received an ovation recently in Pesth; the Professors gave him a banquet and the Students had a torch-light procession. He addressed the latter in German.=M. Jean de Paul, the distinguished French surgeon and author of various works on surgery, is dead.

LIST OF CHANGES IN THE MEDICAL CORPS OF THE NAVY during week ending October 20, 1883:

Medical Director W. T. Hord and Medical Inspector C. J. Cleborne ordered to the U. S. S. Hartford, at Panama, on duty connected with a Court-Martial.

Medical Inspector A. C. Gorgas, detached from Naval Hospital, Chelsea, Mass., Nov. 10th, and ordered to the Naval Hospital, Mare Island, Cal.

Medical Director J. M. Browne ordered as member of the National Board of Health.

P. A. Surgeon A. C. Heffinger ordered to temporary duty at Navy Yard, Portsmouth, N. H.

P. A. Surgeon Robert Whiting granted leave of absence for three months.

The orders of Surgeon W. J. Simm and P. A. Surgeon W. H. Crawford in last week's report should read U. S. S. Shenandoah instead of U. S. S. Trenton.

LIST OF CHANGES IN THE MEDICAL CORPS OF THE ARMY during the week ending October 22, 1883:

Bache, Dallas, Major and Surgeon—Assigned to duty at Willet's Point, New York. (Par. 1, S. O. No. 238, A. G. O. October 18, 1883.)

Taylor, Morse K., Major and Surgeon—Assigned to duty at Fort Sill, I. T. (Par. 4, S. O. No. 210, Department of the Missouri, October 13, 1883.)

Heizmann, Charles L., Captain and Assistant Surgeon—Granted leave of absence for six months, with permission to go beyond sea. (Par. 3, S. O. No. 235, A. G. O. October 13, 1883).

SUPPLEMENT.

PROCEEDINGS OF THE MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA, AT A SPECIAL MEETING HELD MAY 20TH, 1883, TO TAKE ACTION UPON THE DEATH OF DR. F. A. ASHFORD.

(*Specially reported for the Maryland Med. Journal.*)

The Society met at 3.30 P. M., DR. C. E. HAGNER, Vice-President, in the Chair.

Present: Drs. Lindsley, Borrows, Van Bogan, Palmer, J. E. Morgan, Prentiss, Patze, Briscoe, Hausman, Hyatt, McBlair, Gleeson, Franzoni, Bond, L. Mackall, Tyler, G. B. Harrison, Busey, Lovejoy, Lee, Taber Johnson, Barker, Taylor, W. W. Johnston, Sowers, Stanton, Antisell, Kleinschmidt, Young, Smith, Acker, Yarrow, H. L. E. Johnson, D. R. Hagner, S. S. Adams, Schaeffer, Winter, Fenwick, Hartigan, Garnett, Hoehling, Burnett, Murphy, Beale, Cook, Bird, J. M. Mackall, Magruder, Ritchie, Ward, S. O. Richey, Ober and others.

Dr. Chas. E. Hagner in calling the meeting to order, said it was his painful duty to announce the death of Dr. F. A. Ashford. He would like to make some remarks on the merits of the deceased, but his feelings would not permit. He had, perhaps, known the deceased before any one here present, as they had been schoolmates for two years. His life and character at that time gave promise of his future career. At school he was popular with the boys and the teachers, and was considered a good and studious youth.

REMARKS BY DR. BUSEY.

Dr. S. C. Busey said: I have a duty, sir, to perform, so painful, that if it were not imperative I could not claim your attention. Oppressed by sorrow, I beg your indulgence, for I can scarcely hope to be able to discharge the duty as it should be done. This occasion fills me with recollections of a sad event, whose particulars were not unlike this one. It can not have passed out of the memory of anyone that nearly six years ago we mourned the death of the lamented and beloved Drinkard, after a few days of terrible suffering. The demise of Ashford was a repetition of the same scene. After an illness of four days, marked by terrific suffering, our beloved brother expired a few minutes past twelve, on Friday night last.

I feel it my duty to describe as fully as possible the nature of his last illness; but first permit me a word concerning his life. He was born in Fairfax County, Virginia, September, 1841. At the age of 19 he enlisted as a private soldier in the Confederate service, but afterwards became first lieutenant. He was captured at Petersburg and imprisoned on Johnson's Island. As a soldier he was good and brave, winning the respect of his comrades and the admiration of his superior officers. Being released at the close of the war, he spent no idle moments, but coming here studied medicine in the office of Dr. Thos. Miller. Graduting in 1867, he became Resident Physician of Columbia Hospital, and established an office near by on Vermont Avenue. When the hospital was moved to its present location he changed his office to 1733 Pennsylvania Avenue. It was there that my intimacy with him began. After an absence of ten years I returned to Washington and occupied the same office with him. It was there I learned to know and love him; there was formed the friendship which lasted till his death. In that office Drinkard, Ashford, Johnston and myself discussed the plan of the Children's Hospital, which afterwards became the great field of his most brilliant surgical achievements. After the death of his son George, Dr. Thos. Miller asked Ashford to come and share his office with him. Whilst never a partner, he became the trusted friend and companion of his former preceptor. At the reorganization of the Medical Department of Georgetown University, Ashford became Professor of Surgery. In filling the duties of that position he displayed the same zeal and ability that were ever characteristic of him, and as a teacher he had become eminent. A General Hospital had been talked about for twenty years, but it did not reach anything like its present status, until with his usual persistency he gave himself to the work. In every sphere of action he displayed uniform energy, will, prudence, wisdom and judgment.

It is part of my duty to submit to you a clinical history of his case. I was not aware, until the middle of March, that he was so seriously ill. We passed each other every day, but my attention was not called to any unusual indisposition until the time I indicate. I then received a message from his wife, asking me to call and see her. I then learned that in her judgment the doctor had been ill for more than two months. She had suggested to him rest and professional advice, but he had put her off from day to day, saying that nothing unusual was the matter. She begged that I would endeavor to influence him. I sought an interview with him, but was bluffed off. It was only after I had got permission from his wife to say that I came to him by her request and owing to her anxiety, that I could obtain a satisfactory conference. I then learned that he had lost strength and that his cough was worse, both of which conditions he attributed

to his increased night work. He had in his mind serious pulmonary trouble. I expressed my opinion that he did not have any tuberculosis. We got him to take a rest for a while, and for this purpose he went to Fortress Monroe where he staid two weeks. His letters from there were cheerful, and he wrote that he was improving. When he returned, however, we found that though he had gained some flesh, there was no further improvement. I advised him to have a thorough laryngoscopic examination made, and this was done by Dr. C. E Hagner. The physical examination had very definitely fixed in my mind that the heart was primarily affected, and that the lung trouble was secondary. I did not communicate this to him, but he judged that I was treating his heart from the character of my prescriptions. I persisted in asking for additional advice, and as Dr. Hagner had treated his larynx he was called in with his concurrence. I opened a correspondence with Dr. DaCosta who requested that the patient should be brought to him. We deemed it impracticable, and finally DaCosta came one afternoon about a week before Ashford's death. We had not told the latter of the former's coming, until a few hours before his arrival. When DaCosta arrived Ashford told him that there was nothing in his personal history. His father and mother had died at an advanced age, the latter, it is true, of malignant disease. DaCosta made a thorough examination, and stated decidedly that there was no pulmonary tuberculosis, no tumor in the mediastinum, no aneurism; the liver was enlarged, there was hyperæmia of the mucous surface of the entire respiratory tract, and also some old right-sided pleuritic adhesions; there was dilatation and flabiness of the heart without valvular disease, and without fatty degeneration. He said whilst he could not definitely fix malignant disease, still the family history was such that he must hold that point in reserve, notwithstanding there were no objective phenomena. There was some gastric catarrh, which Dr. Ashford attributed to his mode of living at Fortress Monroe. He had taken more alcohol than usual whilst there, and he thought it had done him harm. DaCosta advised rest as nearly absolute as could be obtained, proper diet and digitalis. Whilst entire ultimate recovery was impossible, he had three chances out of five of being able in the course of four or five months to do some work. He must be removed as soon as possible to some quiet farm house, neither damp nor high. Dr. Ashford expressed himself as being gratified with the result of the conference, and decided to carry the advice into effect. In justice to DaCosta it must be said, that he came to this city, leaving his business in Philadelphia, and yet he positively refused to take the check offered him. He would not even receive his travelling expenses. On Tuesday Dr. Ashford informed me that he had passed a terrible night. He had not been able to lie down for weeks; but that morning for the first time he had been compelled to ask assistance in dressing. He came down the steps by relays. He had lost strength—his movements, his conversation denoted it. His respiration was difficult, and he had pulmonary œdema. I required that somebody should stay with him all night. The next morning he was worse, and he concluded not to dress. That was the beginning of the end. Sometimes the respiration was better on one side, sometimes on the other. Violent paroxysms set in at first at intervals of ten hours, decreasing until only three hours intervened between the last two. I do not know if I can describe these paroxysms. They were different from mere pain—they were a panting for air, and would last until relieved, which could only be done by morphia and atropia hypodermically. They increased in intensity, and at 11.30 Friday morning were more terrible than ever. I gave an injection and held my watch in my hand. After three minutes he requested me to repeat it, and when I told him to wait a few minutes more, informing him of the short time that had elapsed, he said it seemed very much longer. He finally slept, but sleep brought no relief. The next paroxysm occurred at five o'clock, and the injection was given at the first indication. At nine another came—it was the last. Soon after he became unconscious, with lucid intervals. At four minutes past twelve he died.

I have endeavored, Mr. President to give as fair a statement as I could. I leave it for others to speak of his personal worth. I can not trust myself to deliver a eulogy. I would wish, however, to call attention to his peculiar faculty of self-possession. He never yielded to impulses, and never lost his head. He was a complete man, blessed with a remarkable amount of common sense, which he evinced in all circumstances. He possessed the power of governing men without their knowing they were being influenced. He had the highest sense of honor, and his judgment was ever sound. He was a brilliant surgeon, a wise counselor and an able teacher. He never let go anything he determined to master, and he had all the indomitable will necessary for success in any occupation. He was a man of unswerving principle and decided convictions. Cautious and prudent he never lost command of his tongue. He attracted people and held them to him. His popularity has not been equalled since the earlier years of Dr. Hall. For myself, I have lost one among my best friends. Since Drinkard's death no one

has been dearer to me. It grieves me that his last hours should have been filled with such terrible suffering. But, Mr. President, I cannot go on. I feel as if there were a flood of tears behind that would break down my will, and I see the same sorrow depicted on the faces around me. I, therefore, move you, sir, that a committee of five be appointed to prepare suitable resolutions.

The Chair appointed Drs. Busey, Lovejoy, Garnett, Lee and McArdle.

The committee reported the following resolutions which were unanimously adopted:

Resolved, That the tidings of the death of Dr. Francis A. Ashford, in the very meridian of his activity and usefulness, have been received by the members of this Society with extreme sorrow.

Resolved, That in this sad event we recognize and deplore the loss, not only to this Society, but to the whole medical profession and this community, of one, the elements of whose moral and intellectual character were such as to command the esteem and respect of all. That by the amiability of his disposition, the urbanity of his manners, and his ever considerate kindness, he had acquired and held the affectionate regard of all associated with him; that he had been to his patients not only a medical advisor in sickness, but a companion, friend and counsellor in health; that his proficiency and skill in his profession, together with the energy and activity with which he prosecuted its duties, his acknowledged ability as a teacher, his untiring zeal in forwarding the interests of the various institutions of learning and of charities with which he has been connected, render his death a deprivation to this people which can never be over-estimated.

Resolved, That by this dispensation our Society has lost one of its most valued members; one whom it has delighted to honor, and whose absence from its deliberations will be long remembered with affectionate regret.

Resolved, That we tender to his bereaved family our sincere sympathy in this their severe affliction.

Remarks by Dr. McArdle.

Mr. President:

In rising to second the resolutions just offered, I wish to pay my small tribute to the memory of the deceased. As you all know Dr. Ashford was my best friend. I knew him intimately, and the more I knew him the more I loved him. His circle of intimate friends was not large, though his range of acquaintanceship was very great; but those who knew him best cherished him most. Seemingly of an imperturbable disposition, he was a man of warm attachments, and would go any length and make any sacrifice to satisfy the debt of friendship. Others have spoken and will speak of his professional attainments, and you all know the position he occupied as a physician, a surgeon, an obstetrician and a gynecologist. His motto was that there is nothing so successful as success. Never rash, perhaps not brilliant, he was chiefly successful. He inspired confidence the moment he reached the bedside, and his patients reverenced him with a veneration akin to awe. But it is of him as a man that I speak—and he was truly a manly man. If I comprehend Dr. Ashford's life, and if I were to educe from it its keynote, I would characterize it as a life in which the purely personal yielded to that higher quality of which duty is the supreme guide and exponent. The aim of his life, in its moral and intellectual entirety, was to be rather than to seem. The prime quality in his nature was his simplicity, which nothing could destroy or corrupt. I could never look upon him without remembering the words of Shakespeare:

> "A combination and a form, indeed,
> Where every god did seem to set his seal,
> To give the world assurance of a man."

He was such a man as I liked to look up to, beneath whose shadow I liked to hide myself.

But farewell, Ashford, sweet fellowship have we had upon this side; God grant us sweeter fellowship beyond.

> Rest, noble friend; sublime and calm thy rest,
> After thy life of duties so well done.

Remarks by Dr. H. E. Leach.

Mr. Chairman:

An honored member of our profession has fallen asleep; like a tired child, lovingly and trustingly he has laid him down to rest. Dr. F. A. Ashford, our friend, our associate, is to us no more. As a friend he was true; as an associate he was pleasant, kind and affectionate, and his interest in our profession was exceeded by none, equalled by few.

In the sphere of life in which his lot was cast, his opportunities for doing good were many, and the poignant grief which fills so many hearts tells too truly how well he performed the duties incumbent on him as a physician.

His was not one of those rough, noisy natures which performed its service of good in the knowledge of men, but of a quiet, retiring disposition, he moved about noiselessly as it were on his errand of good, happy in the consciousness of duty well performed, and relief administered to disease-stricken humanity.

Often have I seen him rejoice in the knowledge of having given relief to the suffering, when such knowledge was the only compensation he did or even could expect to receive.

Warned for some little time, previous to his untimely demise, of the fate so soon to overtake him, yet his thoughts were more for the suffering about him than for himself, and almost oblivious of self he continued his mission of mercy until "the insatiate archer" terminated his honorable and useful career.

How strange the dispensations of Providence seem to us when one so good, so useful to his fellow-men falls, e'er the zenith of his years are reached; in the very prime of life, while its duties and cares are greatest, and his opportunity for doing good are so manifold. To the aged death comes gradually, as it were the things and scenes of earth fading away in the contemplation of the great hereafter, and the tired and weary rest, and so we wait and watch and wonder, and wonder and watch and wait, and sooner or later comes the dread summons, and at the roll-call another and another will fail to answer to their names, and we will know that others have wrapped their martial cloaks around them and laid them down to their last slumbers.

It was my privilege to know Dr. Ashford well. His kindly disposition, his generosity, his devotion to his profession, his uniform courtesy, his possession of all the traits that make a manly man, would seem to plead "like angels trumpet-tongued" for a long lease of life. But he has passed away from us, and while the shadows of the grave will conceal his form from our gaze, the memory of his noble life will remain with us fragrant as the sweetest flower, enduring as the firmest adamant.

To-day I come to mingle my sympathies with yours in the great loss which we in common with this community have experienced in the death of so valuable a physician and citizen; and as we place the tribute of our affection on his untimely bier, our grief is but partially assuaged by the belief that after life's fitful fever he sleeps well.

Remarks by Dr. S. M. Burnett.

To those sojourning here upon earth there are allotted two lives. One of these is known only to the circle held sacred to the family and the friends that are selected to form a part of this inner life; the other belongs to the great world outside, and is coextensive with humanity.

Of the inner and strictly personal life none should be allowed to speak or judge, but those who have been permitted to enter its hallowed precincts. The other is open to all men, and can be judged by the standards which society has imposed upon itself.

I count it among my misfortunes that I am not permitted to speak to you of the strict individuality of Dr. Ashford, for I could not number myself among his most intimate personal friends. There are others who were more happy in this than I, and they will tell you of his loving devotion to his friends, and the affectionate hold he had upon all hearts which came in close communion with his own. I speak to you as an outsider, as one who viewed him from afar, but felt the light of his life which burst the bounds of a strictly private existence, and shed its radiance upon the great world without.

Looked at from this stand-point Dr. Ashford was no ordinary man. Though he gave to his profession a devotion which is worthy of emulation by all its followers, he yet recognized the great fundamental truth that we are human beings before we are anything else; that humanity in its highest and most exalted sense holds claims on us superior to those of any part or fraction thereof. This feeling was manifest in all his intercourse with his kind, and shed a light upon his strictly professional career which nothing else could. It was by reason of this that patients whom he sent to me spoke not only of his skill as a physician, but of their unbounded confidence in his integrity, and the honesty of his opinions. It was for this that the younger men in the profession looked up to him, and the older ones accepted him as an equal. They had belief in his professional judgment, because they knew that above all things he strove to be honest with himself, and was not afraid to take the consequences of this honesty and of the truth as he saw it. They had confidence in his faculty of dealing with men, because they knew he would judge them fairly, and that under no circumstances would he compromise his friends or the cause he represented.

Such natures are rare. And that the light of one has gone from among us, is indeed cause for mourning. And nowhere are such men missed so much as in the profession we represent, because nowhere is there such a loud call for all that is noblest and highest in our humanity. And that Dr. Ashford did represent all this in our calling, is well-attested by the large number of his fellow-laborers who have come out on this occasion to make publicly manifest their sorrow at his loss, and mingle their heartfelt sympathy with the tears of his grief-stricken young family.

Remarks of Dr. J. W. H. Lovejoy.

Mr. President:

I feel that it is peculiarly appropriate for us to meet here on this religious day of rest to fulfil the pious duty of commemorating the virtues of our departed friend.

By his death I have been more than usually affected. In the more intimate intercourse which has existed between us for some years past, in our association in the same college and hospital, I had learned to honor him for his many good qualities of head and heart. His uniform affability, candor and good nature, had won my esteem and affection.

He was a man of exceptional activity in the transaction of all duties which were assigned him, always willing to take upon himself trouble and responsibility in their performance, and exhibiting always that faithfulness, self-reliance and decision of character so necessary in the proper execution of such important trusts as have of late occupied much of his time.

One trait of character that in my mind had marked the man and which I admired, was his carefulness and reticence whenever, in his presence, statements were made derogatory to others; rarely would he be induced to make a disparaging remark. It is unnecessary for me here to dwell upon his professional qualities; his ability was known to us all.

For my own part I feel that for a long time to come I shall continue to realize more and more sensibly his loss, and the want of his safe counsel and ready assistance in those duties in which we have been associated in the past; and I am confident that in our meetings here we shall all often look with disappointment and regret for that presence and companionship which we are no more to enjoy.

But sir, he has gone,

> "To venture forth
> In quest of nobler worlds; to try the depths
> Of dark futurity."

And we must expect ere long to follow him. May we leave after us as fragrant a memory.

Remarks of Dr. S. S. Adams.

Mr. President:

As one of the young men of our professsion I rise to bear testimony to the watchful eye that Dr. Ashford ever had over us. And in saying that he was a friend of the young doctor, I am sure I express the sentiments of every one of this class whose good fortune it was to seek his aid or advice. There is but one other of the younger men who knew his personal attributes better than I, and he has just borne testimony to the virtues of the deceased.

Ashford was a *generous* man, and would always see that his assistants were paid when he was almost certain that he would never receive a cent from his patient; and a number of times he would say "pay the young men first because they need it, and I can wait for mine."

He was a *self-sacrificing* man, and though at times he was apparently too weak to go out he would exert his energies to lend his valuable aid at the most trying moments.

He was a *patient* man, and always admonished those who became vexed at the peculiarities of the ignorant and indigent classes, and would say that they did not mean to give offence.

He was a *kind-hearted* man, and had a kind word and a gentle touch for the sufferer, whether in the mansion or hovel.

He was a *studious* man, and never liked to see those about him frittering their time away in idleness. Indeed, this trait was so marked, that the day before his death as I sat anxiously guarding the ebb and flow of life, ready to meet emergencies, he raised his head from his knees and said: "Adams, don't stay with me, it is not necessary, and I don't like to see a young man throwing away his time." At whatever time you might see him he was improving his intellect.

He was a *lovable* man, and the more both friend and patient knew of him the more they loved him.

He was a *gentleman*, both in dress and address, and never forgot himself as such whether in the presence of prince or pauper.

Then in being generous, self-sacrificing, patient, kind-hearted, studious, lovable and gentle—*he was a man.*

And while the community has lost its surgeon, the older physicians a valuable advisor, the young men have lost in addition their best friend.

MEDICAL SOCIETY DISTRICT OF COLUMBIA.

Meeting held October 3, 1883.

The following members were reported favorably by the Board of Censors, and were elected to membership: Llewellyn Eliot, M.D., Irving C. Rosse, M.D., Geo. B. Harrison, M.D., Josiah R. Bromwell, M.D., and H. L. E. Johnson, M.D.

Meeting held October 10, 1883.

On motion, the President appointed a committee consisting of Drs. D. R. Hagner, J. Ford Thompson and C. H. A. Kleinschmidt, to draft suitable resolutions relative to the death of the late Honorary Member, Surgeon-General Chas. H. Crane, U. S. A.

The following resolutions were reported, and unanimously adopted, after which the Society adjourned in respect to the memory of the deceased member:

Whereas The Medical Society of the District of Columbia has heard with pro-

found regret of the death of Dr. Charles H. Crane, late Surgeon-General of the United States Army and an Honorary Member of this Society—

Resolved—That in the death of General Crane this Society, and the Profession at large have lost one of their ablest and most distinguished members.

Resolved—That in the discharge of his official duties, his marked ability and devotion to all connected with the advance of medical science merit the highest commendation of his professional brethren.

Resolved—That this Society tenders to his family its heartfelt sympathy in their sudden bereavement.

Resolved—That these resolutions be published in the daily press.

ANNUAL ELECTION WASHINGTON OBSTETRICAL AND GYNECOLOGICAL SOCIETY.

At the Annual Meeting of the Washington Obstetrical and Gynecological Society, held Friday evening, October 19, 1883, the following Officers were elected for the ensuing year: *President*—DR. S. C. BUSEY; *Vice-Presidents*—Drs. W. W. Johnston and J. T. Johnson; *Recording Secretary*—Dr. C. H. A. Kleinschmidt; *Corresponding Secretary*—Dr. S. S. Adams; *Treasurer*—Dr. G. L. Magruder; *Committee on Business*—Drs. C. E. Hagner, S. S. Adams, Prentiss; *Committee on Membership*—Drs. Fry, McArdle, Johnson; *Committee on Pathology*—Drs. Acker, Johnston, Harrison; *Committee on Publication*—Drs. Kleinschmidt, Smith, McArdle.

RINGER AND SAINSBURY ON CHLORIDE OF BARIUM.—The authors have been making some experiments to determine the physiological action of this salt, which are recorded in the *Brit. Med. Journal* of Aug. 11th. Boehm had already shown, in the case of hares, rabbits, cats and dogs, among other things, that not only the chloride, but the nitrate and acetate, increase the activity of the heart and produce systolic arrest of the left ventricle, and that an enormous rise in blood-pressure occurs, with a lessening of the pulse-rate. He concluded from his observations that either the entire sympathetic system is strongly affected, or untriped muscular tissue generally and specifically. To determine this point the above authors employed twenty-one frogs, exposing the hearts, and cutting the cord just below the medulla oblongata; the brain cavity was plugged to prevent hemorrhage. To make certain that the vagal and vaso-motor centres were inoperative, the cord below the section was in some cases destroyed by a hot wire. This isolated the heart and excluded nervous agency. After allowing the effects of shock to pass off, a 10 p. c. solution of the barium chloride was injected, with the following results: Increased vigor of the heart's action, especially of the ventricle going on with increasing dose to systolic arrest, incöordinate ventricular action, retardation of pulse-rate as the rule. The direct application of a 1 p. c. solution to the heart *in situ*, lead to spasm of its muscular tissue at the point of application, whilst by a 10 p. c. solution, an excised heart was made to start its rhythmic action or the frequency of its already existing spontaneous action increased, with final systolic arrest. By experiment upon a tortoise, it was shown that the salt also produces spasm of the arterioles, which is probably the first step in the process toward the increased blood-pressure observed by Boehm, the obstruction in the circulation leading to more energetic action of the heart. The conclusion from the above observations is that the action of the salt of barium is a local one, since all nervous agency is cut off; and furthermore, we may conclude that it is effected by the agency of the unstriped muscular fibre of the heart and blood-vessels. The marked resemblance which it bears to digitalis is manifest, but its therapeutic value must be determined by further trial. E. F. C.

THE SUICIDE OF AN ANTI-VACCINATIONIST.—The *Lancet* (*Sept. 29*) makes the following comments, which are worthy of general reading: "When we indicated last week that anti-vaccinationists would be enlightened by nothing else than an experience of the disastrous potency of small-pox in its unmitigated forms, we did not expect such a speedy illustration of our words. Mr. Wm. Escott, of Rotherhithe had some months ago an outbreak of small-pox in his house and lost his wife and three children. It was alleged that this was a consequence of his disapproval of vaccination. Along with contempt of vaccination there generally exists a sort of disregard for the risk of small-pox; and it

was added that many caught the disease through Mr. Escott's carelessness, and that one young man died through lending him a coat for the funerals. To crown this calamity a discussion of the whole matter took place at the Rotherhithe Vestry, at which the Rev. Mr. Beck, the Chairman, seems to have made some very natural observations. The result of all was that Mr. Escott committed suicide. Here, then, are five deaths, and many small-pox cases due to the absurd notions of an anti-vaccinationist. Let others of his class take warning by his fate, and judge from it what will be their feelings when a favorite child, or possibly three, lie dead in consequence of conceited and absurd objections to the most beneficent discovery of medical science."

Experiments in the Use of Naphtol for the Treatment of Skin Diseases.—*Dr. Arthur Van Harlingen*, of Philadelphia, reports in *The American Journal of the Medical Sciences* for October, 1883, the results of his experience with the use of this drug which was first brought to the notice of the profession by Professor Kaposi, of Vienna, about two years ago.

He finds it is one of the most efficient and agreeable remedies for *scabies* which has as yet been brought forward. Both in the rapidity of its action and in its beneficial effects upon the inflamed skin it is superior to any of the means ordinarily employed for the cure of this disease. Its exact place in dermatic therapeutics remains to be ascertained, but he is inclined to think that it will not prove an unimportant one.

In eczema it has failed in his hands to give the same beneficial results as were obtained by Kaposi. In most cases of vesicular and in acute eczema generally its action is simply that of an irritant. On the other hand, it has a limited field of action in the cure of a certain number of cases of squamous eczema of the scalp.

In his opinion it is a valuable addition to our external means of treatment in *psoriasis*. Kaposi speaks well of it in psoriasis of the scalp in particular, and his experience would lead him to place it near chrysarobin and pyrogallic acid in effectiveness without the neutralizing disadvantages of either of these drugs.

In *seborrhœa* of the scalp naphtol is a decided addition to our means of treatment. While inferior in some respects to sulphur or carbolic acid, it has a certain range of usefulness which further experience will in all probability more exactly demonstrate.

Naphtol is highly lauded by Kaposi in the treatment of *hyperidrosis*, but in Dr. Van Harlingen's hands it has failed entirely, although used strictly according to his formulæ. He considers it quite valueless in this disease, so far as his experience goes.

His experience leads him to regard its effects in *ringworm* as inferior to almost all of the remedies at present used, and as almost entirely inefficient in most cases of *tinea versicolor*.

In *pediculosis* he has had no experience, but in a single case of pediculosis capitis its action was favorable.

Tetanus Neonatorum Treated with Bromide of Potash.—*Doctor L. Emmett Holt*, of New York, reports in the *Boston Medical and Surgical Journal* (Oct. 18th) a case of tetanus in an infant, aged seventeen days, which was cured by the use of eight grains of bromide of potash every three hours. After a review of the literature of tetanus neonatorum, Dr. Holt finds that the following methods of treatment are recorded: " 'castor oil and local sedatives;' quinine and morphia endermically, nothing by the mouth; cannabis indica in full doses, that is, one-half ounce of the tincture per diem; ipecac and quinine in small and frequent doses; atropia hypodermically; sulphate of zinc in five-grain doses every three hours, and a 'little opium;' chloral in doses of one grain or two grains four or five times a day; postural treatment alone, no medication."

He divides cases of tetanus into three groups:

(1). Those acute severe cases which prove fatal in from one to three days in spite of all treatment. This class includes, unfortunately, the great majority of the cases. (2). The very mild ones which tend to spontaneous recovery. (3.) Those which are less acute than the first series, but still severe, in which recovery seems to be due to the treatment employed. He classes his own case among the last mentioned. Up to the beginning of treatment the case had been growing steadily worse. Eight grains of the bromide were taken

every three hours, night and day, for five days. Inside of thirty-six hours there was such improvement that the child took the breast for the first time in a week. At the end of five days, when the child was so much better that the dose was reduced, a decided exacerbation in the symptoms followed, which lasted until the larger doses were resumed.

Dr. Oliver Wendell Holmes on the Medical Education of Women.—*Doctor Oliver Wendell Holmes*, who is almost universally recognized as an authority on all medical subjects, in an address recently delivered at the Dedication of the New Building of the Medical School of Harvard University (*Boston Medical and Surgical Journal, October 18th*), made use of the following language, which will be accepted as a strong endorsement of the movement in favor of female medical education:

"Yet I myself followed a course of lectures given by the younger Madame Lachapelle in Paris, and if here and there an intrepid woman insists on taking by storm the fortress of medical education, I would have the gate flung open to her as if it were that of the Citadel of Orleans and she was Joan of Arc returning from the field of victory. I have often wished that disease could be hunted by its professional antagonists in couples—a doctor and a doctor's quick-witted wife making a joint visit and attacking the patient—I mean the patient's malady of course—with their united capacities. For I am quite sure that there is a natural clairvoyance in a woman which would make her as much the superior of man in some particulars of diagnosis as she certainly is in distinguishing shades of color. Many a suicide would have been prevented if the doctor's wife had visited the day before it happened. She would have seen in the merchant's face his impending bankruptcy while her stupid husband was prescribing for his dyspepsia and indorsing his note; she would recognize the lovelorn maiden by an ill-adjusted ribbon—a line in the features—a droop in the attitude—a tone in the voice—which mean nothing to him, and so the brook must be dragged tomorrow. The dual arrangement of which I have spoken is, I suppose, impracticable, but a woman's advice, I suspect, often determines her husband's prescription. Instead of a curtain lecture on his own failings, he gets a clinical lecture—on the puzzling case, it may be, of a neighbor suffering from the complaint known to village nosology as 'a complication of diseases,' which her keen eyes see into as much better than his as they would through the eye of a small-sized needle. She will find the right end of a case to get hold of, and take the snarls out as she would out of a skein of thread or a ball of worsted which he would speedily have reduced to a hopeless tangle."

Classification of the "Porro (?) Operation." What is a True Porro-Cæsarean Operation, and what other Forms of Uterine Ablation in Pregnant Women have been erroneously called "Porro," and should be separately classified? *Dr. Robt. P. Harris*, of Phila., states, in *The American Journal of the Medical Sciences* for October, 1883, that, from a careful examination of the literature of this subject, he finds that we have no less than nine forms of operation, some of them differing very materially from the original, all called by the name of "Porro," and classified together, although having very different rates of mortality. It is hardly necessary to claim that this is very unjust to the originator, and unfair to his operation. If the Porro method is to stand upon its merits, rated by its proportion of cures, we must in justice exclude from the record all the cases not strictly deserving of the title. As it would only complicate matters to make nine orders of cases, Dr. Harris proposes to combine them where this can be fairly done, and thus reduce the list to four classes.

1. { True Porro operations.
   { Porro-Müller operations.
2. Puerperal utero-ovarian amputations, with the pedicle dropped in.
3. Premature ablations of the gravid uterus, the fœtus not being viable.
4. Prévôt's operation, miscalled "Porro." (Utero-ovarian amputation after laparotomy for rupture of the uterus).

Dr. Harris appends a tabular record of 140 cases, from which it appears that the Porro operation, carried out as originally designed, has saved $46\frac{14}{41}$ per cent. of the cases; the Porro-Müller method, unmodified, has saved $52\frac{16}{17}$ per cent.; and the combined, $48\frac{8}{25}$ per cent. of the women, and 90 out of 118 children.

Original Papers.

A REPORT OF THREE CASES OF FRACTURE OF THE FEMUR IN OLD PEOPLE, WITH REMARKS.

BY OSCAR J. COSKERY, M.D.,

Professor of Surgery in the College of Physicians and Surgeons, Baltimore.

CASE 1.—Margaret E—, aged 75, while crossing the room, slipped on a tomato-peeling, and fell upon the right side. She was admitted into St. Joseph's Hospital on July 31st, 1876. There was no swelling of any moment in the immediate neighborhood of the hip-joint, but she referred all her pain to that spot, and she could not lift her limb from the bed. There was no constitutional disturbance. The diagnosis of intra-capsular fracture of the neck of the femur was made, and the limb put up in the anterior splint. The patient did well and was walking in six months. On April the 10th, 1878, she died of senility. A post mortem revealed the condition of the upper portion of the right femur shown in Figure 1.

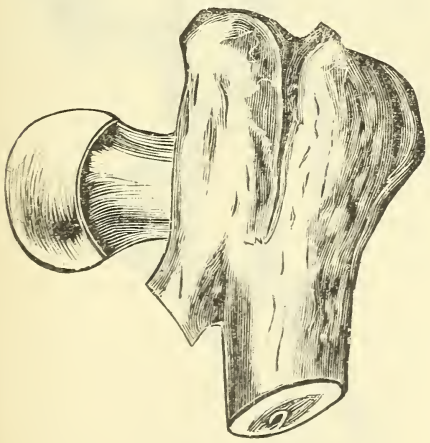

FIGURE 1.

The drawing might almost have been taken directly from Figure 179, Vol. 1, of *Erichsen's Surgery*.

CASE 2.—Margaret S— entered St. Joseph's Hospital on August 6th, 1878, suffering from chronic bronchitis. She was then 83 years old. Nearly two years after entrance, or on July 2nd, 1880, on getting up at night to urinate, her foot caught in a piece of carpet by her bed, and she fell, striking the right thigh, first against the bedstead, and then upon the floor She was helped into bed, and I saw her next morning. The diagnosis of extra-capsular, with probable intra-capsular fracture of the neck of the thigh-bone, was made. Very slight swelling, but pain and crepitus were present, and she died on July 7th, 1880, seemingly from the shock of the fall. A post mortem revealed the condition shown in Figure 2, or that of a comminuted fracture (extra-capsular entirely) of the neck of the femur, with longitudinal splitting of the great trochanter, as generally happens in these cases, and an extensive oblique fracture of the shaft.

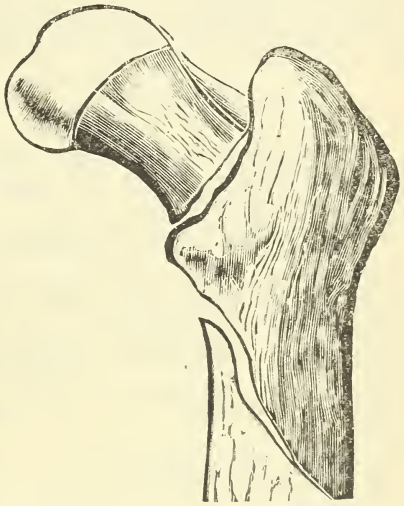

FIGURE 2.

CASE 3 is that of Elizabeth H—, aged 71, who first came into hospital for a compound comminuted fracture of both bones of the right forearm on October 4th, 1881. Under the dry-lint treatment it was converted into a simple fracture, and she left, well, on January 9th, 1882. Stepping from the flags to the curb-stone, on January 19th, 1882, she again fell, striking upon the right hip, and was brought to St. Joseph's Hospital the next day. The thigh was little swollen, the patient's general condition was good, but she was unable to lift the limb from the bed, and upon examination crepitus was easily made out, with deformity, below the great trochanter. There was no difficulty in diagnosing extra-capsular fracture of the femur. The point was to decide if there was also an intra-capsular break. After careful examination, the latter was decided against. The patient

was very unruly, but under the use of the Physick's Splint pretty good union was gotten. On July 10th, 1883, or eighteen months after the fracture of the femur, the limb was found to have fallen out of the bed, and when she tried to replace it, she could not without assistance. Mobility was distinct, with a slight feeling of crepitus. The patient slowly sank and died, August 20th, 1883, or nearly six weeks after the last accident, seemingly of *it* and of old age.

Let us compare the symptoms as reported in these three cases, with those given on page 434, Vol. I, *Erichsen's Surgery*. They are as follows :

"Diagnosis between intra and extra-capsular fracture of the neck of the thigh-bone :

INTRA-CAPSULAR.

1. Cause generally slight and indirect, such as catching the foot in the carpet or slipping off the curb-stone.
2. Force usually applied longitudinally or obliquely.
3. Age rarely below fifty; most commonly in feeble, aged persons.
4. Pain and constitutional disturbance slight.
5. No apparent injury to soft parts about hip.
6. Crepitus often obscure.
7. Shortening usually at first not more than one inch.

EXTRA-CAPSULAR.

1. Cause, usually severe and direct violence, such as falling from a height, or a blow upon the hip.
2. Force usually applied transversely.
3. Age, usually below fifty; chiefly in vigorous adults.
4. Pain and constitutional disturbance usually considerable.
5. Considerable extravasation, ecchymosis, and signs of direct injury to hip.
6. Crepitus (when not impacted) very readily felt.
7. Shortening (when not impacted) at least two inches or more."

As regards the first of the differential points spoken of by Mr. Erichsen, it will be noticed that one patient slipped upon a tomato-peel, one caught her foot in the carpet, and one fell while stepping upon the curb-stone.

Second. It was impossible to decide from the statements of the patients in exactly what direction the force was applied; possibly, however, in case No. 2 it was directly transverse.

Third. The ages of the three patients were respectively 75, 85 and 72, at the time of the reception of their injuries; the age *par excellence*, at which we would expect intra-capsular fracture.

Fourth. While pain varied somewhat in these cases, with the exception of No 2, it was very slight; and in her the shock from which she died seemed to be due as much to the general shake up as to the injury to the hip.

Fifth. There was in none of the cases any great amount of "extravasation, ecchymosis, and signs of the direct injury to the hip."

Sixth. Crepitus was easily made out in cases Nos. 2 and 3, but was not present in No. 1.

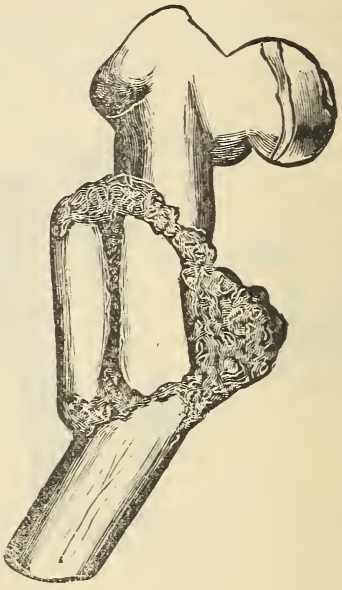

FIGURE 3.

Seventh. In only No. 3 was the shortening great, and in that it was but one inch and a half.

Two points may have attracted attention, and they are, first, that all three cases occurred in women; second, that each was upon the right side. I can offer no explanation of this, and consider it only a coincidence.

In No. 1 of these cases the diagnosis of intra-capsular fracture seemed correct at the time. The classical conditions that go to make up the predisposition to that form of injury were present. The sex, age, cause, slight constitutional and local disturbance, were all here. In the other cases there was no doubt about the presence of *extra-capsular* fracture.

The acceptance of certain data of the olden authors in reference to the signs and causes of fracture about the neck of the femur has been one of the causes of the great difficulty in making a correct diagnosis experienced by the majority of practitioners. For instance, the change in shape of the upper portion of the femur that was said to take place in old age, and Ward,* in his osteology, has quite an ingenious and captivating chapter in which he compares the neck of the femur to a weakened derrick. Rodet† has done much to disprove this idea by his measurement of the angle made by the head and neck to the shaft at different ages, and Bigelow‡ has still further extended our sum of knowledge. That there has been no change in the position of the head in case No. 2 from what we generally find in the young, is seen at a glance.

Stimson, in his late work on Fractures, page 481, gives the post mortem appearances in six cases of fracture of the neck of the femur. Of these only two were "purely intra-capsular." My principal object in contributing this small amount of personal observation to the profession is to call attention to the fact that in each of the cases, while the conditions in which we would expect one variety of lesion to follow were present, another occurred. In many cases in which the diagnosis of intra-capsular fracture has been made by myself, fortunately for the patient and my own personal vanity, the only positive proof was denied me—I mean, of course, a post mortem.

*Outlines of Osteology, London, 1838.
†Stimson on Fractures, page 489.
‡The Hip, page 22.

A weekly medical journal, called the *Edinburgh Clin. and Pathological Journal*, has been issued in Scotland, Drs. Graham Brown, Cathcart, and D. Bery Hart, being editors.

Selected Paper.

SURGICAL EXPEDIENTS IN EMERGENCIES.

BY R. J. LEVIS, M. D.,
Surgeon to the Pennsylvania Hospital and to the Jefferson College Hospital.

It is in the experience of every surgeon to be occasionally obliged, in the absence of ordinary means and appliances, to devise resources available at the moment. Such occasions bring the practical character of the surgeon to the test, and on his readiness for the emergency may depend the relief of suffering or the averting of a fatal termination. His reputation, too, may, at such times, stand in the balance of good or ill report, to be turned happily in his favor or gravely against him.

The exigencies of active surgical practice have frequently obliged me to rely on hastily devised resources, and I trust that the record of some of them which I recall may possibly be of benefit to the profession and a relief to human suffering.

The necessity for *evacuating an over-distended bladder* is liable to become immediately urgent on occasions when a catheter is not quickly attainable. It is remarkable how often the condition is overlooked by practitioners, until it becomes one of suffering and danger, demanding instant relief. The continued dribbling that often occurs from an almost bursting bladder may mislead or blind one to grave danger. The absence of a catheter on one such pressing occasion led me to contrive a ready means of evacuating the urine. The recourse was to a piece of iron bell wire, bent double on itself, and the blunt doubled end passed readily through the urethral tract to the bladder. The distention of the urethra by the doubled wire allowed the urine to freely pass between the wires.

A female catheter may be extemporized from a short piece of rye straw, the end of which is to be closely wrapped for a short distance with thread; or the end of the straw may have its sharpness removed by dipping into melted sealing wax. The stem of the ordinary clay tobacco pipe is also efficient for the purpose. Such crude substitutes, when oiled, are readily introduced.

The operation of venesection would probably be more frequently resorted to when needed, if a proper lancet, in perfect order,

were at hand; but the critical time for relief of an actively congested or inflamed lung or brain is sometimes allowed to pass for want of a ready and certain method of opening a vein. I once, on a pressing occasion, bled a patient at the bend of the elbow, with perfect ease and precision, with but a blunt-pointed and dull pocket-knife, by resorting to a simple, convenient expedient. Having put on the usual constricting bandage to distend the veins, I first transfixed the most prominent vein with a fine needle. Thus held securely, it was very easy, with even the dull knife, to cut a valvular incision into the vein, and the blood flowed freely.

For the arrest of nasal hemorrhage I know of no device so good as one that may be readily extemporized with a strong piece of cord and some small pieces of sponge. The cord is tied securely to a piece of sponge, cut rounded, and just large enough to be forced backwards through the nostril. Then a number of similar pieces of sponge, with a hole through the centre of each, are threaded successively on the cord. The sponge on the end of the cord is then pushed, with a probe or dressing forceps, through the nostril, quite back to the faucial orifice; and the rest of the threaded pieces of sponge are slid back, one at a time, until the naris is tightly filled. When the patient becomes secure against a repetition of hemorrhage the plugging is readily removed, one piece of sponge being withdrawn at a time, with the dressing forceps. The posterior nares may also be easily plugged by introducing either a slender gum bougie or a piece of thick catgut string, with a cord attached, through the nares, catching one end of it in the fauces with forceps, and drawing it forward through the mouth. To the cord which follows, a piece of sponge or pledget of lint is tied, to be drawn up into the posterior nares.

A method of making unirritating and painless pressure within the nares, in cases of obstinate epistaxis, is by a piece of the intestine of a chicken or other small animal, about twelve inches long, partially filled with either air or water. One end of the intestine is, while empty and collapsed, pushed backward through the nares; when thus lodged the air or water in the other end is forced, by compression with the hand from the pendulous portion, into the part lodged in the nares. Strong, equable compression can thus be made, rendering hemorrhage impossible.

In a case of *hemorrhage from the intercostal artery*, from homicidal stabbing, I arrested the flow immediately by making pressure within the pleural cavity, directly on the vessel, by introducing into the wound the handle of a door-key. The key was then turned transversely, so as to make direct pressure, and maintained in that position for some hours, until there was no more tendency to hemorrhage. The same mechanical action might be effected by the similar use of the handle of an ordinary gimlet.

As a very efficient *substitute for Esmarch's elastic bandage*, I suggested some years ago, in an article in the *Philadelphia Medical Times*, the use of a bandage made from ordinary flannel, cut bias, so as to increase its elasticity. Such an elastic bandage, from a material almost everywhere at hand, is, I know from experience, perfectly effective.

The hæmostatic action of hot water does not seem to be sufficiently known and appreciated among practitioners. It is so effective, and can be so readily applied, that it may well displace from practice all other hæmostatics. Water at a temperature not beyond tolerance of the immersion of the hand in it, which is a temperature of from one hundred and fifteen to one hundred and twenty degrees, is ordinarily all that is necessary; but in some cases not amenable to treatment by the ligature, a temperature above 160° F., the coagulating point of albumen, may be necessary.

The absence of a tenaculum may be well replaced by a small fish-hook secured to a pen-holder.

For dislodging a foreign body in the œsophagus by forcing it downward, an ordinary carriage or riding-whip, knotted far enough from the end to insure the proper degree of flexibility, may be an efficient expedient in an emergency.

Materials for splints for the temporary dressing of fractures can be at almost all times extemporized from the materials of wooden boxes and binders' boards. To dress fracture of the forearm and of the leg, in a case required to be removed to a distance from the scene of the accident, I once improvised an efficient dressing by breaking into strips some ordinary palm-leaf

fans, which were at hand, and bound them on the limbs. I commend the material for its merits of being elastic and conformable to the shape of the limb. Good temporary dressings can also be made from common straw, cut to proper length and bound in layers on the limb,

For a readily made fixed dressing, a plan I have resorted to is with ordinary sand-paper as the material. The sand-paper is dipped into warm water, to soften the paper and glue, and it is then applied and retained with a bandage. The glue of the sand-paper soon gives rigidity; body and firmness are produced by the sand and paper. Strong fixed dressings, it should be remembered, can be readily prepared with the familiar domestic commodities of starch, or with the combination of eggs and flour.

In removing a patient with a fractured thigh or leg, the uninjured limb can be made to temporarily act as a splint and take care of the injured one, by simply bandaging the limbs together. It should be borne in mind that many fractures of the long bones can be well treated without any kind of splints. Fractures of the femur are not now generally treated with splints. After coaptation is effected, simple extension, by means of weights, is the only essential. Fractures of the clavicle are, I am convinced, from practical experience and much attention to the subject, the most effectively treated by keeping the patient in the supine position of the body, with the head alone slightly elevated, to relax the sterno-mastoid muscle, one of the factors of displacement of the fragments. If this position, on a level mattress, is maintained for only a week or ten days, the tendency to displacement is so overcome that a mere sling for support of the arm and shoulder, or other simple dressing, is all that is necessary.

The simple postural method of treatment, without splints, is applicable to most fractures in the vicinity of joints. In fractures of the upper end of the humerus, splints are usually of no real practical advantage. The injury can be well treated by position of the arm, and by support against the thorax, maintained by adhesive strips, or bandages, occasionally aided by an axillary pad.

The usual fracture of the lower end of the radius, transverse in direction and produced by a fall on the extended palm of the hand, if properly reduced by longitudinal traction and forced flexion of the wrist and hand, has rarely a tendency to displacement if the wrist and hand are maintained in a state of moderate flexion, without the use of any splint.

The ordinary splint, applied on the outside of a fractured jaw, is mechanically inefficient for the object, and has no advantage over an ordinary bandage, or handkerchief, applied to keep the part at rest.

Many surgical instruments are made after traditionally complicated forms. Scalpels, bistouries and needles should not be crooked. I know of no use for curved knives, and the occasions for the use of curved needles may be limited to a few plastic procedures in cavities. The ordinary surgical needle, with its absurd and inconvenient curve, I long ago discarded in favor of the more efficient, simple, and cheap glovers' needles. A good surgical needle can be readily made from an ordinary sewing needle, broken off above its point and ground to such an oblique point as is given to the hollow needle of the hypodermic syringe.

A common gimlet is an *efficient instrument for opening the mastoid cells*, in cases of abscess, when there is grave threatening of cerebral complication, demanding prompt action.

The patient use of a carpenter's rasp may safely substitute the trephine, in cases of fractured skull, by cutting away an angle or edge of bone at the point of fracture, and allowing an elevator, such as a small screw driver, to be inserted beneath a depressed fragment.

In regard to the traditional forms given to instruments, I have inquired of different instrument-makers why the sharp, triangular point is made on the ordinary silver probe, but it remains unexplained. I have never seen any surgeon use this curious bayonet-point of a probe, and know of no possible use for it.

The facility with which rectal injection can be performed with large quantities of fluids, by hydrostatic pressure, renders not essential the use of a syringe, if a piece of india-rubber tubing long enough can be obtained. The lower bowels may also be distended, in cases of intussusception, by injecting water and carbonic acid gas, forced from the ordinary mineral water bottle or syphon, fitted to the rectal tube.

In cases of violent inflammation and

traumatic injuries of the eye, needing immediate use of a mydriatic, the universally present stramonium may well supersede belladonna or atropia.

For antiseptic use many readily procured substances may well replace carbolic acid. None is so cheap and efficient as that most neglected preventer of putrefaction, sulphurous acid, made simply by exposing water to the fumes of burning sulphur in a close chamber. The antiseptic action of a saturated watery solution of turpentine has also the advantage of convenience of procurement and cheapness. For this purpose turpentine should be kept continually in water and exposed to warmth, and frequently agitated. Diluted alcohol has merits as an antiseptic which have not received proper attention.

Recent investigations have proved that the bichloride of mercury is the most powerful of all germicides, and that it can be used effectively in unirritating dilutions of one part to two thousand or more of water. These readily obtainable substances prevent the decomposition of animal matters, and, without disputing over the germinal, chemical or other theories of their action, all surgeons must admit that putrefaction is the most common factor in preventing the healing of wounds, and that it should be avoided.—Transactions from the *Penn. Med. Society* for 1883.

Clinical Notes.

A CASE OF CHRONIC CYSTITIS IN A FEMALE, TREATED BY PERMANENT DRAINAGE.

(*Reported to the Clin. Soc. of Maryland, Oct.* 19, 1883.)

BY W. E. MOSELEY, M. D.

The patient whose case I report to-night is an unmarried mulatto girl aged 20 years. She was sent to me on the 30th of last January, with the following history: Until within the last four or five months her general health had been excellent, and her menstruation perfectly normal and painless. About four months previous she noticed some pain in her right iliac region during the menstrual flow, but more especially she complained of very frequent micturition, with severe pain in bladder and urethra whenever she passed urine and inability to hold it for any length of time. Examination externally showed marked tenderness over the region of the bladder, and examination *per vaginam* showed the pelvic organs to be engorged and very sensitive, the uterus slightly prolapsed, and so far as could be judged by a vaginal examination, the bladder wall seemed decidedly thickened. The mucous membrane of both urethra and bladder was exquisiteiy sensitive to the probe. The urine was alkaline in reaction and loaded with pus, mucus and urates. The patient was entirely incapacitated for her work, that of a waitress, and under the constant suffering, was losing flesh and strength. She had been receiving general treatment for several months without any benefit. So, after having her on a solution of benzoic acid for a few days, I determined to give her the benefit of permanent drainage. On the 24th of February, with my patient under ether, I made a fistula in the base of her bladder and stitched the bladder and vaginal mucus membranes together to prevent premature closing. Thorough exploration of the bladder with my finger proved the absence of any stone or calcareous material. From this time on she has had no treatment, except a slightly carbolized hot vaginal douche twice daily and a mixture of tincture of the chloride of iron and dilute nitro-muriatic acid thrice daily internally.

Examination of her urine in July showed absence of pus, but as the weather was intolerably hot, and there was considerable tenderness of the bladder mucosa, I advised her to keep on as she was until cool weather.

October 9th (ten days ago), under ether, I closed the fistula, using five silver sutures and removed them to-day. From the time of closing the opening the patient has passed her urine with almost perfect comfort, and it has the general appearance of being quite normal, although I have not as yet put any under the microscope.

I do not report this case as presenting anything unusual, but simply to bear testimony in favor of this well-established method of treatment for chronic cystitis, especially in this class of patients. For eight months my patient's bladder had almost perfect rest. It received the benefit of any portion of the vaginal douche which may have been forced into it through the fistula, and above all, the girl was able to do her regular work comfortably and

easily. If she had had the time and money to apply to other treatment in addition to that which she received, I do not doubt but that the same result could have been reached much more quickly.

248 N. Eutaw St., Baltimore.

PROCEEDINGS OF THE MEDICAL SOCIETY, DISTRICT OF COLUMBIA.

REGULAR MEETING HELD OCT. 17, 1883.

(*Specially Reported for the Maryland Medical Journal.*)

The Society met, with the President, Dr. A. F. A. King, in the Chair, Dr. T. E. McArdle, Secretary.

Case of Removal of both Ovaries and Fallopian Tubes.—*Dr. Joseph Taber Johnson* presented the ovaries and Fallopian tubes which he had removed from a young lady seven days ago, and moved their reference to the Microscopical Committee for examination and description.

The patient was 21 years of age, and had presented for several years the characteristic symptoms of chronic ovaritis. Her menses had been painful and irregular from the first. The pain for several years was confined to the left ovary, but for the past year the right had been the seat of great suffering. Her pain for some time had been confined to the menstrual periods, but latterly had been constant, and was getting worse and worse. Examination produced great pain. She had a retroverted uterus, which was at the same time slightly prolapsed. She had been under more or less constant treatment since her 17th year, and was no better. Several very excellent physicians had treated her uterine complications without in the slightest degree relieving the ovarian pain or the numerous nervous symptoms accompanying. Dr. J. had treated her several months without relieving her at all, and finally, after about nine years of painful menstruation, and four years of unsuccessful treatment, he had decided that the removal of the ovaries and Fallopian tubes presented almost the only hope of a cure. The patient and her family, after being fully informed of all the risks and dangers, as well as the prospects of a cure, willingly consented to the operation and frequently urged its performance. Although it was much too soon to judge of the good effects of the operation, he was happy to state that the patient was at the present time doing very well, having a pulse of 88 and a temp. of $100\frac{4}{10}$.

In the case operated on a year ago last August by him, both ovaries and one tube were removed, but the patient had menstruated with the greatest regularity ever since the third month after the operation. He was desirous to test the theory of Lawson Tait in regard to the influence of the tubes in the causation of menstruation, and had removed as much of both tubes as he could in the hope of being entirely successful in establishing a permanent change of life in this case. His first case could not be said at the present time to be cured—as she still menstruated—but he considered that she was sufficiently benefited to have justified the removal of her ovaries.

Dr. King asked what were the exact symptoms from which the diagnosis had been made, and what are the improvements of Lawson Tait?

Dr. Johnson replied pain directly over the ovaries; excruciating pain at every menstrual period, which persisted after the retroversion had been relieved; recurrent attacks of peritonitis; inability to walk about the house without supporting the abdomen with the hands; and a long train of nervous symptoms. As to the improvements of Lawson Tait, Battey had devised the operation for the simple premature establishment of the menopause. Tait contends that the Fallopian tubes have more to do with menstruation than the ovaries; hence he always removes them. Another improvement is the lessening of the death rate. Although he does not use Listerism, he employs the most scrupulous cleanliness. He sees to it that the abdominal cavity is thoroughly cleansed, and treats the pedicle in an improved manner. He considers the operation very simple, and speaks of it in a manner which some call flippant. Emmet says he has removed both ovaries and tubes in one case without preventing menstruation. The case operated on by him (Dr. J.) last year menstruates regularly, but the periods are not painful. The hemorrhage, however, lasts a longer time—seven days—and at her periods she does foolish things and gives utterance to hysterical cries. It must be remembered that she is nearly an idiot. Dr. Thomas gives accounts of cases which did not experience the full

benefit of the operation for two or three years.

Dr. Taylor believed in operating early. If the case be left too long, so great an impression will be made on the nervous system by the disease of the ovaries that even their removal may not result in a cure, certainly not so complete a cure as if the operation had been performed early. This was one reason, perhaps, why Dr. Johnson's first case was not more decidedly relieved. He had a case now under observation in which he would hope but for little relief because the operation had been too long delayed. He was glad to see that some other cause than displacements of the uterus was now being recognized as a cause of the multitude of female complaints.

Dr. Smith asked Dr. Johnson if the patient had been of correct habits? had the doctor tried massage? had he recommended matrimony?

Dr. Johnson knew nothing about the habits of the patient, though he believed them correct. The uterus was not enlarged, but on the contrary, was rather small. He had not advised massage, and did not know if it had been used. He had not recommended matrimony.

Dr. Smith said there were few cases in young females which were not too frequently doctored for supposed uterine and ovarian troubles. He related a case in point where a young girl had been constantly treated for several years, by first one doctor and then another. When she came to him he could find no disease about the genital organs, unless it were the desire to have them titilated, which had grown out of the repeated examinations and applications.

Dr. Schaeffer thought the macroscopic appearance of the ovaries presented showed no reason for performing the operation. He had seen many ovaries in a worse condition removed post-mortem from women who had died of other diseases, and had never suspected ovarian trouble.

Dr. King said the remarks of Dr. Smith were good and to the point. Every medical journal is now well supplied with confessed cases of onanism. Every other means of relief should be tried before deciding upon the removal of the ovaries; and it cannot be denied that cases of ovaritis are amenable to other treatment.

Dr. Patze considered an inflamed ovary the analogue of a swelled testicle. Anti-syphilitic remedies had often produced beneficial results in his hands. He had many times relieved inflammation of the ovaries by ointments of opium and camphor, with guaiac and iodide of mercury internally.

Dr. Johnson, in closing the debate, said he was glad the discussion had taken so wide a range. He wished to do what was best for these patients. Some experienced operators say that by removal of the ovaries they do away with a long train of painful symptoms. He agreed with Dr. Smith as to the impropriety of examining young girls, or any woman, in fact, unless satisfied of local disease. He believed in massage as firmly as anybody in proper cases. In reply to a question by Dr. Schaeffer, he said it had been recommended to remove the ovaries in cases of threatened insanity of ovarian origin, and he believed some cases of emotional insanity would be cured or prevented by such a course. No one, however, would think of performing the operation where permanent insanity existed.

Reviews, Books and Pamphlets.

A Manual of Chemical Analysis as Applied to the Examination of Medicinal Chemicals. Third edition. By Frederick Hoffman, A.M., Ph.D., Public Analyst to the State of New York, and Frederick B. Power, Ph.D., Professor of Analytical Chemistry in the Philadelphia College of Pharmacy. H. C. Lea's Son & Co., Philadelphia: 1883. 8vo. Pp. 624.

This work is intended, as the authors state, as "a guide for the determination of the identity and quality of medicinal chemicals, and for the detection of impurities and adulterations; for the use of physicians, druggists, manufacturing chemists; and pharmaceutical and medical students," and that it has served its purpose and been of use, is shown by the appearance of this, the third edition since 1873.

This edition has been much enlarged, and revised to keep pace with advancements in chemical knowledge, and also to correspond with the recently issued editions of the American and German Pharmacopœias. It is very thorough and comprehensive, and shows evidence of much care in its preparation.

While it is in general very well adapted to its purpose, there are two faults which may be found with this work. In the first place, a rather greater knowledge of chemistry is presupposed than is possessed by most physicians

or druggists, while on the other hand it contains much that is very elementary in its character, and entirely unnecessary to an educated chemist.

In the second place, there is much of what seems to us to be rather unnecessary repetition. For instance, the description of the process of testing for the presence of nitric acid is repeated fifteen or more times in the course of the volume, with the same wood-cut and in almost exactly the same words. The object of this has been, as the authors state, "to render each article complete in text and illustrations, so as to avoid, as far as possible, reference to other articles," but it is very questionable whether the advantage of this arrangement compensates for the corresponding increase in size of the volume. This fault, however, is of but minor importance, and the work will doubtless prove a book of reference of considerable value. R. D. C.

Transactions of the Mississippi State Medical Association, Sixteenth Annual Session, held at Meridian, April 4th to 6th, 1883. 8vo., pp. 140.

That this Society is doing a good work is shown by the fact that by its efforts a law was enacted at the last meeting of the Legislature for the regulation of the practice of medicine in the State, and for the protection of the citizens from ignorance and quackery. There are other State Societies which might, with advantage, imitate its example in this respect. With it also originated the idea of a State Board of Health, which has, by its exertions, been clothed with ample power and provided with abundant resources. The number of licenses under the new law is 1,840, which is said to approximate closely the number of practitioners in the State. Of these, 1,180 are graduates of schools; 149 non-graduates, and 511 fail to say whether they are graduates or not, the probability being therefore that they are not.

The address of the President, Dr. Wirt Johnson, attracts attention by its practical character, and only excites regret that one who writes so well did not choose a more ambitious theme. He recommends that a prize be instituted for the encouragement of original essays by the members, and in accordance with this recommendation, a committee was appointed to report at the next meeting a plan for awarding essays.

The Annual Oration, by Dr. G. W. Trimble, is devoted to the subject of Intemperance —in its physiological and pathological aspects. Dr. S. V. D. Hill gives a good resumé of the progress of surgery during the last three years. Malarial Hæmaturia is discussed by Dr. J. E. Halbert. Interesting communications on surgical subjects are made by Drs. Brownrigg and Craft, and there other papers going to make up the volume. A commendable feature of the articles is their brevity; the writers seem to aim to say what they have to say and then stop, not drawing out their papers by long and unnecessary quotations from authorities which are accessible to all. We are glad to see such evidences of vigorous life on the part of this State organization, and its example might well serve as a stimulus to many others more favored by circumstances, but lacking that *esprit-de-corps* that seems to animate our Mississippi brethren.

Medical Communications of the Massachusetts Medical Society, Vol. xiii, No. 11. Boston, 8vo., pp. 58, 1883.

This volume contains the Annual Discourse of the President. Dr. Amos H. Johnson, of Salem, entitled "Nature Guides Best When Guided", a scholarly production, and six other articles. These all give evidence of careful preparation and show that their authors are men of education. If we might venture upon any criticism of their labors it would be with reference to the lack of new and original observations. An exception however, is found in the "Contribution to the study of the Tubercle-Bacillus," by Dr. H. C. Ernst, of Jamaica Plains. The following summary of his own and others' work is given:

I. A staff-shaped micro-organism exists in all forms of the tuberculous process, and its presence has been demonstrated in them.

II. It is more abundant in the rapid than in the slow forms of the process.

III. Its specific nature as the cause of tuberculosis is claimed by Koch on the ground of his observations.

IV. Its specific character has not been successfully established by trustworthy observations.

V. Its value as diagnostic evidence of tuberculosis is very great; although its absence cannot be considered as excluding that process.

The remainder of the volume, is taken up with society proceedings, list of officers, etc.

What to Do First in Accidents and Emergencies. A Manual Explaining the Treatment of Surgical and Other Injuries in the Absence of the Physician. By Charles W. Dulles, M.D. Second Edition, Revised and Enlarged, with New Illustrations. Philadelphia. P. Blakiston, Son & Co., 1883. Pp. 116.

A Physician's Sermon to Young Men. By William Pratt, M.D., F.R.C.S., London. M. L. Holbrook & Co., New York. 1883. Pp. 48.

Memoir of Jonathan Letterman, M.D., Surgeon United States Army, and Medical Director of the Army of the Potomac. By Brevet Lieut-Colonel Bennett A. Clements, Surgeon United States Army. (Reprint from the "Journal of the Military Service Institution.")

Chemistry: General, Medical and Pharmaceutical, Including the Chemistry of the U. S. Pharmacopœia. A Manual on the General Principles of the Science, and Their Applications in Medicine and Pharmacy. By John Attfield, F.R.S., etc. Tenth Edition. Specially Revised by the Author for America. Philadelphia, Henry C. Lea's, Son & Co. 1883. Pp. 727.

Insanity Considered in its Medico-Legal Relations. By T. R. Buckham, A.M., M.D. Philadelphia. J. B. Lippincott & Co. 1883. Pp. 265.

The Pathology and Treatment of Venereal Diseases. By Freeman J. Bumstead, M.D., L.L.D., Late Professor of Venereal Diseases at the College of Physicians and Surgeons, New York, etc., and Robert W. Taylor, A M., M.D., Professor of Venereal and Skin Diseases in the University of Vermont, etc. Fifth Edition. Revised and Rewritten, with Many Additions by Dr. Taylor. With One Hundred and Thirty-nine Wood-cuts, and Thirteen Chromo-Lithographic Figures. Philadelphia. Henry C. Lea's, Son & Co. 1883. Pp. 891.

The Treatment of Wounds as Based on Evolutionary Laws. By C. Pitfield Mitchell, M.R.C.S., etc. New York. J. H. Vail & Co. 1883. Pp. 29. Price 50 cents.

Delayed and Non-Union of Fractures. By N. Senn, M.D., Milwaukee, Wis. (Reprint. Pp. 21). J. H. Chambers & Co. St. Louis. 1883.

An Ethical Symposium. Being a Series of Papers Concerning Medical Ethics and Etiquette from the Liberal Standpoint. By A. C. Post, S. O. Vanderpoel, and others. New York. By G. P. Putnam's Sons. 1883. Pp. 213.

A Manual of Pathology. By Joseph Coates, M.D., Examiner of Pathology in the University of Glasgow. H. C. Lea's Son & Co. Philadelphia. 1883. Pp. 799.

Dr. T. Barton Brune, has been elected Corresponding Secretary of the Med. and Chir. Faculty of Md., vice Dr. W. F. A. Kemp, elected Treasurer.

Editorial.

CAN CANCER OF THE PENIS BE ACQUIRED BY INOCULATION FROM CANCER OF THE CERVIX UTERI?—In a clinical lecture delivered at the College of Physicians and Surgeons, New York, by Dr. T. Gaillard Thomas (published in the *New York Medical Journal, September 1st, 1883*), the following statement is made: "I wish to reply to a question which has just been sent me by one of the members of the class, viz.: Is there danger of cancer being propagated by means of sexual intercourse? There is, undoubtedly, great danger of this occurring, and repeated instances of cancer of the penis being contracted in this way are on record. The slightest abrasion of the penis may be sufficient for the absorption of virus from the malignant growth, and the husbands of women suffering from cancer of the uterus should, therefore, always be warned against intercourse with their wives."

Such a statement as this, coming from so high and experienced an authority as Dr. Thomas, was in the nature of a new revelation, and undoubtedly created a surprise in the minds of many observers who were not practically familiar with the facts as related. The data upon which these facts were established must have been drawn, in large measure, from Dr. Thomas's own large experience, for the literature of the subject is quite meagre. In fact, Dr. Thomas, in his excellent book on the "Diseases of Women," makes no reference to the subject, and in his admirable suggestions on the treatment of cancer of the uterus does not caution against this source of danger. No word of caution is given in reference to a possible danger of inoculation of the surgeon's finger in examining or operating upon cancerous patients. If there is danger of an absorption of cancerous virus from a slight abrasion on the penis, and "therefore husbands should always be warned against intercourse with their wives," it seems to us Dr. Thomas has omitted from his book most important advice to the surgeon who examines and operates upon these uterine cancers. We fail to see how the penis is more exposed to contagion than the surgeon's finger. Whilst we are unable to dispute the possibility of cancer being transmitted in the manner related, we are not prepared to accept the assertion without an expression of surprise. If cancer of the penis is thus transmitted from wife to husband—we do not deny the fact that such cases may occur—no such case has come under personal observation, or appeared, to our knowledge, in print. Such were our views when Dr. Thomas's lecture was first read. As confirming our own impressions, we now

welcome a contribution to this subject from the pen of Dr. P. F. Mundé, which appears in the *New York Medical Journal* for Oct. 27th. Dr. Mundé, with his accustomed spirit for accurate investigation, becomes interested in the great practical as well as ætiological and therapeutical importance of the question, and with an anxiety to clear up doubt as to the frequency of this source of inoculation, addresses a communication to a number of prominent surgeons and pathologists, at home and abroad, requesting them to answer the following questions: 1. Do you know of any case in which cancer of the penis has been directly traced to inoculation by contact with cancer of the cervix? 2. Do you believe inoculation of cancer by temporary contact to be possible?

The answers to these questions are direct and conclusive. We will attempt to give a brief outline of the views of each authority interviewed:

Dr. Satterthwaite.—"In a published account of one hundred cases of carcinoma in its various forms (*New York Medical Journal, September, 1879*), there is not a single instance given in which the disease originated from the contact of sound tissue with carcinoma. Still, I am inclined to agree with those pathologists who admit that contact may sometimes cause the disease."

Dr. Welch.—"I cannot give you any very definite information regarding the subject of your letter. The majority of experimenters have obtained no positive results from their attempts to inoculate cancer in animals, and the few seemingly positive results are far from convincing." "I do not myself know of any case where cancer of the penis has been shown to be caused by cohabitation with a woman with cancer of the uterus." "Demarquay, in his excellent work ('*Maladies Chirurgicales du Penis*,' *Paris, 1876*), analyzes with reference to ætiology one hundred and thirty-four cases of cancer of the penis, and in only one does he find this mode of infection given as a cause. He himself does not believe in this mode of contagion."

Dr. Weir.—"In my own experience I have not encountered any case of cancer of the penis that could be traced to connection with a woman affected with uterine cancer."

Dr. Wyeth.—"I have never heard of a case of cancer by contagion. It is held by some pathologists that it is transmissible by inoculation. In my own experience, or to my knowledge, I have known of no case of epithelioma from coitus."

Prof. Czerny.—"I am not acquainted with any case where the transmission of cancer virus from one individual to another can be asserted with any certainty." "The husbands of the numerous patients whom I have seen with uterine cancer have *never* presented themselves to me with cancer of the penis."

Prof. Billroth.—"Although I consider it very possible, *under unusually favorable circumstances*, that inoculation of carcinoma by direct contact during coition *might* occur, I am not acquainted with any case that would transform this hypothesis into a fact."

The evidence thus briefly stated is all opposed to the frequency of inoculation of cancer by coition, and we are led to infer that Dr. Thomas's experience is unique in this respect. As the possibility of such an occurrence has not been denied, it may be that additional light may be thrown upon a practical and important question by further investigation.

Since the foregoing was written our attention has been arrested by a letter from the pen of Dr. Thomas, addressed to the *Weekly Medical Review* (October 20th), in which the following statement appears: "If in the heat of a clinical lecture I should have stated the matter so strongly, I desire to modify my assertions, for I cannot sustain them, either from personal experience or a knowledge of the experience of others. I have met with but one case of cancer of the penis which I thought had this origin, and I have not at my disposal evidence of the frequency of this disease after such experience in the practice of others."

In justice to Dr. Thomas we must say that his letter bears the date of October 6th, and therefore was written prior to the publication of Dr. Mundé's paper. It is, however, unfortunate that his attention was not called to his lecture as it originally appeared in the *New York Medical Journal* for September 1st, in time for him to have forestalled the present just criticism of his views by Dr. Munde and others.

THE SUPPRESSION OF QUACKERY IN NEW YORK.—At the meeting of the Medical Society of the County of New York, held Oct. 22, the Secretary of the Board of Censors, Dr. H. B. Conrad, read a report which gives a very encouraging statement of the work that has been done by the Society in bringing illegal practitioners to account for violating the law governing medical practice in the State. The Board has accomplished a very important work in securing the withdrawal of its charter from the irregular institution known as the United States Medical College. As a consequence the place is now closed, and can no longer go on issuing diplomas. In concluding its report, the Board recommended that the law should be amended in such a way as to provide that all those who presented diplomas from institutions out of the State should be required to pass a medical examination before

being permitted to practice, instead of merely having their diplomas endorsed by a medical college, as was the rule. It is evident, from the report, that the Board has performed its duty in the most courageous and satisfactory manner, and that it is fully determined to carry out the intent of the law. In order to carry on the work for the ensuing year, the Society appropriated the sum of $3,500. It is a subject of great regret that the interests of the profession in Maryland are not protected by similar laws as those now in force in New York. It would seem that all the quacks driven from our sister States were seeking an asylum in Maryland. Shall we keep open our doors to these unfortunate fellows, or seek by law to force them to fly Westward? Who will answer this question and take the lead in securing a reform of the present laws regulating the practice of medicine in this State?

PROF. STILLÉ ON MEDICAL ART.—We have been much pleased, and we hope edified, by the scholarly address delivered by Prof. Alfred Stillé, at the opening of the session of the University of Pennsylvania, published in the *Phila. Med. Times* of the 20th ult. It is dignified, even majestic, in style, and withal, characterized by that conservatism which distinguishes all this author's writings. The whole is worthy not only of being read, but studied also on account of its many excellencies. One part especially has interested us, that in which the author urges his well-known views in favor of clinical observation as against mere speculation or physiological experiment. He would make a clear distinction between the art and the science of medicine, between the curer of disease and the "speculator." His views upon this subject appear in strong contrast to those (recently quoted in these pages) of another who was doubtless his auditor upon this occasion, and laughed in silent derision at the words which he heard. But it seems to us (with due humility we venture to assert it) that each of these intellectual giants sees but one side of his subject. The one lauds the "empirical art which has survived and governed from Hippocrates until now." He confounds the inductions of scientific experiment with the theories of the closet philosophers; he denies the relation of the physiological action of a drug with its therapeutic action; he cares not for the explanation, being content with the therapeutic fact. Instinct, which man shares in common with the brutes, was the guide, he affirms, that led to the discovery of remedies; not a single one do we owe to science. As for the permanence of the knowledge acquired by the empirical method: "The great body of medical art founded upon clinical experience has remained as undisturbed during the lapse of ages as the depths of the ocean are by the storms that vex its surface."

On the other hand, Wood tells us that all rational treatment depends upon our knowing how a drug acts in healthy animals or man. And he caps the climax of absurdity by asserting that two thousand years of clinical experience has scarcely established "anything beyond the primary facts that quinine will arrest an intermittent, that salts will purge, and that opium will quiet pain and lull to sleep." Strange that men of such intellects should take such narrow views of things.

There is one thing, however, for which we reverence Prof. Stillé, and that is the regard which he manifests for the past. It is too much the fashion for men of a certain class, who make great claims for progressiveness, to deny any merit, to refuse to acknowledge that we owe anything, to those who have preceded us. "Even Hippocrates," says Stillé, "invented far less than he compiled, and his works represent not so much his own genius as the growth reached by medical knowledge in his day." There are men, he says, who "deride the wisdom of ages and would create anew the science and art of medicine." To these he issues a very just rebuke. We believe there are indications of a very decided revival in the respect entertained for the teachings of the great masters of the past, and in helping on this sentiment the pure and wholesome teachings of Prof. Stillé cannot fail to exert their influence.

MEDICAL EDUCATION IN AMERICA.—An American correspondent of the *Lancet* makes himself ridiculous and displays a surprising amount of ignorance by asserting that "90 per cent. of the medical students of this country could pass the matriculation examination of the London University." Now it is well known that the requirements of the London University are the most exacting of any of the English institutions—so much so that there has been much discussion recently as to the necessity of curtailing them. Anyone who knows anything of the general run of medical students in this country don't need to be told of the vast amount of ignorance prevalent among them. Even in many cases where preliminary examinations are thrust forward with great flourish, there are strong grounds for believing that they exist only in the catalogues. The same authority asserts that the majority of students are third or fourth course students, and that delegates from the State Medical societies, or censors, are always present at the examination. The defects of our system are bad enough as it is; let us not add to them the further evil of misrepresentation.

Miscellany.

Treatment of Puerperal Fever.—Whatever other treatment may be required, the employment twice a day of warm antiseptic intrauterine and vaginal injections, or still preferably of similar irrigations should never be omitted. The use of these to wash out thoroughly all septic matter from the cavity of the uterus is self-evident. At the same time it is necessary to impress on the nurses the necessity of using the ordinary vaginal syringe with far more caution than is generally observed by ordinary midwives, so as to avoid the risk of injecting air into the open uterine sinuses, or forcing the fluid through the patulous Fallopian tubes into the peritoneal cavity. The precise antiseptic solution used in this way matters comparatively little so that it accomplish its object of washing away all vitiated exudations or septic matter, and bringing about a healthier condition of the uterine walls and vessels.

The author had used, with almost equal advantage, weak solutions of carbolic acid, permanganate of potash, turpentine, tincture of iodine, sanitas and terebene. And when none of these were at hand, had found an excellent substitute in simple chamomile tea. Care should be taken not to employ overstrong antiseptic intrauterine injections.—*Dr. T. More Madden, British Med. Jour.*

Laceration of Vagina and Profuse Hemorrhage in First Coitus.—*Dr. Munde* was called to see a girl, æt. 22 (*Am. Jour. of Obst.*), pallid and anemic from loss of blood. She had been married the day before, and there had been but a single connection. It was not attended by severe pain nor immediate hemorrhage, but some hours after she observed bleeding from the vagina, and sent for a physician, who gave ergot, but without benefit. Another physician put ice into the vagina. Dr. Mundé then examined the hymen for the source of the bleeding, but it came from higher up. Introducing a Sims' speculum, the vagina was seen to be ruptured on the left side for about 2½ inches, extending from one inch above the introitus up into the right fornix. The uterus was retroverted. He assumed that there was a disproportion between the male and female organs. The bleeding was checked by firm tamponade, with cotton disks. When the patient was seen a week later the wound was partly healed. Two years ago he attended a case of rupture of the hymen up into the vagina along the urethra during first coition, in which tamponade was required to check profuse hemorrhage.

Death from Entrance of Air into Uterine Veins.—Three cases are related by *G. Braun*, in *Wien. Med. Woch.*, July 7, 1883. The first was Olshausen's, in which, after the birth of twins, the uterine douche was used, death following in twenty minutes. The second was Litzmann's; the uterine douche was used to produce abortion; death occurred in a short time, and in this, as in the previous case, it was found at the autopsy that air in abundance had been forced into the veins of the uterus and had made its way into the vena cava ascendens, the veins of the heart, etc. In the third case (Braun's) the patient had been delivered of child and placenta by a midwife on the left side. The midwife then laid the patient upon the back and was practising massage upon the uterus, when the patient gasped, and in spite of professional assistance, which was almost immediately at hand, died in a few minutes. The author concluded that a volume of air entered the uterus when a change of position was made, and that manipulation of the uterus, instead of expressing the air outward, only drove it inward, with fatal result.—*Am. Jour. Obstet., October.*

Non-Puerperal Pelvic Lymphadenitis and Lymphangitis.—In a paper by *Dr. Munde*, in the *American Journal of Obstetrics* for October, with the above title, the following points are made: 1. That an inflammation of the pelvic lymphatic glands and vessels occurs in the non-puerperal state far more frequently than is generally supposed. 2. That such inflammation generally becomes chronic, and very closely simulates so-called "chronic pelvic peritonitis and cellulitis," both in its symptoms and physical properties. 3. That such lymphatics in a state of chronic inflammation possess certain characteristic features which permit their recognition by the examining finger. 4. That this inflammation may either depend on and be secondary to uterine disease, or be entirely confined to the lymphatics, and be apparently idiopathic.

5. That the treatment resembles that of chronic pelvic inflammation, with one exception, the primary necessity for the removal of the focus of irritation, if such exist, before the lymphatic inflammation can be permanently relieved.

Long Retention of Placenta After Abortion.—*Dr. S. L. Jepson*, of Wheeling, (*American Journal of Obstetrics* for Oct.), reports the following cases: 1. A colored pluripara, æt. 35, while carrying a heavy basket on the street, felt a gush of fluid from the uterus, and with it the expulsion of a fœtus. She believed herself in the third month. Several hours after Dr. J. found the cervix firmly contracted. The patient had no pain nor hemorrhage, and dilatation was not deemed necessary, although it was not certain whether the placenta had passed or not. In a week the Doctor ceased his visits, although inclining to the opinion, from the size of the uterus, that the placenta still remained. Ninety-nine days after the abortion he was called, considerable hemorrhage having occurred. In the interim the patient had been at her usual work, although never very well, and losing occasionally a little blood. This hemmorhage was supposed to be due to a diseased condition of the mucous membrane, the result of the abortion. For two weeks the curette, styptics and stimulants, locally, with ergot and tonics internally, were used, but there were two quite free hemorrhages, indicating the retention of something that should be removed. Several laminaria tests were introduced, dilating the cervix, when a foreign body could be felt. Under chloroform, with great difficulty, by the use of fingers, forceps and curette, a placenta was removed which was firmly adherent on most of its surface, entirely free from odor, and of normal appearance. This was one hundred and fifteen days after the abortion, during ninety-nine of which there was no symptom of gravity sufficient to demand medical attention. Except slight fever, the recovery was uninterrupted. This patient died in labor eighteen months later with symptoms of uterine rupture. 2. A multipara, æt. 40, began to lose blood August 15, having missed her courses once. This continued till the 20th, when the fœtus was expelled. Hemorrhage continued for a week. On the eleventh day, after washing, she had a severe hemorrhage. She gradually ran down in health from repeated loss of blood. October 24, Dr. J. took charge, and diagnosed retained placenta. The uterus was large, os patulous, and a foreign body could be felt in utero. The cervix not being sufficiently open for manipulation, several laminaria tents were introduced and kept in place by a tampon. Next day the cervix was sufficiently dilated to feel a placenta attached over the larger part of its surface to the womb. By means of a curette, extemporized from an iron wire, bent into a loop, forceps and fingers, the entire placenta was removed. It was odorless and apparently normal. Hemorrhage ceased at once. The uterus was washed out with hot carbolized water, and the patient soon recovered her health. The size of the placenta indicated a longer pregnancy, by about a month, than the statement of the patient warranted. In this case the placenta remained in utero sixty-six days after abortion.

The Minds of Animals.—A series of four illustrated lectures on The Minds of Animals is announced to be delivered at the Peabody Institute on November 20, 22, 27 and 29, by Professor H. Newell Martin, of the Johns Hopkins University. Lecture 1 will be on Instinct and Reason; 2, on The Minds of Social Insects—ants, bees and wasps; 3, on Reason and Instinct in the Higher Animals; 4, on Emotions and the Moral Sense in Animals.

Pensions of Emeritus Scottish Professors.—From a return presented to Parliament, on the motion of Mr. Dalrymple, M.P., interesting statistics are furnished as to the retiring allowances of Professors in the Scottish Universities. In Edinburgh, in the Faculty of Medicine, Professor George James Allman, at the age of 58, retired from the Natural History chair with an allowance of £385 0s. 6d. per annum; Prof. J. Hutton Balfour, Botany, retired at the age of 71 with an allowance of £1,144 per annum; Professor John B. Cowan, Materia Medica, retired at the age of 51 with an annual allowance of £153 9s. 6d. In Aberdeen, Professor George Ogilvie Forbes retired from the chair of Institutes of Medicine, age 56, with an allowance of £151 12s. 3d. per annum; Professor Alexander Hawley, Materia Medica, retired, age 67,

with an annual allowance of £219 9s. These pensions are fixed by an average of the incomes derived from the chairs during a period of years, and by the time the retiring Professors have occupied the respective chairs.—*British Medical Journal.*

THE TREATMENT OF MEASLES.—*Dr. D. Maclean*, of Glasgow, in the *Lancet* (Oct. 13th, 1883), calls attention to a method of treating measles, which has been found, in his hands, to meet with what he calls universal success.

As this disease is considered one of the zymotic class, two principal things must be considered in its treatment: (1.) The management of the ferment, or whatever it is; and (2.) the management of the effects of this ferment upon the system. The most marked of these latter present themselves in the effects of the ailment upon the mucous membrane. The greatest action of the disease is upon the mucous membrane of the lungs, and it is from its action there we have the immediate cause of the ensuing death, or the prolonged ill health afterwards. The line of action to follow is: (1.) To relieve the congestion of the mucous membrane, which is the immediate cause of danger; and (2.) to destroy or reduce the violence of the disease itself. This Dr. Maclean is in the habit of doing, he believes successfully, by giving (say to a child of two or three years of age) a teaspoonful in water of the following mixture every three hours: ipecacuanha wine, half a drachm; syrup of squills, half an ounce; quinine, two grains; acetate of ammonia solution to two ounces. The quinine is increased according to age. It may be necessary to add to or modify the form in which this plan of treatment is carried out, as when the irritation and cough are persistently great, then the addition of a little tincture of hyoscyamus is all that is necessary. If the stomach is irritable it may be necessary to omit the quinine from the mixture. But as it is essential that it be introduced into the system for the destruction of the ferment, it can be administered separately by giving it in powder, mixed with saccharated carbonate of iron, which diminishes the irritant action of the quinine that takes place when the drug is given alone.

This form of treatment for measles he regards good in all types of the disease, whether the attack be mild or severe, and more especially valuable when we have that dangerous form in which the eruption is of a deep-purplish color, a form which is generally recognized as being the most fatal.

PROPAGATION OF DISEASE BY BOOKS.—Inasmuch as preventive medicine is searching out and checking all possible means by which infectious and contagious maladies are spread, the *British Medical Journal* (October 6th, 1883), suggests that the part which books may play in the propagation of disease should not be overlooked. It is possible that the specific contagia of zymotic diseases in the form of particles of material emanating from the bodies of patients may attach themselves to the covers and pages of books, and so be carried from the sick to the well. It is suggested that all books and periodicals used by a patient during his illness from a zymotic disease had best be burnt upon his convalescence. In general hospitals in which zymotic diseases are treated, all literature used by patients should be reserved exclusively for use in the special wards devoted to such disorders.

It is intimated that zymotic diseases are sometimes spread by books through the agency of lending-libraries and second-hand book-shops; it would be well if the literature of such establishments were occasionally subjected to efficient disinfection.

In this country many private and, we believe, the majority of the public schools, furnish school-books to pupils. These books are generally covered with muslin, and in their circulation are liable to become carriers of disease from pupil to pupil. Some system of disinfecting such books is certainly advisable.

LACERATION OF CERVIX UTERI ONE OF THE SOURCES OF PUERPERAL FEVER.—*Dr. T. More Madden* calls attention to the probability of traumatic infection in cases of laceration of the cervix during labor, especially when resulting from the abuse or premature application of the forceps. A ready channel is thus opened for auto-inoculation with septic matter in the lochial discharge, and this common accident affords a key to the etiology of puerperal septicæmia in many cases.—*Brit. Med. Jour.*

High Amputation of the Cervix in a Case of Carcinomatous Stenosis after Turning and Extraction of the Fœtus.—An operation was recently performed at the Vienna General Hospital, service of Prof Carl Braun (*Med. News*, Oct. 27, 1883), which presents several points of unusual interest. The patient, thirty years old, in her seventh pregnancy, was admitted into the lying-in ward of Prof. Carl Braun. Abdominal palpation revealed a small sized fœtus, presenting by the vertex. Fœtal heart-sounds were loud, regular, and frequent. By vaginal exploration it was discovered that both lips of the os uteri were invaded by a neoplasm of globular form. The tumor in each lip was as large as a small-sized chicken's egg. The diseased tissue extended some distance into the cervical canal—two centimetres upon the right side, still higher up upon the left—constituting a stenosis, which was passable for two fingers. Through the stenosis, the head, covered by the bag of membranes, could be felt. At the time of admission the uterus was contracting with force and pains of an unusually severe character were felt Cæsarean section and hysterostomatomy were suggested but abandoned. Prof. Braun proposed, as a last resort, that turning be effected after the method of Braxton Hicks, and that the child be extracted immediately after that operation. Turning was accomplished and delivery effected. The parturition was immediately followed by an alarming hemorrhage. It was found, upon vaginal exploration, that the cervix was lacerated upon the right side to the extent of five cm., the rent extending into the parametrium. Both broad ligaments were at once transfixed and ligated with double ligatures. The lower third of the collum uteri was excised, after the arrest of hemorhage, and the lips of the amputated portions carefully approximated with Hegar's suture. All hemorrhage had by this time ceased, and there remained two holes in the upper portion of the vagina, passable for the half-hand, one leading into the uterine, the other into the peritoneal cavity. During the operation the patient was placed in Sims' position. The carcinomatous mass was completely removed after turning and extraction of the fœtus. The child is thriving at the date of the report. The mother, ten days after the operation, is in a promising condition.

Kidney in the Canal of Nuck.—*Dr. J. D. Hubbard* reports (*St. Louis Courier of Med.*, Oct., 1883,) a case of a woman, æt. 36, who noticed a slight enlargement in the right groin, but as it gave her no pain she thought it was an enlarged gland and gave it no further attention. On arising the next morning she discovered the labium majus on the right side greatly enlarged, yet it gave her no pain of consequence Intense itching prevailed and caused her to rub the parts until she found that rubbing did no good; this itching was a most annoying symptom. She passed water and noticed that it was quite red; her appetite had entirely disappeared. She did not pass more or less water than usual, though it continued red. When Dr. H. saw her for the first time, the tumor was about four inches long, and about two inches wide. It occurred to him that it might be a kidney. The patient was anæsthetized, and after a somewhat prolonged manipulation, he succeeded in getting the kidney started in the proper channel, when it went into the abdomen with a decided jump, not stopping until it reached the region of the umbilicus. He has examined it several times since, and it still floats in the abdomen. The next day after the reduction of the hernia the condition of the patient had greatly improved. She now wears a truss.

The Conversion of Malignant Tumors into Innocent Growths.—*Prof. V. Nussbaum*, in a clinical lecture recently delivered in Munich (*Wien. Med. Zeit.*, June 3, 1883—*Boston Med. and Surg. Jour.*, Oct. 25th), expressed the belief that he had discovered a procedure for the positive cure of cancer by restraining the proliferation of the tissue elements of the disease. It appears to him that a total interruption of all peripheral sources of nutrition is the means best adapted to secure this result. He accomplishes this object by the use of the thermo-cautery, with which instrument a deep channel is made quite around the malignant growth, thus cutting off entirely the supply of blood and other nutritive fluids from the surrounding tissues. The small vessels which ascend into the tumor from the parts beneath are sufficient to preserve its vitality, so that gangrene does not occur. He thinks the thermo-cautery far preferable to the ligature, and that it possesses many advantages over the knife. He regards the hot iron and the various chemical caustics worthy of more extensive employment in the domain of malignant growths than they have ever enjoyed. Prof. Nussbaum doubts not that thus circumscribing a cancerous growth, thus cutting off every channel of peripheral nutrition, has a brilliant future, especially in those desperate cases in which death is imminent from hemorrhage. In his experience this method of cutting off the peripheral blood supply has afforded such astonishing results that he recommends this procedure to the attention and practice of all those having occasion to treat a case adapted to its employment.

Diphtheritic Nephritis.—According to *Professor Fuerbringer*, cases of pure diphtheritic nephritis without passive congestion may be divided into three classes: First, kidneys which appear normal to the naked eye with an anæmic cortex. In these the essential and almost the only histological change is parenchymatous degeneration of the epithelium in the cortical tubules. This is an abortive form closely allied to the febrile kidney. In the second form the cortex of the kidney appears slightly increased, and is pale and turbid-looking on section. The degeneration of the cells in this form is both more intense and more extensive, and extends to the epithelial covering of the glomeruli. Alterations of the interstitial substance are beginning; the medullary tubules are sometimes catarrhal; there are no vascular lesions. The third form is the large yellow kidney, a form which is parallel to the hemorrhagic kidney of scarlet fever. In this form there is extensive fatty degeneration of the parmencyhma and well marked alterations of the stroma.—(*Virchow's Archiv*, March; *Practitioner*, October.)

Young on the Administration of Quinine.—*Dr. David Young*, of Rome, in an article on the administration of Quinine (*Practitioner*), lays down the following:

1. Never give quinine in antipyretic doses in cases where the bowels are confined and the urine scanty.

2. Where it is being administered and an increased dose is desirable, this may be safely done if skin, bowels and kidneys maintain their normal functional activity.

3. In many cases of remittent and intermittent fevers, the combination of the drug with chloride of ammonium or a salt of potash or soda is likely to be more easily tolerated as well as more useful than if it be administered in a pure form.

4. During its administration, should a headache come on or increase in intensity, the case requires the most careful attention.

Action of Alkalis on the Bile.—A number of experiments have been made on dogs by *Lewaschew and Klikowitsch* on the action of mineral waters and alkaline salts on the bile. In order to render the conditions as nearly as possible like those of clinical experiment they employed animals with permanent biliary fistulæ in which the bile duct was not ligatured. No canula was kept in the fistula, which was only kept from entirely closing by the occasional introduction of a bougie. The bile was collected by a tube passed into the gall-bladder through the fistula. Between the experiments the lips of the fistula closed together and retained the bile, so that the animal was in a perfectly normal condition. Before experiments the animal fasted for twenty-four hours. The waters employed were Vichy, Carlsbad, and a Russian water. The chief constituents of these are sodium bicarb. and sodium sulph., also artificial solutions of these salts were used. The action of the waters is of a double kind: increasing the quantity of bile and rendering it more watery. Immediately after introduction they cause a slight and transient diminution of bile, succeeded by marked increase. The transient fall in the quantity secreted was probably due to a greater quantity flowing into the intestinal canal. Such a flow will be beneficial in clearing out any bile stagnating in the gall-bladder. The subsequent increase in the quantity issuing from the fistula indicates a greater flow into the gall-bladder, and this also will be of service in emptying out any stagnant bile, and restoring the normal condition when this is disturbed. Artificial solutions of alkaline salts have a similar action, varying with the concentration of the solution. Sodium bicarb. has a quicker, more powerful and lasting effect on the composition of bile than sodium sulphate, and weak solutions up to a certain point act more powerfully than strong ones. Hence, those waters which contain sodium bicarb. in small quantities, like Vichy, act most powerfully. Those containing chiefly sodium sulphate, as Carlsbad, are less powerful. Comparing with hot water, the action of the Carlsbad was much the same, but Vichy much more marked, the bile becoming much more fluid, and remaining so for a much longer time. The temperature has a very marked effect. When warm the action is not only quicker—due, perhaps, to quicker absorption from the stomach—but is much greater, and causes the alterations in the bile to be greater and more lasting. This fact—that mineral waters or artificial solutions of alkaline salts render the bile fluid much more readily and in much smaller quantity when hot—is of very considerable practical importance.—(*Archiv. f. Exper. Path. und Pharm.*, Vol. 33, and *Practioner*, for October.)

For Irregular Heart Action.—*Dr. Bowditch* (*Boston Medical and Surgical Journal*) recommends the following for irregular action of the heart:

℞. Pulv. digitalis - - - gr. x.
Pulv. colchici sem. - - gr. xx.
Sodii bicarbonatis - - gr. xxx.
M. et div. in pil. no. xx.

Take one pill three or four times a day at first; subsequently to be reduced until only one is taken at bed-time. The treatment should be continued for from three to nine months.

DR. BILLINGS' LECTURES ON MUNICIPAL HYGIENE.

Dr. John S. Billings (Surgeon U. S. A.), will give a course of twelve lectures on Municipal Hygiene, in Hopkins Hall, Johns Hopkins University, beginning Monday, November 5, and continuing on successive *Mondays and Wednesdays, at 5 p. m.*, as follows:

1. Monday, November 5.—The growth of cities and their importance in modern civilization. Death rate in cities; Comparisons. The Significance of Death Rates.
2. Wednesday, November 7.—The morality rates of Baltimore. Life table for Baltimore. Mortality in different wards. Causes of disease.
3. Monday, November 12.—Causes of disease, continued. The Germ-theory and some of its applications.
4. Wednesday, November 14.—Water-supply; impure water; water analysis; filtration; waste of water.
5. Monday, November 19.—Disposal of refuse, garbage, etc. Disposal of excreta. Cesspools; dry conservancy; sewerage.
6. Wednesday, November 21.—Systems of sewerage so-called; separate system; Waring system; Liernur system, etc.
7. Monday, November 26.—House drainage and plumbing as connected with municipal regulations.
8. Wednesday, November 28.—Streets, parks and cemeteries.
9. Monday, December 3.—Schools and education.
10. Wednesday, December 5.—Food, markets, etc.
11. Monday, December 10.—Jurisprudence of hygiene; Management of contagious diseases; quarantine.
12. Wednesday, December 12.—Health Departments and Health Officers; duties and responsibilities; private sanitary organizations. Conclusion.

These lectures are designed first for students of the University, next for persons officially or for other reasons interested in sanitary science and the administration of cities, and then for the medical profession. The number of these persons is so large that the invitation cannot be extended to others.

CEREBRAL HÆMORRHAGE IN PURPURA HÆMORRHAGICA.—*Dr. Duplaix* terminates a paper, published in the *Archives Generales* for April and May, with the following conclusions:—

1. There exist in the course of purpura hæmorrhagica certain cerebral disturbances which are of frequent occurrence, and which depend upon cerebral lesions. 2. These cerebral disturbances are very variable in their intensity. Sometimes they are scarcely marked and pass unperceived, while at others they are sufficiently violent to prove fatal.

3. They are due to certain modifications in the condition of the nervous centres, most frequently to cerebral anæmia, but there are cases in which hæmorrhages give rise to them.

4. These hæmorrhages are most often of but slight extent. They affect sometimes the meninges and sometimes the cerebral substance, and oftentimes both the meninges and the brain.

5. True hæmorrhagic centres may exist without any fixed seat, the consequences of which are the same as those of ordinary cerebral hæmorrhage.

6. The hæmorrhages, whatever may be their extent, are very rare, and this rarity is explained by the complete cerebral anæmia which exists in most of these patients.

7. Their pathogeny does not differ from that of hæmorrhages of other organs, but we must take into account the conditions of the circulation and of the vascular changes which have been described, especially in the cases in which intense lesions have been slow of production in debilitated subjects.

8. The clinical manifestations have been very variable, and in relation to the extent and intensity of the lesions; nevertheless, there are cases in which, in spite of the existence of lesions, no symptom has been observed during life, and others in which anæmia has been the sole lesion observed in patients who have presented marked symptoms. The localized lesions are the only ones which have well-defined symptoms.

9. The diagnosis is difficult in most cases, and hæmorrhage should be suspected always, notwithstanding the more frequent occurrence of anæmia. The prognosis is directly proportionate to the intensity of the nervous lesions. —*Med. Times and Gazette.*

ERGOT: THE USE AND ABUSE OF THIS DANGEROUS DRUG.—The author of this paper (*Dr. G. J. Englemann*, of St. Louis) desired to have the use of ergot restricted absolutely to the non-pregnent womb. He believed that it should never be used in the treatment of any condition of the gravid uterus. He made this restriction because of the great liability of the drug to do damage. Its liability to abuse and its ability to produce disastrous consequences are so great that it is not the question how it may be used, but the fact that it is very generally used, and that its dangerous effects are not appreciated, that render it desirable to discard the drug entirely for the gravid uterus. There are much safer and milder means which can be placed in the hands of attendants and nurses, and they should be adopted rather than ergot.

Dr. Joseph Taber Johnson, of Washington, D. C., said that he had not found that ergot was so generally used by physicians as would be inferred from the statement of Dr. Englemann. He thought Dr. E. had overstated the matter, and while he himself believed it were better if ergot were banished from the lying-in-chamber, he was not willing to admit that physicians in general employed it in all stages of labor so uniformly as had been intimated. He had not found physicians who

used ergot in the first stage of labor, and he thought it an error to so state it.

Dr. Campbell, of Augusta, Ga., invariably administered ergot after the expulsion of the placenta, and also after the use of chloroform

Dr. Albert H. Smith, of Philadelphia, indorsed the views advanced by Dr. Englemann, and said that he considered ergot in the practice of obstetrics an unmitigated evil. He did not believe that it was ever needed under any circumstances; that it was always capable of doing harm, and that it generally did harm.

Dr. Elwood Wilson, of Philadelphia, was astonished to hear Dr. Englemann state that ergot should be banished from obstetrical therapeutics. He very much doubted whether any man present would be willing to approach a case of placenta previa without the aid of ergot. He had used it in thirty-two cases of this kind with excellent results. He thought it a most excellent remedy in all those cases which exhibit a tendency to relaxation of the uterus and the occurrence of post partum hemorrhage. He regarded it of immense advantage in post partum hemorrhage; but one difficulty with reference to obtaining this was that the ergot was given too late and in too large quantities. He also regarded the use of ergot in the third stage of labor as very important. He was free to say that he had used ergot in the very early stages of abortion, and had not experienced any great difficulty from its effects.

Dr Englemann, in closing the discussion said that he did not mean to discuss the possible limits for the use of ergot, or to give the scientific distinctions of the proper indications. He meant simply to say that it is a dangerous drug; that it does a vast amount of mischief and certainly it is a powerful factor for stimulating uterine contraction, and that we have other means equally as good, and better, to accomplish the same end without subjecting the patient to the same danger.—*American Journal of Obstetrics, October, 1883.*

HOT-WATER ENEMATA IN DELIVERY.—Dr. Beckingsale gives in the *British Medical Journal* the results of his use of hot water in labor: The value of hot-water enemata as a means of hastening delivery, apart from its use in the removal of fæcal accumulation, in such cases of tedious labor in which either ergot or the forceps are admissible, has been hitherto unaccountably ignored in practice, as far as my experience extends. I formerly had warm-water enemata given with the usual object of removing fæcal obstruction from the rectum; in most cases, an increased rate of dilatation of the os followed. Latterly, I have had enemata of hot, not merely warm water, administered, whether there were any appreciable collections of fæces or not, and always with the result of an accelerated rate in the progress of labor. The fact of the os dilating under the influence of the enema, whether there was an appreciable quantity of fæces or not in the rectum, proves that their presence does not prevent dilatation by causing spasm; at least not in the majority of cases. It follows that the hot enema must act as a direct and powerful stimulant to the uterine muscle, and I feel convinced, I may add, as a result of close observation, also to the voluntary muscles engaged in the act of parturition. Judging from the sense of relief which follows its administration, it has, at the same time, a relaxing and soothing effect on these same parts; analogous, in short, to the effect of hot water applied in the familiar form of a fomentation to an inflamed and painful swelling.

I believe I am justified in adding that there is less atony of the uterus after delivery, when a hot enema has been given, and consequently less tendency to post partum hemorrhage. On this account, it has not the after-relapsing effect of chloroform on the uterus it otherwise commonly has.

I submit that it would be as well to give so simple a means of treatment as hot water enemata a trial, in cases in which either ergot or forceps would be used, as it possesses obvious advantages over both.

SOCIETY BULLETIN.—*Clinical Society of Maryland* will meet Friday, Nov. 2d, at 8 P. M. Dr. Morison will read a paper on "A New Instrument for the Treatment of Seborrhœa and Eczema Capitis;" Dr. Branham will exhibit specimens of cancer.

Baltimore Medical Association will meet Monday, November 12th, at 8.30 P. M. Dr. Tiffany will open the discussion.

Baltimore Academy of Medicine will meet Tuesday, November 6th. Dr. Christopher Johnston will read a paper.

Medical Items.

Dr. D. J. Cunningham, Prof. of Anatomy in the School of Surgery, in the Royal College of Surgeons in Ireland, has been elected Prof. of Anatomy in Dublin University, in place of Prof. Alex. Macalister, transfered to the corresponding chair at Cambridge University =A daily Medical Journal has been started in Paris.= The members of the Pasteur Scientific mission, left Alexandria, on their return to Paris on the 2nd inst; several of the English physicians also have returned. The German mission has obtained permission to continue the investigation of the cholera in India, where the disease

has its native haunts.=A correspondent to *The Nation* says "there are not quite a dozen American biological institutes engaged in active research, and of this number the Johns Hopkins laboratory of physiology is the only one which is said to be adequately organized and endowed".=Dr. Wright, a physician practicing in the Cumberland plateau, Tennessee, asserts in a paper read before the *Tenn. Med. Society*, that there is an entire absence of consumption in that region. He is supported in his statement by the testimony of twenty other physicians.=The brain of Carey, the Informer, weighed sixty three ounces. This is just the weight of Dr. Abercrombie's brain, and it exceeds the average brain by about fourteen ounces.=There were 4,939 cases of small-pox in Baltimore during the years 1882–83, of whom 1,184 died. Each patient cost the city $19.78. So says the Health Commissioner.=Dr. John J. Zitzer died in this city, Oct. 30th, after a long illness, æt. 57. He was a native of Prussia, and came to this country after the revolution of 1849, settling in Carlisle, Penna. During the war he was Surgeon-General of the Pennsylvania. He had resided in Baltimore since 1870.=We learn that President Gilman, of the Johns Hopkins University, has been requested to preside at the Sanitary Convention to be held in Baltimore on the 27th. Also that papers will be read by Drs. Morris, Van Bibber, and Assistant Health Commissioner McShane. Dr. Morris will read a paper on "Naso-Pharyngeal Catarrh." The subject of Dr. Van Bibber's paper will be "Malaria." The full programme will be made known in our next.

LIST OF CHANGES IN THE MEDICAL CORPS OF THE NAVY during week ending October 27, 1883:

Surgeon W. K. Van Reypen detached from the Naval Hospital, New York, and ordered to the U. S. S. Powhatan.

Surgeon H. M. Wells detached from the Naval Laboratory, New York, and ordered to the Naval Hospital, New York.

Medical Inspector A. C. Gorgas' orders modified so that he will be detached from the Naval Hospital, Chelsea, Mass. on Dec. 10th instead of Nov. 10th.

LIST OF CHANGES IN THE MEDICAL CORPS OF THE ARMY during the week ending October 29, 1883:

Moore, John, Lieutenant Colonel and assistant Medical Purveyor; to be relieved from duty as Medical Director, Headquarters Department of the Columbia, to proceed to San Francisco, California, and assume charge of the Medical Purveying Department in that city. (Par. 10, S. O., 243, A. G. O. October 24, 1883.)

Horton, S. M., Major and Surgeon: leave of absence for one month, with permission to apply for an extension of three months.(Par. 6, S. O. 216, Department of the Missouri, October 20, 1883.)

Wolverton, M., Major and Surgeon: granted leave of absence for one month. (Par. 6, S. O. 201, Department of the East, October 24, 1883)

Barnett, Richards, Captain and Asssistant Surgeon; assigned to duty at Columbus Barracks, Columbus, Ohio.(Par. 1 S. O, 240 A. G. O., October 20 1883.)

Maus, Louis M., Captain and Assistant Surgeon; assigned to duty at Fort A. Lincoln, D. T.(Par. 4, S. O, 180. Department of Dakota, October 15 1883.)

Merrill, J. C., Captain and Assistant Surgeon; granted leave of absence for one month. (Par. 7, S. O. 201, Department of the East, October 24, 1883.)

LIST OF CHANGES AND DUTIES OF MEDICAL OFFICERS OF THE UNITED STATES MARINE HOSPITAL SERVICE, from July 1 to September 30, 1883.

Bailhache, P. H., Surgeon—Detailed as member of Board to examine candidates for promotion, August 23, 1883. Detailed as Surgeon-in-charge Cape Charles Quarantine Station. Sept. 5, 1883

Miller, T. W, Surgeon—Granted leave of absence for twenty-five days. Aug. 31, 1883.

Wyman, Walter, Surgeon—Detailed as member of Board to examine candidates for promotion. Aug. 23, 1883.

Long, W. H., Surgeon—Granted leave of absence for twenty days. Sept. 25, 1883.

Smith, Henry, Surgeon—Directed to take charge of the Quarantine Service at the Capes. July 29, 1883.

Stoner, G. W., Passed Ass't Surgeon—Granted leave of absence for thirty days. Aug. 24, 1883.

To inspect the R lief Stations along the coast of Maine. Sept. 29, 1883

Goldsborough, C. B, Passed Ass't Surgeon—Granted leave of absence for thirty days. Aug. 29, 1883.

Banks, C. E., Assistant Surgeon—Relieved from duty at Portland, Oregon, and to report to the Surgeon-General at Washington. July 10, 1883.

Carmichael, D. A., Assistant Surgeon—Granted leave of absence for ten days. Aug. 31, 1883.

Peckham, C. T., Assistant Surgeon—To proceed to Portland, Maine, for temporary duty. Aug. 25, 1883.

Devan, S. C., Assistant Surgeon—To proceed to ortland, Oregon, and assume charge of the Service. Sept. 11, 1883.

Kalloch, P. C., Assistant Surgeon—To proceed to Philadelphia, Pa., for temporary duty. July 25, 1883.

To rejoin his station, New York. July 31, 1883.

Yemans, H. W., Assistant Surgeon—Relieved from duty at Sitka, Alaska, and to proceed to Portland, Oregon for temporary duty. July 10, 1883.

To proceed to San Francisco, California, reporting for duty to Surgeon Vansant. Sept. 11, 1883.

Glennan, A. H., Assistant Surgeon—To remain at Norfolk, Va., until further orders. July 29, 1883.

Wasdin, Eugene, Assistant Surgeon—To proceed to New Orleans, La., for temporary duty. Aug. 2, 1883.

To proceed to Mobile, Ala., for temporary duty. Aug. 27, 1883.

To rejoin his station (New Orleans) as soon as practicable. Sept. 25, 1883.

PROMOTIONS.

Guiteras, John, Passed Ass't Surgeon, Promoted and appointed Passed Assistant Surgeon, by the Secretary of the Treasury from September 1, 1883. Aug. 31 1883.

Wheeler, W. A., Passed Ass't Surgeon, Promoted and appointed Passed Assistant Surgeon, by the Secretary of the Treasury, from September 1, 1883. Aug. 31, 1883.

RESIGNATION.

O'Connor, F. J., Assi tant Surgeon. Resignation accepted by the Secretary of the Treasury, to take effect August 1, 1883. Aug. 2, 1883.

APPOINTMENT.

Wasdin, Eugene, M. D., of South Carolina, having passed the examination required by the Regulations, was appointed an Assitant Surgeon, by the Secretary of the Treasury, August 2, 1883.

Original Papers.

ARGYRIA.

BY I. EDMONDSON ATKINSON, M. D.,
Professor of Pathology and Clinical Professor of Dermatology in the University of Maryland.

(*Read before the Clin. Soc. of Maryland, Nov. 2d*, 1883.)

Although the bronze-like, slate-colored or bluish-black discoloration of the skin that is occasionally developed after the prolonged administration of silver nitrate does not at present claim the same attention as formerly, in consequence of the greatly restricted use of this agent as an internal medicament, it is still occasionally brought under the observation of the medical man; for, not only are patients still, from time to time, exposed to the dangers of a protracted ingestion of the drug, but they are frequently subjected to its influence as a local remedy. The early supposition that argyria could only follow the administration of the drug by the stomach has been disproved, and there can be no doubt that it may result from long continued local use. Duquet, for example (*Gaz. Med. de Paris*, 1874,), reported two cases following the application of the nitrate to the throat. Here, however, it is altogether probable that the patient swallowed a portion of the solution, and the record is principally of importance in calling attention to a possible danger following the frequent and prolonged use of the remedy to the faucial and buccal mucous membrane. But that the tissues of a limited area may themselves take the silver staining was shown by a case related by Virchow, where a patient of Von Graefe's, after the prolonged use of a solution of silver nitrate to the eye, had the misfortune to have his entire conjunctiva become bluish-black. Similar cases have been observed. Recently there was an elderly woman at the University Hospital, whose startling and sinister expression of countenance was attributed to this cause.

Argyria was first observed in the last century after the prolonged administration of the nitrate as a secret remedy for the cure of epilepsy (Behrend). It was also noticed, in 1795, by Trölner (Kaposi), and was described by Swediaur (Bazin), and since that time has been a perfectly well known accident, and has received quite extensive notice. To produce the discoloration the silver must have been administered for a considerable period. After several months' use, its effects begin to be manifested as a peculiar, dull, bluish-gray tint of the skin; that if the drug be not abandoned, becomes darker in the course of time, until nearly black. As usually observed, the shade is a bluish-slate color, and is said to be most intense in those parts habitually exposed to the light. Consequently, the face, neck, hands and fingers are claimed to show most discoloration. There is considerable doubt about this, however, and when such is apparently the case, the appearances may, probably with justice, be attributed to atmospheric influences, since it is well known that certain conditions of temperature, humidity, etc., produce in many persons a lividity of these parts attributable to vaso-motor influences. In the same manner may be explained the frequent variations of intensity in the discoloration of the same individual, as frequently observed. On cold, raw, cloudy days persons with argyria will appear decidedly bluer than in bright fair weather.

When once developed, argyria is probably permanent, though the older writers claimed that its removal is possible, and lately, Yandell (*Amer. Practitioner*, June, 1882,) has reported two cases of cure. It should be noted that the discoloration is not confined to the skin, but may invade all the mucous membranes, and indeed, all the tissues of the body. The vascular system throughout, the liver, the mesentery, the kidneys, the parenchyma of the testicle, unstriped muscular fibre, may equally well be affected by it. What length of time and what amount of the nitrate ingested are requisite for the production of the discoloration have not been determined with precision, and it is probable that there are no definite limits. Brahmer asserts that the silver needs to be given for at least six months, and in gross amount not less than twenty-eight grains.

What we know of the nature of the discoloration has been attained through the investigations of Fromman (*Virchow's Archiv, Band xvii*) Riemer (*Archiv der Heilk., xvi and xvii, 1875 and 1876*), and Neumann (*Wiener Med. Jahrb., iii, 369, 1877*, and *Anzeig, d. Geselsch. d. Aertzte* in *Wien, Mai, 1877*) The latter author, in the last edition of his *Lehrbuch der Hautkrankheiten* (Wien, 1880), has given an account of his own investigations as well as of those of others (Fromman, Riemer,), and to this I am principally indebted for what follows:

The silver is deposited in the connective tissue of the skin, as was first declared by Dubini, and is not to be found in the rete mucosum atall. It is most abundant just beneath the rete, in the most superficial layer of the derma. The deposit consists of minute granules, becoming less abundant towards the deeper parts, though even the panniculus adiposus remains thickly sprinkled most abundantly about the sweat-glands. The hair-follicles and papillæ also show the deposit, while the root-sheath and hair remain free. The connective tissue of the sebaceous glands shows the granules; not so, however, the epithelia.

In the middle coat of the blood-vessels, numerous particles are visible; also, to a less extend in the adventitia. The deposit may also be detected in the sarcolemma of striated and non-striated muscular fibres as well as in neurilemma. Neumann's description does not differ essentially from those of Reimer and Fromman. The skin and other tissues in which this deposit takes place remain perfectly healthy in so far as concerns any organic change.

It was formerly held that the discoloration was produced by the reduction of the silver nitrate to the condition of an oxide through the influence of light. (Brande.) "Fromman believes that the silver nitrate, changed into an albuminate in the stomach, soluble as such in the gastric and intestinal juices, enters the blood, while silver chloride is formed only when all albuminates are destroyed. The silver albuminate, held in solution in the serum, becomes precipitated and reduced upon leaving the vessels." Others believe that the granules are of metallic silver. That silver is not precipated through the agency of light in this process seems certain, for the blue-black color may be developed equally well in tissues where light never penetrates.

As already mentioned, there is a widespread believe that argyria varies in intensity in the same individual under certain circumstances, and by some it is even thought to be curable. Not only were certain seasons thought to predispose toward its development, but it has also been asserted that certain individuals were more disposed to be affected by it than others. Thus, red-haired persons have been claimed as most liable to it. There seems to be no reason for accepting such statements. It must be admitted, however, that some recent writers have claimed to have brought the skin back to its natural color. Blistering, the use of potash soaps and baths have been recommended for this purpose. The cases of Yandell, already referred to, were treated for protracted periods with potassium-iodide internally and with mercurial vapor-baths. The situation of the silver in the derma makes it difficult to believe that any purely local treatment can be of use, and it must be confessed that further evidences of the value of internal treatment are desirable, since sources of fallacy are so numerous.

A Specific for Singultus.—*Dr. Henry Tucker* claims that the following is a specific for singultus: Moisten granulated sugar with good cider-vinegar; to an infant give from a few grains to a teaspoonful. The dose seldom needs to be repeated.—*So. Med. Record.*

A NEW INSTRUMENT FOR THE TREATMENT OF SEBORRHŒA AND ECZEMA CAPITIS.

BY ROBERT B. MORISON, M.D.

(*Read before the Clinical Society of Maryland, Nov. 2nd*, 1883.)

The treatment of seborrhœa and eczema capitis presents at times so many difficult points to the dermatologist, that it is with a feeling akin to despair that he turns to anything new on the subject.

The obstinacy of these diseases depends largely upon the locality which they occupy. If it were not for the hair, the results of treatment would be as satisfactory here as in the other parts of the body, for it interferes seriously with and greatly impedes the proper application of remedies.

This fact, however, does not in the least justify cutting off the hair or shaving the head. Nothing is looked upon by a dermatologist as more ill-judged than the reckless removal by scissors or razor of a large suit of hair, which is one of the greatest additions to beauty, and which may never be replaced by time, or if so, may not have again its pristine fineness or coloring. There is rarely sufficient reason for resorting to such an extreme measure, for even if the hair does become thin it soon restores itself as the disease progresses towards cure. Alopecia, following seborrhœa or eczema, is only serious when these diseases remain untreated. Microscopically, in an acute attack of eczema, it is the superficial vessels of the corium which become affected, and it is not until the disease has become thoroughly chronic that the lower layer of vessels give evidence of an inflammatory process. It is then that we see all the signs common to a chronic inflammation of the skin, and this may affect the hair sacks as well as all other parts. The length of the hair, however, does not retard or hasten its falling out as the cause lies in the skin and not in the hair itself.

Eczema of the head appears in three forms: eczema rubrum, impetiginosum, and squamosum. The itching accompanying them is intense, and is quite unbearable in the latter form which happens to be the most common. In it we see large and small crusts, consisting of epidermis cells which fall off, leaving behind a reddened or indurated surface, which may or may not be slightly raised above the surrounding skin. These scales often become coated upon the scalp, but sometimes fall off in such quantities that becoming entangled in the hair, they are an ever present annoyance. It usually happens that the disease, because it has not been visible, has become chronic before the patient seeks advice. On the other

hand, if the disease has been noticed, he or she, at the suggestion of a barber, or some one else, has applied numberless remedies in the shape of washes or ointments to the afflicted part. In such cases it happens more frequently than is supposed that besides the quite easily recognized eczema, there is a form of cryptogamic growth engrafted upon it, which, coming from the air or from some other external source, serves very much to aggravate the symptoms and to retard the cure. Some forms of the vegetable parasites are frequently cultivated by the dampness which the constant application of watery lotions causes, and which have been so incessantly used that the hair has not been dry for a moment.

Besides the irritating effect which water causes in almost all forms of eczema, we have in it a source then of those aggravating, undefined vegetable growths which appear when once firmly settled upon the skin to fly from spot to spot following the hand or fingers as they scratch the head, face, or body.

It is by no means rare to notice somewhat inflamed, slightly-raised, reddish spots, which are covered with minute whitish scales, following the course of the hand which has been scratching a chronic eczema of the scalp. Patients quite frequently notice this condition themselves, and complain that the disease seems to be catching, which it most undoubtedly is. It may be well to state in connection, that the secondary spots following in the wake of such an eczema are not primarily eczema themselves. It is a form of tinea, a mycosis, a form of what Cazenave called herpes tonsurans, a term which is quite unsatisfactory, and which is fast falling into disuse. The trouble which I am describing differs however from the usual form of dermatomycosis or so-called herpes tonsurans, in that it has no regular outline. It does not appear in small or large circles (ring-worm) with a well defined centre, nor is it like eczema marginatum, having well defined edges, with brownish spots scattered about, nor has it any of the appearances corresponding to the pigment spots of pityriasis versicolor. It is microscopically very similar to the parasite which appears in that form of mycosis which has been described in the axilla.

Whatever may be the nature of the parasite above mentioned clinically, it has been noticed that wherever it has become firmly fixed upon the skin owing to the irritation which it causes and the consequent scratching, a spot of eczema appears and there remains and increases as long as the parasite flourishes and grows.

It is this which explains the frequent occurrence of scalp eruptions in the different members of the same family, for if the fingers can carry this growth from spot to spot on the same body, it can as easily be carried by combs, brushes or hairpins from head to head of different people. The brush is the most frequent carrier as it is more than often dampened by the use of water for wetting the hair, and is too infrequently cleansed of the dust and dirt which floats constantly in the air, thus favoring the growth of any minute parasitic germ which happens to fall upon it.

In this connection it may be well to mention the experiments of Dr. Oscar Lassar,* in Berlin, who infected cats and guinea pigs with a mixture of vasaline and the dandruff and hairs collected for a week from the heads of two young boys whose hair was falling out. These animals, after three weeks, were affected with alopecia furfuracea in the spots where the mixture had been rubbed on. This in turn was rubbed on to other animals with the same result. The disease was only cured by antimycotics.

With these few remarks as to some of the causes of eczema, I will return to the treatment of the same without at present going further into this as yet undefined field of vegetable parasites. It is a requisite of the successful treatment of eczema capitis to apply a medication in such a way that it will come into actual contact with the scalp. To do this and at the same time not to cut the hair off is the problem which the dermatologist has to solve.

It may be stated as a general maxim, that salves, oils or washes should not be applied with the hand. Some intermediate instrument must be used instead, and this want has been supplied by the brush made of bristles, such as painters use. With it the scalp can be thoroughly cleansed, the mechanical power of the stiff bristle aiding the application of the lotion, and with it any salve or oil can be rubbed in with much more thoroughness.

The drawback to the brush is mainly in the fact that it must first touch the hair before reaching the scalp, thus leaving a far greater portion of the medicament on the hair than is desirable. Another drawback is the difficulty in going over the entire scalp of a woman without pulling out a large quantity of hair, a sight which is by no means pleasant to the patient. A brush, if properly used, necessarily tangles the hair in every direction, so that much time and nervous energy is lost in the future combing and brushing of it. This is a point of some importance, for where applications must be made pro re nata, day after day, the patient complains of the treatment as being almost worse than the disease, and becomes very tired of it.

Now I very much doubt, with all its discomforts, whether anything can ever take the

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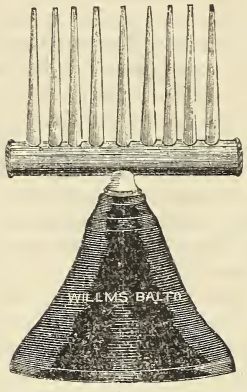
*Berlin. Klin. Wochenschrft., April 15th, 1883.

place of a good stiff bristle brush, but I trust that this simple instrument which I have the pleasure of showing you to-night, and which, although so simple, is the result of much thought, will to some degree simplify the application of remedies in the treatment of eczema capitis. It has already proved itself useful in my hands, and I cannot but feel that greater experience with it will confirm its usefulness and give it a position among the paraphernalia of a physician. The instrument consists of a small comb with perforated teeth, the openings of which lead to a reservoir on top. This is connected with a can similar to those used in oiling sewing machines. This can unscrews from the rest of the instrument, and into it is poured the medicament to be used. Then the two parts of the instrument are screwed together and the teeth turned downwards. The oil flows from the can into the reservoir at the top of the comb, and from this into the various canals perforating the teeth. These openings are similar in size to those



at the end of the ordinary sewing machine oil can, and the whole action of the instrument is quite the same. When it is inverted, so that the teeth of the comb point downwards, there is no flow of oil through the openings unless some pressure be used upon the bottom of the can at the same time, and the quantity is regulated by the amount of pressure used. As can be readily understood the application of oils to the scalp is rendered extremely easy by the means of this simple instrument. The points of the comb coming into actual contact with the scalp, the oil flows upon it before getting into the hair, and, although the hair does become oily, it is secondary to the application, and not as with the brush, the first part to be touched. This I consider is a great point gained, especially as the quantity of the oil may be increased or lessened as the indications of the disease require.

In cleaning the instrument there are covers at either end of the reservoir, which can be removed by unscrewing, and which have washers to make them completely tight. This admits of a free opening and the introduction of any cleansing fluid. The instrument is all solid silver, excepting the can. This is made of hard rubber, and if we have several different cans, containing each a different fluid, we can choose the medication we desire. There is no necessity for having more than one comb, since it may be screwed on or off at pleasure, and can be cleansed, as has been explained, with great ease.*

Now, in using this instrument we have simply to run it through the hair like any ordinary comb, pressing the oil out as we do so between the roots of the hairs and bringing it into just such localities as most need it, while at the same time we can stop the flow if we desire it, by lessening the pressure upon the bottom of the can.

After using it, we know the scalp is thoroughly oiled, because the contents naturally first run upon it before getting into the hair. When we use simply a brush, there is a chance of missing some portions of the disease from the desire we always have of not tangling the hair any more than possible. When the hair is very long and thick, this chance is greatly increased from the difficulty of getting underneath the long locks, already soaking with oil.

This instrument also recommends itself on account of the cleanliness with which it can be used. There are no greasy fingers to wash and no oily brushes to be looked after. The application is made in a minute, and so thoroughly done, it need not be so soon repeated.

In treating an old case of seborrhœa or eczema capitis, the following general rules are to be observed:

If there are many crusts or scales, the head is to be washed in some alcoholic solution, either a soap such as Hebra recommended, the so-called spiritus saponis kalimus, which is made by mixing 100 grms. of sapo. viridis in 50 grms. of spts. vini rectificat. for 24 hours, and adding 5 grms. spirits lavender; or some of the various harmless head washes, of which so many are in the market. One of the best of these is an article known to ladies as an egg-julip, and which is admirably made by a certain chemist in London. After thoroughly cleansing the head with one of these washes, aided by a simple cold water douche, then the oil must be applied, and the medication of the

* For the completion of this instrument, I am indebted to Mr. Willms, of Willms & Co., who so readily formulates any ideas given him.

latter depends upon what condition the scalp may be in. There is nothing so good as some preparation of mercury, when an antiparasitic is required. It is not my intention to more than indicate a general outline of treatment, so I shall not enter further into particulars. One thing I wish to mention, however, namely: that the bristle brush must be frequently used with the first cleansing application, when the crusts are so thick upon, or cling so firmly to, the skin, that they will not fall off under the gentle force of the cold water douche. It must not, on the other hand, be used with so much determination that blood comes, for this will not assist in the treatment of the case, but rather retard it in every way, making the new crusts larger and harder than the old ones, and causing an inflammation of the skin, such as is often seen after an attack of eczema upon other parts of the body, where blood has been drawn by scratching.

Thus, I have introduced to your notice an instrument which I trust will prove useful in helping the fair sex to retain one of their greatest attractions, and if I cannot say in the words of the poet:

"Sie kaemmt es mit goldernem Kamme, und singt ein Lied dabei;"

yet a pleasant smile of delight may brighten some lovely face when by its aid the hair stops falling out.

THE NORTH CAROLINA MEDICAL JOURNAL ON "DR. BILLINGS FOR SURGEON-GENERAL."—"The mere suggestion of such a desirable appointment as that of Dr. B. for Surgeon-General of the Army, which we noticed in the last number of the MARYLAND MEDICAL JOURNAL, will find a responsive affirmation among the profession of the whole country. His career in charge of the Surgeon-General's Library is so unique, so far in advance of the capacity dreamed to be possessed by any medical man in this country, that he has fairly won any position in the gift of the department he has so faithfully served. We don't know that Dr. B. would be willing to be made Surgeon-General, and indeed it would be a pity if such a change were made if it would arrest for a moment, or even diminish in the least, the ardor with which the great work of the Surgeon-General's library has been conducted. Surely the attainment of this new dignity is not needed to add renown to Dr. B's name; but a man of his points would not assume the official position without bringing additional honor to, and enhancing greatly the efficiency of, the service."—*North Carolina Medical Journal* for October.

ON USE OF CACTUS GRANDIFLORUS IN CARDIAC AFFECTIONS.

BY M. O'HARA, M.D., PHILADELPHIA.

(*Read before the Philadelphia County Medical Society October* 24, 1883.)

I was called to see Ed. O'Hara, æt. seventy-four, May 19, 1883; he had bronchitis and some œdema of the lungs; his feet were slightly anasarcous; there was no kidney difficulty, though he passed but little water; he had a mitral regurgitant murmur; some irregularity of heart's action; occasional intermission; pulse 90; he had arcus senilis and atheromatous arteries, as shown in the radials and temporals. The diagnosis was dilatation and failing heart, compensation gone by. He was given digitalis, iron and nux vomica. He became more swollen generally, had orthopnœa, suffered very much, heart becoming very intermittent on the least effort. The treatment was kept up, with addition of saline laxatives for extreme costiveness. He was going downwards daily, and on June 22 the pulse was very intermittent, and only thirty-four beats to the minute; very water-logged in lungs and over whole body. I had only seen him at intervals of several days, but still kept up the digitalis, as it is accounted a sure means of restoring compensation to a heart failing from dilatation, after hypertrophy has gone to its maximum. I thought I could be no worse off with any other medicine, or make less speed, and I recalled the fact that I had seen in "Flint's Clinical Medicine," page 223, the statement made that the cactus grandiflorus, in from three to five minim doses, is a valuable heart tonic, and concluded to give it a trial. I ordered it in five-minim doses of the fluid extract (Parke, Davis & Co.), every four hours. In a few days every symptom improved, the dropsy disappeared, he could lie down at night to sleep. He has been taking the medicine now for five months—the last month fifteen minims, three times daily; he feels quite improved; the dropsy has left him; he has the mitral murmur yet, and some irregularity, but rarely an intermittent pulse.

I am satisfied if I had kept on with digitalis he would have died. Dr. McElroy saw him the day I was changing for the cactus, and considered him as a man dying from heart failure, and that he could not live for four hours. He expressed his amazement at seeing him alive and so much improved two weeks later. I also gave the history of the case to Dr. Eskridge, and asked him to visit the patient a month ago, but unfortunately have mislaid his note. On another occasion (a patient similarly affected) I used digitalis and it failed me. Rev. Mr. V. has hypertrophy with dilatation, commencing mitral degeneration,

also commencing aortic valve disease; has pronounced mitral valve regurgitation; he had violent palpitations, irregularity of pulse, and intermissions; pulse between forty and fifty. Here, I am satisfied, digitalis and convallaria aggravated matters, while the cactus relieved the pain, stimulated the heart, and removed irregularity. The heart never comes up above fifty to the minute, but the horrible feelings of death, with the sudden stoppages, are relieved. In this case there was considerable gastric disturbance, and I assisted with pepsin and strychnia, and I wondered why digitalis failed, attributing it in part to its irritating effect on the stomach, thus disturbing reflexly the heart.

In case of Mrs. Lynch—dilatation with failing heart from age, sixty-five years—I have used nothing else and it has satisfied me. This person had vertigo, anemia of the brain, dropsy, etc., all due to the failing heart, and the use of cactus inclines me to think it was a good cardiac tonic.

I recall one case of a fatty and dilated heart in which at one period before an attack of angina pectoris, digitalis had no good effect, yet after that it served very well in the case as a tonic for the heart. Digitalis is a cardiac tonic, acting on the nervous ganglia of the heart, influencing its muscular substance. We will only find out all its ways by clinical experience. I have tried caffeine for similar heart cases and sometimes received no benefits from it. Belladonna and cannabis indica have assisted me in these weakening hearts, especially if I associated these remedies with strychnia. I introduce cactus to the notice of the Society, because I have found it to be so little used. Many physicians, if they have like experience to mine, must recall the fact that digitalis at times disappoints them, and I would ask them to try this under those circumstances as a substitute. Of course I have not had much experience with it, and I would like the result of my experience to be confirmed by that of others.

In nervous affections of the heart I find it very useful; palpitations and neuralgic feelings or soreness about the heart. There are two preparations, cactus grandiflorus (night-blooming cereus), and cereus Bonplandii, of apparently the same qualities, of the latter of which I have made no use. The only information I have obtained about these remedies is on a fly sheet from Parke, Davis & Co., Detroit, Michigan, which refers to its use; physicians under their own names, speaking of it eulogistically as a complete substitute for digitalis, merely from their clinical experience. This I would not be willing to concede, though we may meet cases which from idiosyncrasy or other unexplained cause, cannot be benefited by digitalis.

Dr. Fothergill says, p. 287, "The Heart and its Diseases": "The systole is more complete, the chamber is more efficiently emptied, and consequently it is not so soon refilled, so that the requirements of the ventricle in diastole correspond to the slower rhythmic discharges, and a slower pulse-rate is established, while the pulse is firmer and less compressible, the arteries are better filled with blood; at times digitalis will notably lower the pulse-rate under other circumstances than those mentioned, illustrating its effects upon the discharging cardiac ganglia. When the pulse-rate falls very markedly under its use, as when it falls below 50, it would be well to substitute belladonna, squill, strychnia or casca for it."

P. 291: "In cases of right side dilatation, whether from mitral disease or lung changes, it is well to bear in mind the coexistent embarrassment of the respiratory centres, and to combine with digitalis, ammonia, nux vomica or belladonna. I will merely allude to other remedies stated to possess an allied action to digitalis. The cereus Bonplandii, introduced by Parke, Davis & Co.; Lauder Brunton has found casca, the ordeal poison of Africa, to have a nearly similar action; Professor Frazer has used the strophanhus hispidus; M. Brandoun found the dajaslk, or arrow-poison of Borneo, to kill with the heart firmly contracted in systole. These I am not familiar with in practice, but often have used the scilla maritima, as an excellent diuretic in cases of feeble pulse. The same can be said of scoparium or broom. Caffeine, though highly spoken of, I have not found to merit the laudation accorded it as a cardiac tonic, though I frequently found benefit in substituting belladonna when digitalis seemed, from unknown reasons, to fail me."

Convallaria majalis has been written up so recently in the Penna. State Transactions, by our member, Dr. Bruen, that I merely refer to that article.

My limited experience goes to show of cactus grandiflorus:

1. That it is a pure cardiac tonic, whether for functional or organic disturbances, especially in cases of mitral regurgitant disease.

2. Convallaria, though not of service in cases accompanying mitral regurgitation, appears specially, from Dr. Bruen's paper resuming the matter in State Med. Transactions of Penna., to be a supplement to digitalis, not replacing it; specially serviceable in backward distension of lungs, from mitral obstruction, and is a fine tonic for nervous and functional diastole of heart.

3. Belladonna and strychnia will frequently serve to substitute digitalis.

4. Caffeine citrate has been found to be of no effect in my experience for heart affections, functional or organic.

Selected Paper.

REPORT ON THE CHOLERA IN EGYPT.

BY DR. KOCH,

Chief of the German Scientific Commission.

As the cholera epidemic was already rapidly subsiding when the Commission arrived in Egypt, it was hardly to be anticipated that that country would supply the material necessary to complete the investigation. And, moreover, as the period when an epidemic is on the wane is hardly the best suited for inquiry into its etiology, the original plan was changed, and it was decided to make only the preliminary researches in Egypt, with the view, in case the epidemic should extend to Syria, of rectifying them in places which had been but recently attacked by the cholera, and which would therefore be likely to afford a favorable basis for the inquiry.

The first portion of this plan has hitherto been carried out with very satisfactory results, for, during its stay in Alexandria, the Commission has found opportunity to collect the material necessary for preliminary inquiry. This success I owe chiefly to the courtesy of the physicians to the Greek Hospital, who, by giving us rooms for our work, and placing at our disposal all cholera patients who were admitted into the hospital, and the bodies of all who died there from the disease, materially furthered the objects of the expedition.

At the very beginning, the Commission obtained the use of two well-lighted rooms adjoining each other on the ground floor, one of which was devoted to the microscopical researches, and the other to cultivation experiments. The animals for experiment were placed in both rooms. But as their number increased, and it seemed too dangerous to make researches in the infectious matter in the same rooms in which we had to spend almost the whole day, the animals were removed into a completely isolated chamber in the old hospital, and there the experiments on the infection were carried out.

The material so far used for the research has been obtained from twelve cholera patients, and from ten cadavers dead of the disease. Of the patients, nine were under observation in the Greek Hospital, two in the German, and one in the Arabian. In all cases the symptoms corresponded in every particular with those of true Asiatic cholera. Portions of the blood, of the vomit, and of the dejections of these patients were examined. As it very soon became evident that the blood was free from micro-organisms, and the vomited matters contained comparatively few, while in the dejections they were found in considerable numbers, the last-named were chiefly used in the inoculation experiments on animals

Although the quantity of post-mortem examinations was not large, we were happily favored in obtaining from them extremely valuable material for the preliminary inquiry. The most varied nationalities were represented amongst the cadavers (three Nubians, two Austro-Germans, four Greeks, one Turk), at the most varied times of life (two children, two cases over sixty years, the rest between twenty and thirty-five years), and cases in which the disease had lasted very different periods. But the most important point is that the autopsy was made in most cases immediately after death, or, at the outside, only a few hours later. The changes which putrefaction produces in the organs, and with especial rapidity in the bowel, and which render microscopical examination of these parts most extremely difficult, could under these circumstances be excluded with certainty. I would lay especial stress upon this fact, because in other countries it would be scarcely possible to obtain material so well adapted for microscopical examination. The pathological appearances, like the symptoms during life, left no doubt that we had to deal with true cholera, and not, as was maintained in general quarters, with a so-called choleriform or choleroid disease.

No organized infective material could be demonstrated in the blood, or in those organs which, in the case of other infective diseases, are usually the seat of micro parasites, viz., the lungs, spleen, kidneys, and liver. In some cases bacteria were found in the lungs, but these, as we saw from their peculiarities of form and position, had nothing to do with the peculiar disease process, but had found their way into the lungs by the inspiration of ejecta from the stomach.

The contents of the bowel and the dejections of the cholera patients contained extraordinary quantities of micro-organisms belonging to the most different varieties, none of which appeared in preponderating proportion. There was also an absence of other indications of a relationship to the disease-process.

The bowel itself, on the contrary, gave most important results. In all cases except one, which had died of a consecutive disease several weeks after recovery from cholera, bacteria of a definite form were found in the coats of the bowel. These bacteria are rod-shaped, and belong, therefore, to the bacilli; in size and shape they most nearly resemble the bacilli found in the glanders. In those cases in which the bowel showed the slightest changes to the naked eye, the bacilli were found to have penetrated into the follicular glands of the mucous membrane, and had there given rise to considerable irritation, as shown by the increase in the lumen of the gland, and the collection of many nucleated

round cells in its interior. In many cases the bacilli had also penetrated behind the epithelium of the glands, and had proliferated between it and the basement membrane of the gland. They had, moreover, collected in considerable quantities on the surface of the villi, and had often penetrated into their substance. In the severe cases, which had been characterized by hæmorrhagic infiltration of the intestinal mucous membrane, the bacilli were found in large numbers, and were not limited only to the interior of the follicular glands, but had passed into the surrounding tissues, into the deeper layers of the mucous membrane, and here and there even into the muscular coast of the bowel. The villi were also in such cases extensively invaded by the bacilli. The chief seat of these changes is the lower portion of the small intestine. Had not this investigation been made on quite recent cadavers, the result would have been of little or no value, for putrefaction is able to produce in the intestine exactly similar bacterial growths. A year ago I had found these same bacilli,with a similar distribution, in a choleraic bowel which I received direct from India; but I had not been able to attach any value to it on account of this very reason, for it was always possible that they might be confounded with post-mortem putrefactive changes Now, however, that any error arising from putrefactive phenomena can be positively excluded this earlier discovery, made in four different Indian cholera cases, acquires extraordinary value. Nor is it an unimportant fact that the agreement of the appearances of the bowel in Indian and Egyptian cholera furnishes a further proof of the identity of the two diseases.

The number of cadavers examined is certainly small; but, as the bacilli were met with in all recent cases of cholera, while they were absent in the single case examined after the cessation of the cholera-process, as well as in several other cases dead from other forms of disease, and examined with special regard to this point, there can be no doubt that they stand in some sort of relation to the cholera-process. It cannot, however, as yet be concluded that they are the cause of the cholera. The relationship may be quite the reverse; it being quite as possible that the cholera-process produces such changes in the intestinal mucous membrane as to admit the penetration into its tissues of a definite bacillus variety of the many parasitic bacteria which are constantly met with in the bowels. Which of these two hypotheses is the correct one—whether the infective process of the bacterial invasion is the primary event—can only be decided by attempting to isolate the bacteria obtained from the diseased tissues, to cultivate them, and then to reproduce the disease by inoculation experiments on animals. For this purpose it is absolutely necessary to have at one's disposal animals which are susceptible to the infective material in question. Hitherto, however, in spite of every endeavour, we have not succeeded, in an indisputable manner, in conveying cholera to animals.

Numerous experiments have been made on rabbits, porpoises, dogs, cats, monkeys, pigs, rats, etc., but always without success. The only results of any value in this respect are those of Thiersch, who fed a number of mice on the contents of an intestine from a cholera patient, and observed that they were seized with diarrhœa and died. This experiment has been confirmed by trustworthy investigators, like Burdon Sanderson, but it has also been impugned by others. Since it was of the highest importance to discover an animal susceptible of cholera, it was necessary to repeat these experiments. It was very improbable that the requisite number of mice could be speedily obtained in Alexandria, and fifty mice had already been brought from Berlin for this purpose, and the infection experiments were at once commenced upon them. But, besides these, monkeys, which are the only animals susceptible of certain human infective diseases, such as small-pox and relapsing fever, were also used for experiment. Lastly, the attempt was made to infect some dogs and chickens. But, in spite of every endeavour, these experiments have hitherto been entirely without result. The most varied attempts were made, and the animals fed with the vomit, with the cholera dejections, and with the contents of the bowel obtained post-mortem—given in some cases quite fresh, and in others after it had stood for a time in a cold or warm room, in others again, dried—but in no case did choleraic symptoms appear; on the contrary, the animals continued perfectly well. Besides this, the bacilli found in the contents of the bowels and in the intestinal walls were cultivated, and animals were fed, and in some cases, inoculated with the product. In some cases septic manifestations followed inoculation, but in none was cholera reproduced.

That the *materies morbi* in an active form is very often contained in the dejections of cholera patients is shown by numerous facts, especially by the frequent infection of washerwomen who have had to wash the soiled linen. A case of this kind occurred in the Greek Hospital during the present epidemic—a washerwoman, who was exclusively employed on linen of cholera patients, having sickened of the disease.

It may, therefore, be regarded as certain, that of the many substances used in the experiments, some at least must have contained infective material; and the fact that no result

was obtained may be attributed either to the animals used being completely insusceptible of cholera, or to the proper mode of infection having yet to be discovered. The experiments shall be continued, and modified in both directions, but there is little prospect of any result being obtained with the material at present at our disposal.

For it is not very probable that the reason of the failure of the infection experiments is to be found in those circumstances only. There is still a third explanation, for the correctness of which there is much to be said. It is well known that, in any given place attacked by cholera, the disease subsides long before all the inhabitants have been affected by it; and although the morbid material may be concluded to be distributed widely over the whole neighbourhood, yet fewer and fewer people fall ill, and the epidemic dies out while many individuals still remain capable of infection. This phenomenon is only to be accounted for on the hypothesis that towards the end of the epidemic the infective material declines in activity, or at least becomes uncertain in its action. If then, when the epidemic is declining, even human beings cease to be susceptible to the infection, it is hardly to be expected that the contrary should be the case with the animals experimented on, concerning whose susceptibility to cholera we as yet know nothing. In our researches only such subjects were available as were to be collected towards the end of the epidemic, and their incapability of conveying the infection was to be expected with more or less certainty. It still remains possible that under favourable circumstances—*i. e.*, at the commencement of an epidemic,—one might succeed in affecting animals, and by that means one would at once discover whether the bacilli which I have shown to exist in the intestinal mucous membrane are the true cause of cholera.

Though, therefore, the results so far obtained by the Commission are still far from completely solving the problem, and though they have little practical value in the struggle against cholera, yet, considering the unfavourable circumstances, and the short duration of the investigation, they may be considered as very satisfactory. They completely answer the original aim of the inquiry, and, indeed, exceed it, inasmuch as the constant discovery of characteristic micro-organisms satisfies the first condition which must be fulfilled in the investigation of an infectious disease, and thus secure a definite goal for further research.

From the above statement it may be gathered that in Alexandria the Commission will not be able to advance further towards the solution of the problem than it has hitherto done.

[Dr. Koch then states his reasons for not advising that the Commission should follow the epidemic in Upper Egypt, where the conditions would be highly unfavourable to the investigation, and expresses the wish of himself and his colleagues that they should be allowed to continue their researches in India, and especially in Bombay, where a sudden cessation of cholera is not likely. He then continues:—]

I have now to communicate the result of certain undertakings which the Commission has found opportunity to carry out concurrently with their investigations on cholera. Egypt is very rich in parasitic and infectious disorders, and it was, therefore, not difficult to obtain appropriate subjects for research, partly with the view of securing comparisons controlling the results obtained in connexion with cholera, and partly with the view of arriving at further conclusions in certain important general questions regarding infective diseases.

Thus I have so far dissected two cases of dysentery. In the one, which ran an acute course, there were found in the intestinal mucous membrane certain peculiar parasites which do not belong to the group of bacteria, and were hitherto unknown.

Next, at the Arabian Hospital, I dissected an Arab who had died of intestinal splenic fever (*Darmmilzbrand*). The disease is probably traceable to infection from sheep, which are imported in great numbers into Egypt from Syria, and die here largely of splenic fever.

Further, I had the opportunity, at the Greek Hospital, of observing six cases of bilious typhus—a disease with a considerable resemblance to yellow fever, and of great interest from having been frequently confounded with that affection. Three of the patients died. They have been dissected by me, and shall be thoroughly investigated.

Besides that, numerous investigations have been made as to micro-organisms in the air and drinking water of Alexandria; and, if I have time, I intend to make some observations on Egyptian ophthalmia.

SCHOOLS FOR RICKETY CHILDREN IN ITALY.—There are such schools under medical superintendence in Milan and Turin. The afflicted children are brought daily in vehicles and remain until evening. A portion of the day is devoted to "medical gymnastics," rubbing, and splints where necessary; the rest of the day to lessons and to play out of doors. The children receive milk, phosphates, cod liver oil, etc., according to their needs. Children as young as two years are received, and the Kindergarten system of instruction prevails.

Society Reports.

BALTIMORE ACADEMY OF MEDICINE.

ANNUAL MEETING HELD OCTOBER 16, 1883.

(*Specially reported for the Maryland Med. Journal.*)

The Academy was called to order at 8.30 P. M., by Vice-President, Dr. James A Steuart. A communication was read from the President excusing his unavoidable absence. The reports of the various officers were then presented. The Rec. Secretary, *Dr. B. Bernard Browne*, enumerated the titles of the various papers, and also read the resolutions and amendments to the constitution, adopted during the year. The present active membership is 61. The Treasurer, *Dr. G. Lane Taneyhill* reported a balance in the treasury of $252.98. The Prize Committee, *Drs. Thomas, McKew and Murdoch*, reported that the best paper read during the year was that upon "Bromide of Ethyl, the Best Anæsthetic for Short Painful Operations," by Dr. J. J. Chisolm. The report was adopted and the Treasurer was instructed to pay to Dr. C. the amount of the prize, $50. The committee appointed to confer with the authorities of the Peabody Library with a view to secure the purchase of medical books for that Library reported reported an unfavorable result of their labors.

The report of cases being next in order, *Dr. Chisolm* reported a case of Rupture of the Drum Membrane of the Ear from a peculiar cause. A gentleman consulted him on yesterday, who presented this injury, the membrane being ruptured behind the malleus. He stated that he had been annoyed by a fly and had given himself a box upon the ear. The accident was followed by a certain amount of buzzing and deafness.

Extensive Exfoliation of the Cuticle from Quinine.—*Dr. Owings*, of Ellicot City, presented specimens of exfoliated cuticle from the soles of the feet, with the following history: Three years ago he was called to see a negro woman, whom, on examination, he supposed to be suffering from a simple bilious attack. She was better next day. A week after she complained of pain in her head and face; quinine and morphia were prescribed with relief, but in a few days she began to peel all over; there was perfect desquamation of the cuticle. Scarlatina was suspected and precautions were taken. In the same month of the following year the same symptoms appeared, and twelve grains of quinine were given. This was followed by perfect desquamation from the crown of her head to the sole of her foot. This season, after another twelve months, the same thing has been repeated. She had pain in her head and face, for which quinine without morphia was directed; ten days afterwards she was peeling all over. The specimens represented apparently very near the entire sole of each foot.

Dr. I. E. Atkinson said such cases were well known, althougth rare; sometimes the resemblance to scarlatina is so close that it is impossible to make a diagnosis. Dr. P. A. Morrow wrote a paper on medicinal eruptions, in which he related several cases. In one case a person had so many attacks of scarlatina as to attract special attention, when examination proved the cause to be quinine. Had known it to be produced by Huxham's tincture in drachm doses. Had seen several cases, but in none was there so extensive desquamation as here. Erythema and urticaria are other forms of quinine eruption.

Dr. Chew. In one case one grain produced erythema, burning and irritative fever. A half teaspoonful of Andrews and Thompson's pyrophosphate of iron, quinine and strychnine produced as much effect as ten grains of quinine do ordinarily, and two grains of the bisulphate of quinine acted as copiously as the ordinary sulphate in full doses.

Picric Acid Test for Albuminuria.—*Dr. McKew* said that for some time past he had been very much dissatisfied with the picric acid test for albumen. It is an exceedingly delicate test—there is no doubt of that; but in every case in which he was giving quinine he found the precipitate; hence he did not think it safe to rely upon picric acid solely unless confirmed by other means.

A New Method of Administering Chloroform.—*Dr. W. C. Van Bibber* then read his paper on this subject (published in the *Journal* of October 27).

A Case of Acute Fatty Atrophy of the Liver.—*Dr. Chew* reported the following case, that of the late Dr Judson Gilman, of Baltimore: The patient, a man of large stature, æt. 63, was well up to July 15,

1883, when he had a severe attack of gravel, apparently affecting the left ureter. He was relieved by a hypodermic injection of morphia, and was thenceforward able to attend to professional duty, although feeling badly, until the 25th. On the 26th he had a severe chill, after which the temperature was 103.5°. There was persistent nausea and vomiting with pain in back, chest and limbs, and oppression of breathing.

The attending physician, Dr. W. F. A. Kemp, ordered quinine and the temperature fell to 99°, but the other symptoms remained the same until the 28th, when Dr. Chew was called in consultation. The temperature was now 130°, and the patient was vomiting mucus and watery fluid without any discoloration; there was a slight icteroide hue of the skin and conjunctiva; the patient was calm and uncomplaining. Physical examination revealed no sign of pneumonia. The quinine was now given in larger doses, and on the 29th nausea and vomiting had ceased and the temperature was 98.5°. On the 30th, patient felt better, but there was occasional wandering and the jaundice was more marked. On the 31st there was some somnolency, the jaundice was deeper; temperature 97.5°. Percussion seemed to point to some diminution in size of the liver. At 5 P. M. it was difficult to arouse the patient, and the stupor increased, until Aug. 1st it was impossible to arouse him. The urine had been passed involuntarily, with some blood, which stained the sheet in spots. Two ounces of natural-looking urine of normal specific gravity, and without albumen, were drawn with the catheter. The diagnosis lay between pernicious remittent fever, yellow fever, uræmic coma, and acute fatty atrophy of the liver. The free use of quinine and the perfect apyrexia following negatived the first; the cool summer and the absence of yellow fever, negatived the second; the idea of a renal origin was disproved by the examination of the urine; the fourth was therefore decided upon as the disease under which the patient was suffering. Death occurred at 6 P. M. the same evening. The autopsy made the next day by Dr. Michael showed, among other immaterial things, much dark fluid in the stomach, resembling black vomit. The heart was soft but otherwise healthy; the kidneys showed no organic change. The liver occupied but half the normal space and weighed 31½ ounces, about half its normal weight; in consistence it was very soft and friable, and appeared much congested, being dark in color, although not of the dark ochre or rhubarb hue described by some. A portion of it, examined under the microscope by Dr. I. E. Atkinson, showed that it had lost every trace of normal structure. There was a certain amount of connective tissue present but no hepatic cells, their place being supplied by large quantities of oil-globules and granular matter. The urine obtained before death was alkaline and contained some bile-pigment, and crystals of triple phosphate were found under the microscope with a few hyaline casts; the examination failed to detect the presence of leucine and tyrosine. The post-mortem thoroughly justified the diagnosis previously made. Dr. Chew pointed to the age and sex of the patient as being exceptional; of 31 cases collected by Frerichs, 22 were females, 26 were under 30 years of age, and all, except two, under 40. Of two cases reported by Murchison and Flint, in young women, æt. 19 and 21, the liver weighed 28 and 29 ounces, respectively. The reduced size of the liver in the above case excluded entirely the diagnosis of yellow or remittent fever. In reference to the cause, Dr. Chew said: "It is conceivable that in the case here reported, the severe pain attending the passage of the venal calculus may have first started the morbid action by which the nutrition of the liver was fatally deranged."

Editorial.

Removal of the Remains of William Harvey, M. D.—It was a noble sentiment which animated many Fellows of the College of Physicians and others to remove the remains of William Harvey, discoverer of the circulation of the blood, from their insecure resting place in the vault at Hempstead to a more honored position in the chapel proper above. The incidents and ceremonies in connection with this removal were both appropriate and reverential.

Dr. William Harvey was born in 1578, and died June 3rd 1657, in his eightieth year. His funeral took place on June 26th, of the same year, when his body was attended far beyond the walls of the city of London by a long train of his friends of the College of Physicians, and his remains

were finally deposited in a vault at Hempstead, Essex, some fifty miles from London, in a vault his brother Eliab had built. His body was enclosed in a leaden coffin and where thus placed has remained for a period of 226 years. Some twenty-five years ago this vault was in a very neglected condition. At the request of the College of Physicians, Drs. Quain and A. P. Stewart, in 1859, visited the remains and found the leaden casket full of water. The vault was afterwards made clean and secured from depredation. This vault has a brick floor and flat ceiling, and is lighted by a small window. It contains about twenty leaden coffins, similar to that holding Harvey's remains. The leaden case in which his remains repose is roughly shaped in the form of a body, having head, neck and shoulders, from which it gradually tapers towards the feet, where it was turned up as if to receive the feet at a right angle to the body. On the breast plate of the leaden corset is an inscription giving the names, dates of birth and death of William Harvey, and his age. At the centre of the body the upper surface of the lead had collapsed, so that on the inner side the upper and lower layers of the lead almost touched. In January, 1882, the whole tower of Hempstead Church fell. This church was probably built in the reign of Henry the Seventh To the left of the altar, as one faces it, is the Harvey Chapel, consisting of the vault below and the chapel proper above. After the fall of the tower it was ascertained that the chapel had not been injured, but that the lead of Harvey's shell was going fast, and that there was water in the shell. This fact Dr. B. W. Richardson reported to the Royal College of Physicians in February, 1882, with drawings and illustrations showing the condition of the vault, and with the suggestion that the remains should be raised to the Harvey Chapel above the vault or brought to Westminster Abbey.

The removal of Harvey's coffin to Westminster Abbey to take a place by the side of Hunter and Livingston had been previously contemplated, but in consequence of the failing health and death of Dean Stanley the suggestion was not carried out.

When the above facts were made known by Dr. Richardson, a committee was formed at once to report upon the subject and advise thereon. The decision of the committee fixed upon the Harvey Chapel above the vault as the most appropriate place for their final preservation, and a sarcophagus cut of pure white Carrara marble was secured for the reception of the leaden case. This sarcophagus has placed at the head the following inscription:

WILLIAM HARVEY,
Born 1578.
Died 1657.

The following was engraved on one side:

"The remains of William Harvey, discoverer of the circulation of the blood, were reverentially placed in this sarcophagus by the Royal College of Physicians of London in the year 1883. A leaden case was also prepared, in which were placed the complete works of Harvey. A bottle, hermetically closed and wrapped in lead, with the following memorial engrossed on vellum enclosed therein, was placed in the leaden case.

"The body of William Harvey, lapt in lead simply soldered, was laid without shell or enclosure of any kind in the Harvey vault of this church of Hempstead, Essex, in June, 1657.

"In the course of time the lead enclosing the remains was, from exposure and natural decay,so seriously damaged as to endanger its preservation, rendering some repair of it the duty of those interested in the memory of the illustrious discoverer of the circulation of the blood.

"The Royal College of Physicians, of which corporate body Harvey was a munificent benefactor and which by his favor is the possessor in perpetuity of his patrimonial estate at Burmarsh, Kent, did, in the years 1882-'83 by permission of the representatives of the Harvey family, undertake that duty.

"In accordance with this determination the leaden mortuary chest containing the remains of Harvey was repaired, and as far as possible restored to its original state and on this 18th day of October, 1883, in the presence of four representatives of the Harvey family and of the President, all the office-bearers and many other Fellows of the College of Physicians, (whose names are hereunto appended,) was reverently transplanted from the Harvey vault to this sarcophagus raised by the college for its reception and preservation."

Then follow the names of the four representatives of the Harvey family, Colonel

Lloyd, Rossendale Lloyd, Captain Lloyd, of the Grenadier Guards, and Colonel Harvey Bramston, and next the names of Sir William Jenner, Bart. K. C. B., M.D., President, and all office-bearers and many other Fellows of the College of Physicians.

The final arrangements for this notable occasion were carried out most appropriately and successfully. A special train from London conveyed those who took part in the ceremonies to Hempstead. Upon arrival there the President and the officials of the college immediately assumed their robes of office, and a visit was made to the vault to view the chamber and Harvey's shell with other coffins lying there. Harvey's leaden coffin was then raised to the churchyard. Eight Fellows of the college acted as bearers and carried it through the churchyard and up the naive and aisle into the Harvey chapel. Whilst the procession was passing up the church the dead march in *Saul* was played. The curate read the Lord's Prayer and the 105th Psalm. The vicar then read the lesson for St. Luke's Day (the 38th chapter of *Ecclesiastes*) ("Honor a physician.") The canticle ("Lord now lettest") was sung by the village choir, and the Creed was recited; the three Collects for the day were given, and the hymn "Far from the narrow scenes of night" was sung. The remains of Harvey were then lowered into the sarcophagus, and Sir William Jenner placed the metal case containing the scroll sealed in a glass bottle and the metal box containing the copy of Harvey's works beside the leaden coffin in the interior of the sarcophagus. The vicar concluded the service with the benediction.

Afterwards the cover of the sarcophagus was placed in position, thus enclosing the ashes of an illustrious benefactor of the human race, whose fame will rest secure long after their present tomb has disappeared from the face of man. Happy in its conception and graceful in its execution was this tribute of honor which has thus been done by Englishmen to the memory of Harvey.

THE ENTRIES AT THE MEDICAL SCHOOLS IN LONDON FOR 1883.—By the courtesy of the deans, wardens and secretaries of the various medical schools in London, the *British Medical Journal* publishes a list of students who have entered these institutions at the beginning of the present winter session. The list embraces these students who have entered for the full carriculum, those who have entered for special courses, dental students and those who have joined classes for preliminary scientific instruction. It appears from the table given that up to the 17th of October only 605 students have entered for the full curriculum in the London schools, which number is 17 below that of last year. St. Bartholomew's Hospital has the largest entry, 180 students, University College stands second with 144 entries, London Hospital third with 114 entries, and Guy's Hospital fourth with 94. The Dental Hospital, of London, has only 17 students entered, and the National Dental Hospital 10, making a total of 27. This small number of medical and dental students for a city with the population of London presents a striking contrast with the status of medical education in Baltimore. It may be safely asserted that there are largely over six hundred medical and in the neighborhood of one hundred dental students attending lectures in this city during the present winter. Baltimore with a population of 400,000 people is annually instructing a larger number of medical students than London with her population of 4,000,000.

Another striking fact: the 605 students in London are distributed among sixteen medical schools whilst only five medical and dental schools occupy the field here.

KOCH ON THE PARASITIC ORIGIN OF CHOLERA.—We have the pleasure of presenting in our present issue the report made to his Government by Dr. Robert Koch, Chief of the German Scientific Commission, of the researches conducted by himself and associates as to the cause of the Egyptian cholera. This report was published by the *Med. Times ana Gazette* of Oct. 20, and has not so far, to our knowledge, appeared in any other journal. We feel sure, therefore, that our readers will not begrudge the space which we give to it.

Anything which Koch now does is sure to attract attention. The thoroughness of his work in connection with the *bacillus tuberculosis* has not, perhaps, a parallel in the history of scientific research, and, although it is true that his results are still held by most persons sub judice, when we consider the intricacy of the subject and the uncertainty which of necessity enshrouds it, it is not less than marvellous, the effect which his investigations upon that subject have produced.

It was well known that researches were being conducted in Egypt for some time past by German and French scientists; Germany was represented by her greatest germinologist, and whilst Pasteur was not present in person, his trained assistants were there. Hence there must have been some feeling of national pride in the result, and the experimenters must have felt the influence of the eagerness with which their respective countries awaited the results of their labors. The sad death of the chief of the French mission, Dr. Thuillier, cut short its work, of which no publication has yet been made. The report of Dr. Koch is a model in every respect, and cannot fail to impress the reader by the modesty of its tone and the compactness of its style. There is not the slightest evidence of sensationalism about it, nor is there any indulging in enthusiastic imagery from which it is so difficult to free oneself even when in pursuit of science. It is throughout thoroughly scientific.

It will be seen that this research was only designed to be preliminary, and that in that view it has been successful, and Dr. Koch pronounces himself satisfied with it. Although the epidemic was on the wane when he began his investigation he was fortunate enough to have an opportunity of studying twelve cases and of dissecting ten cadavers, nine immediately or shortly after death. All of these had symptoms of genuine Asiatic cholera, and the post-mortem revealed also the pathological appearances corresponding with that disease. Examination of the blood, vomit and dejections proved negative, but upon examining the bowel itself, especially the lower portion of the small intestine, rod-shaped bacteria were found resembling those found in glanders. These were especially abundant in the follicles, but in severe cases they had penetrated the surrounding tissues, the villi, and even into the muscular coat of the intestinal wall. These bacteria or bacilli were found in the nine recent cases; they were absent in the tenth, that of a person who had recovered from an attack and died of another disease; and they were also absent in persons who had died of other diseases. Koch concludes therefore that these organisms stand "in some sort of relation to the cholera process," but whether of cause or effect it will be impossible to say until they have been cultivated and inoculated successfully in animals. All attempts to inoculate these organisms upon animals failed, which K. is inclined to ascribe to a diminished infectiousness of the materies morbi, characteristic of the declining period of epidemics. The Commission has obtained permission to proceed to Bombay where an abundance of material awaits it for carrying on the cultivation and inoculation experiments which will decide the exact significance of this bacillus.

MARYLAND DENTAL ASSOCIATION. — A certificate of incorporation of this Society was filed in the Superior Court on the 3d. Drs. F. J. S. Gorgas, Jas. H. Harris, J. C. Uhler, Thos. H. Davy and B. M. Hopkinson being corporators. The officers are:—President, Dr. J. Smithers; Vice-Presidents, Drs. T. J. Davy and D. Genese; Treasurer, A. C. McCurdy; Recording Secretary, B. M. Hopkinson; Corresponding Secretary, W. A. Mills; Ex. Committee, Drs. B. M. Wilkinson, J. C. Uhler and R. A. Hungerford. The objects of the organization are to develope the science of dentistry in all its collateral branches; to develope dental literature; to maintain professional etiquette and courtesy in the practice of dentistry, and to promote social and professional intercourse and mutual improvement.

DEATH OF DR. THUILLIER.—A graphic account of the death of the chief of M. Pasteur's mission to Egypt, is given in a letter to *Le Temps* (noticed in the *Lancet*), by M. Roux, one of the four members of the mission. On the 17th September he had a loose stool, but was otherwise well. At 3 o'clock the following night he had another stool and fell prostrate on the floor. He was thought to be suffering from simple indigestion, and was given a small draught of opium. At 5 he had a copious watery stool and vomited his dinner of the previous day undigested. Another dose of opium was given and he fell asleep. At 7 he was cold, and had another motion. From this time everything passed involuntarily, and at 8 o'clock he was moribund, with cramps of the legs, thighs, and diaphragm, alteration of countenance, and all the signs of cholera. Strong frictions were employed, iced champagne given freely, and subcutaneous injections of ether resorted to. The respiration became oppressed, and notwithstanding everything that could be devised for his relief, he expired on the morning of the 19th in an asphyxia which had lasted over 24 hours. It is added that he had not seen a case of cholera for more than fifteen days, and he carried out to the letter the precautions dictated by M. Pasteur. His body was embalmed and buried the evening of the day on which he died, in the presence of a large concourse of the people of Alexandria.

CARBOLIC ACID IN DIARRHŒA.—A correspondent of the *British Medical Journal* recommends the use of carbolic acid in diarrhœa. In the vomiting and diarrhœa of children he gives it in half minim doses combined with bismuth and aromatic confection. To adults he gives minim doses.

Reviews, Books and Pamphlets.

Physiological Cruelty or Fact v. Fancy. An Inquiry into the Vivisection Question. By Philanthropos. New York: John Wiley & Sons. 1883. pp. 156.

To those who have the interests of experimental physiology at heart, the question of vivisection is to-day a vital one. As vivisection is the most perfect mode of experiment, so it is the one with which workers in that field can least afford to part. Yet there is a certain portion of the community who would deprive them of this method of research. For the most part such persons know little of physiology and less of the methods, but supply such lack of knowledge by a few hazy ideas about the "torture" of dumb creatures Contrasted with these ideas, however, they have certain views about which they are very clear. Possessing and loving household pets, they can not understand how it is possible to justify the use for experiment of creatures like those which they cherish. First in Germany and then in England the sentiments of this class have found more or less public expression, and it is owing to them that in England to-day experiments in living animals are so hampered by legal restrictions as to be practically stopped.

On both sides of the question there is already an extensive literature. Those who have opposed vivisection have mainly sought to rouse the emotions by rhetoric. As the community at large is well supplied with "susceptibilities," they have succeeded admirably. Those who have supported the practice have taken their position on general principles and made their argument from the advantages thus far gained by the world through the use of this method. The supporters, however, have often written in haste, and often, too, without any effort to conceal the disdain which any one knowing a subject is apt to feel towards a dabbling tyro. But the controversy is not to be concluded by the assumption of such an attitude. The main portion of the opposition comes from those who have allowed themselves to be easily misinformed, and the remedy is naturally to give them information which is sober and honest. This the book before us furnishes in an admirable way. The tone is judicial; each word has a definite value, and there is no rhetoric. The first chapter deals with "the nature of pain," and the gist of it is given in the following: "We have seen that the feeling of pain is dependent upon consciousness, and, in a certain degree, proportionate to intellect; consequently an animal at any time suffers less than a man would do from the same cause; and under anæsthetics (like man) does not suffer at all." P. 19.

The question of "cruelty" is next discussed. The important relation of the end to be gained to the suffering endured is clearly pointed out, and it is made evident that the end may stand in such relation to the suffering that it shall not be cruel to inflict it. The first of this argument is best given in the author's words: "But we can now clearly see what this war" (the war against scientific experiments) "amounts to. It is an effort to keep many animals in suffering instead of a few, men instead of beasts, the most sensitive creation instead of the less sensitive. Whereas, a true and humane physiology seeks to prevent as much as possible of human suffering, at the cost of as little as possible of animal suffering. On which side is the cruelty?" P. 30. In discussing "our rights over animals," the "put-yourself-in-his-place" argument is carefully answered, and the writer proceeds to discuss "what vivisection is" —a point on which he gives clear information. Two masterly chapters follow on the relation of experiment to physiology, and medicine to experiment. In these the contributions of experiment to both are set forth in a way which must impress even the most careless reader. The book closes with a discussion of legislation on this subject in England. When speaking of some of the results obtained from experiment (*i. e.* vivisection), the author remarks that some of the earnest anti-vivisectionists who prefer to "die sooner than profit by such foul rites" are unfortunately cut-off from a good deal of materia medica, and would find it rather difficult to provide themselves with a medical attendant warranted ignorant of the circulation of the blood.

"The widest and highest aim of physiological experiment, whether painful or painless, is the advance of physiological knowledge; and this is one which scientific medical men regard most highly, and which it is most difficult to make laymen regard at all. Every scrap of knowledge is turned to practical account—sooner or later; the fuller and more accurate the knowledge is, the more trustworthy are the conclusions drawn from it; the more the doctors learn of the nature and working of the machine they have to repair, the less likely they are to make mistakes in dealing with it, and be it remembered that *a medical mistake may mean a lost life.*" If it is possible to excite public regard for that which he says physiologists regard most highly, this book should do so. However, it requires some information to appreciate an argument as well as to make one, and this fact must be constantly kept in mind by the writer of such an essay. He has supposed his reader to possess, therefore, the minimum amount of knowledge which was compatible with a comprehension of the point in question, and has thus

reduced this difficulty to its lowest terms. Whoever Philanthropos may be, physiologists can but be grateful to the able apologist who thus defends the methods and principles of this science. H. H. D.

Miscellany.

New Views on Bright's Disease.—At a recent meeting of the Académie de Médecine of Paris, Professor Semmola, of Naples, communicated to the Society the result of his latest experiments on Bright's Disease, under which term he understands chronic parenchymatous nephritis only. The primary cause of albuminuria in that disease is, according to some, a lesion of the kidneys themselves, while others explain it either by a pathological condition of the albumen in the blood, or by a combination of these two causes. Semmola's experiments go far to show that the lesion in the kidneys is a secondary process. He injected daily under the skin of dogs ten to seventy grammes of white of egg; after four to five days, there were signs of congestion of the kidneys, which led to hemorrhage when the dose of albumen was large. After seven to ten days, leucocytes were found in the urine, and the renal epithelium began to show signs of fatty degeneration. This, after a fortnight, was well marked; and about the twenty-fourth day, there was evidence also of an interstitial lesion of the kidneys The introduction of albumen into the blood produces a peculiar dyscrasia, and the quantity of albumen eliminated by the urine is larger than that which has been injected; in the animals experimented upon, the bile contained albumen, which is also the case in patients suffering from Bright's disease. As for the cause of the peculiar dyscrasia alluded to, Semmola thinks that it is an alteration of the nutritive functions of the skin. He tried also the subcutaneous injection of blood-serum, yolk of egg, and milk, the first caused a slight albuminuria, but the last two had no effect.—*Medical Gazette.*

On the Comparative Value of Amputations and Excisions of Joints, in View of the Statistics and Results.—*Dr. R. E. Houghton*, of Indianapolis, in a paper read before the Tri-State Medical Society (*Weekly Med. Review*, Sept. 29, 1883), summed up the following conclusions:

1. No excision should be made in aged persons.

2. No excision should be made in very young persons.

3. No excision should be made if there is even a suspicion, much less evidence, of the existence of phthisis or other constitutional disease.

4. No excision should be made in cases where it is the hand or foot and limb to be saved, and which is of more than common value to the patient; hence the elbow and knee-joints may be excised under proper considerations.

5. The shoulder and hip-joints may be excised when it is a greater mutilation and a greater loss to lose the limb by amputation, and the patient has equally good chances for recovery after the excision as after the amputation, which is rarely possible.

6. Excisions are not to be made in cases of malignant disease of the articular ends of bones or other parts of bone.

7. Excisions should not be made for acute abscess in the knee-joint, and most likely not in any case of acute abscess.

8. Excisions of joints generally are seven times more fatal than amputations under the same circumstances and in the same class of cases.

9. No surgeon is justified in subjecting his patient to excision, in view of all the facts made known, unless there are good and substantial reasons for assuming the greater risks—by seven times, for his patient; and the extraneous circumstances which must overbalance in favor of an excision with the seven times greater mortality against it, is a moral and surgical responsibility which we think to be anything but conservative.

Poisoning by Tartar Emetic.—*Mr. C. M. Jessop.* (*British Medical Journal*) records a case of a woman, æt. 31, who mixed a quarter of an ounce of a powder labelled cream of tartar with treacle and sulphur, and took about two tea-spoonsful of the mixture as a medicine. In a few minutes she was actively purged and violent vomiting came on, followed by cold sweats, shiverings, pricking sensations, and numbness. Laudanum and ether were given to counteract the shivering, also some brandy. For some days the patient was excessively weak, and her stomach was sore and sensitive to food or liquid. The powder was examined and found to be tartar emetic; the patient was supposed to have taken 7½ grains.—*Richard Neale*, in *London Medical Record.*

Uniform Medical Legislation.—*Secretary Rauch*, of the Illinois State Board of Health, suggests, that, "for the purpose of making the medical-practice acts and legislation of the different States more efficient and their administration more uniform, the Illinois Board call a conference of those charged with the execution of these laws, or vested with

authority, duty or responsibility under them. Delegates to such conference to be appointed by the State Board of Health or of Medical Examiners, where such Boards exist, and elsewhere by the State Executives from among representative men." (An excellent suggestion, and one which we second most heartily. —EDS.)

MARYLAND STATE SANITARY CONVENTION. —The following details in regard to the approaching Sanitary Convention to be held in this city on the 27th and 28th instant, are made known:

There will be Sessions the first day at 12 M. and 7.30 P. M.; on the second day at 10.30 A. M., 3 P. M. and 7.30 P. M. During each Session of the Convention there will be one or more addresses or papers on some subject of general interest pertaining to public health, each paper to be followed by a discussion of the subject treated. The following subjects will be open to discussion: Ventilation, House Drainage and Sewerage; Distribution and Purification of Water for Domestic use; Hygiene of Public Establishments, Steamboats and Railway Cars; Contagious and Infectious Diseases; Injuries to Health from Overflowed Lands and from Mill-dams and other Obstructions in Rivers; School Life and Hygiene; Causes of Insanity; Malaria; Vaccination and Vital Statistics; Sale of Poisons; Laws Regulating the Practice of Medicine and Surgery, &c., &c. An Executive Committee, composed of representatives of the Medical and Chirurgical Faculty of Maryland, the city and State Boards of Health, has selected the following officers for the convention: President, Prof. Richard McSherry, M.D., Baltimore; Vice-Presidents, Hon. Lewis M. Steiner, Frederick City; Henry C. Hallowell, Esq., Montgomery County; Col. Edward Lloyd, Talbot County; Hon. S. H. Coombs, St. Mary's County; Col. Wm. Knight, Cecil County; Permanent Secretary, C. W. Chancellor, M.D., Baltimore.

A committee of citizens of the State will co-operate with the Executive Committee, and the two committees will hold a joint meeting at the Carrollton Hotel, daily, at 9 A. M.

The object of these Conventions is to awaken an interest in Sanitary matters throughout the State, by bringing together for consultation all who feel an interest in Public and Personal Hygiene, and who desire *to diffuse among the people such information as may secure exemption from avoidable causes of disease.* The occasional outbreak of local epidemics; the intimate relations of our State to tide-water and its proximity to the nidus of Yellow Fever; the spread of Asiatic Cholera in the East and the possibility of its reaching our shores, render precautionary measures of the greatest importance at this time, and should arouse every section of the State to unusual activity in sanitary matters.

It is proposed to hold these Conventions annually in various sections of the State, and in order to make them of the greatest importance, the Governor of the State, Members of the Legislature, all Mayors of cities, the authorities of towns, villages and counties, and citizens generally, especially physicians and clergymen, are cordially invited to attend and take part in the deliberations. All local Boards of Health, Medical and Pharmaceutical Societies, Associations of Architects, Engineers and Plumbers, Medical and other Scientific Institutes, Railroad and Manufacturing Corporations are requested to send representatives.

The following papers have been announced for the meeting: Mr. Henry C. Hallowell on "The Necessity of Local Boards of Health." Dr. Jackson Piper, on "The Sanitary Requirements of Baltimore County." Dr. W. Stump Forward, on "The Effects of the Decomposition of Canning House Offal." Dr. John Morris, on "The Etiology of Catarrhus Baltimoriensis." Dr. W. C. Van Bibber and Mr. Charles H. Latrobe will also read papers; the subject of the latter has not yet been made known. It is also expected that Col. George E. Waring, Jr., and Dr. John S. Billings will attend and take part in the meeting.

THE BIOLOGICAL LABORATORY of the Johns Hopkins University has been completed. It is built of pressed brick, trimmed with Cheat river bluestone, and while constructed with no particular pretensions to style, presents a handsome, solid appearance. The interior is arranged with reference to the comfort and convenience of every one connected with the department, and combines the results of a careful study of similar institutions in this country and in Europe. The basement is occupied by store-rooms, heating apparatus, cremation-room, where all refuse matter will be burned, and by the department of physiological chemistry, where a series of studies in fermentation are now in progress. On the first floor is the main laboratory, well lighted, and fitted with the best utensils and apparatus for the prosecution of the study of minute organisms. Seated at the tables around the walls are the students, one endeavoring to produce artificially mouldy bread in order to investigate the properties of the *fungi* thus formed; some carefully preparing the skeleton of a cat; others comparing the results of microscopic observations with the words of text-books, and others reproducing them by drawings. There are also on the floor studies for the assistants, and a large lecture hall. The second floor is devoted to morphology and botany, and is under the control of Dr. Brooks; on this floor also are the museum, with Mr. Lugger as curator; the library, which contains general and special works on biology and kindred subjects; the optical room, of which the floor, walls and ceiling are painted a dead black, and the botanical laboratory, where no special work is now going on. Adjoining Dr. Martin's study, on the third floor, is the large operating room for the more advanced scholars. This is connected with another darkened optical room. On the same floor is the workshop, where a mechanic is employed by the department to repair or make the different instruments required for the use of the students; a smaller operating room, for the study of cold-blooded animals in particular; a balance room, in which are kept and weighed substances that must not be subjected to a strong light, and the histology room, devoted to the investigation of the tissues of animals and plants. Above

is a loft and an observatory, reached by a winding flight of iron stairs, from which can be obtained a view of the greater portion of the city and surrounding country.—*Baltimore Sun.*

REMOVAL OF FOREIGN BODIES FROM THE STOMACH.—To the case of the *homme a la fourchette* and the extraction of a spoon from the stomach of another patient, described in the *Semaine Medicale*, October 5th, 1882, Dr. Hagens, of Dantzic, adds a third, recently described by him in several German medical journals. The operation, however, is not recent, for this third case was performed by Daniel Schwaben, "lithotomist and surgeon at Dantzic, in the early part of the seventeenth century. A countryman, in endeavoring to produce vomiting for the relief of colic, was tickling his palate with a penknife, when he suddenly let go of the handle of that instrument, which was accidentally swallowed forthwith. Six weeks later Schwaben made a very free incision through the abdominal walls and the anterior part of the stomach and extracted the knife. The patient recovered, and was able, for several years afterwards, to work hard in the fields, never suffering from any local symptoms. The original manuscript description of this remarkable case is in the hands of Dr. Hagens. The surgeons of Dantzic and Konigsberg appear to be the most dauntless pioneers of the desperate departments of operative surgery; last December we had occasion to refer to an unsuccessful case of excision of a phthisical lung by a surgeon practicing in the former city.—*British Med. Journal*, Oct. 20, 1883.

PIECE OF CHINA CUP IMPACTED IN LARYNX.—*H. W. Freeman, F.R.C.S.I.* (*Lancet*, Oct. 20), reports the following case: A boy, æt. 7, inadvertently broke a piece off the rim of his cup and swallowed it with his bread and milk. Choking followed, with frightful laryngeal spasm, stridor, spasmodic cough and threatened asphyxia. Inverting the body and striking the back having no effect, and it being impossible to detect the fragment with finger or curved forceps, chloroform was administered with a view to the performance of tracheotomy. During the administration respiration and pulse ceased, and the trachea was opened at once below the cricoid cartilage and a double tube inserted. Artificial respiration and inversion restored the pulse and respiration after twenty minutes. The child was then put to bed. The next morning a piece of copper wire bent for a half inch to a right angle was introduced into the tracheal opening (the tube being removed, but the lips of the wound held apart by dressing forceps), and pushed upward until the chink of the china was heard, when getting the bent portion at right angles to the foreign body it was dislodged into the mouth and removed. It was triangular in shape, and ⅛th of an inch in largest diameter. The boy made a good recovery.

AN IDEAL DRINK.—After all has been said and done that can be said and done in the cause of total abstinence and on the subject of alcoholic beverages, after the fever and fashion of this our day has changed and subsided, we believe that *beer* will still be found to be the national drink of the future, as it has been of the past, in this country. The reason of this is that it is, in fact, economically and physiologically a drink combining so many useful qualities that nothing, it is clear, can be provided for the price which is at all likely to supersede it. Tea and coffee, if universally drunk—solutions of tannin with a small and varying amount of more or less harmful alkaloid—would cause such an increase of national dyspepsia and nervous troubles that a new crusade, with the Dean of Bangor, perhaps, as its Peter the Hermit, would soon drive them from their positions as national beverages. Neither they nor milk can be provided *good* in sufficient quantity and at the price required; and milk is not tolerated by grown-up stomachs. Oatmeal-and-water will soon pall upon the most enthusiastic palate. Sweet syrups or acid effervescents can scarcely be habitually consumed without derangement of the gastric functions. And as for water—the best of drink when at its best—sanitation will have to make very long strides indeed before it can be regarded as anything but the most perilous of thirst-quenchers. If a committee of unprejudiced scientific men had been appointed to compound and recommend a perfectly aseptic drink combining the qualities of nutrition and palatability, with such small amount of alcohol as should act as a preservative to the fluid itself, an aid to digestion, and a mild and innocuous stimulant to the whole system, it is probably upon a light, bitter beer, brewed from good malt and hops, that the seal of their approbation would be placed. Formed, as it is, from indigenous and wholesome materials, easily concocted, and at a small cost, tonic and nuitritious, harmless except in almost impossible quantity, it is just such an ideal drink as we should pine for if we did not already possess it. All questions of adulterated, fortified or dishonestly compounded malt liquor, and all question of injuring by excess, in this as in every other aliment, are beside the present issue.—*Med. Times and Gazette*, October 27.

Poisoning by Chlorate of Potash.—*Professor Bohn*, of Königsberg (*Deutsche Medicin. Woch*, Aug. 15), reports a case of poisoning by this agent, prescribed on account of vesical catarrh following gonorrhœa. The patient, a man æt. 40, was ordered to buy some of the salt at a druggist's, to dissolve a teaspoonful in a tumbler of water, and to take a tablespoonful of the solution every two hours. He was afterwards found to have dissolved a teaspoonful every two hours in a glass of water and to have drunk the whole quantity each time, so that he had taken two ounces in thirty-six hours. When seen by Dr. B. he was pale and collapsed, in a condition suggestive of cholera, suffering greatly from pain over the stomach, and with suppression of urine. Soon afterwards a feeling of formication and numbness in the hands and feet came on, causing great distress and restlessness. The small quantity of urine, about half an ounce, passed in twenty-four hours, contained a few blood corpuscles and was full of small brownish bodies and cylinders. Under the spectroscope, it showed the absorption-band of methæmoglobin. Death occurred within two days, preceded by increasing collapse and some amount of icterus. The most distinctive appearance found at the necropsy was the brown color of the spleen, liver and kidneys, which did not pass off on exposure to the air but persisted after some days. The uriniferous tubules of the kidneys were found to be filled with brownish masses, formed in bodies resembling red blood-corpuscles, but without their bi-concavity. There was a stagnation of blood in the spleen, and the medulla of the bones and the blood-corpuscles were changed in character both there and in the heart, being shrunken and altered in contour. This case reminded Dr. B. of others in which death was supposed to have occurred from diphtheria. He appends the histories of two, in each of which large doses of chlorate of potash were given. He thinks the drug must no longer be sold as harmless, or be given in unlimited quantities into unprofessional hands.—*Alice Ker, Lond. Med. Rec.*, October.

Case of Hypodermic Transfusion of Blood.—Dr. Paladini relates the following case in the *Gazette Med. Italiana-Lombardia* for August 25, (*Med. Times and Gazette*, October 20th,): A woman 48 years of age was reduced to a condition of extreme anæmia from a long-standing menorrhagia, She had frequent faintings, although in the horizontal position, was unable to take food of any kind, and, in Dr. Paladini's opinion, transfusion was urgently called for on account of her very exhausted state. As the patient lived in a remote village where appropriate instruments could not be obtained he resolved to perform hypodermic injection by means of a syringe having a capacity of about ninety cubic centimetres, and a gum-elastic tube, to which a trocar and canula were attached. He selected the skin of the abdomen, because this was lax enough to be raised in large folds and to receive a considerable quantity of blood. The woman's husband having furnished about 200 grammes of blood, two syringefuls were successfully injected into the subcutaneous tissue, at four fingers' breadth to the left of the umbilicus, care having been taken to force the trocar far enough in to insure a sufficient space for the reception of the blood. When the blood had been injected a salient projection about the size of an egg could be felt there. It was calculated that at least 130 grammes of blood had been injected. No pain or other inconvenience was caused by the operation, and in about two hours the tumefaction had disappeared. The next day the uterine flow, which had continued, in some measure decreased, and the patient was able to take food and enjoy some sleep. Two weeks afterwards the patient was slowly recovering, but only just able to leave the bed, so great had been her prior exhaustion. Dr. Paladini is encouraged to hope from the marked success which attended this hypodermic injection that so easy and innocuous a mode of performing transfusion will hereafter be resorted to frequently.

Treatment of Malarial Hæmaturia.—*Dr. J. E. Halbert* (*Mississippi Medical Assn. Transactions, 1883*), sums up the treatment of this affection as follows: First, prophylaxis; purgative of calomel in large doses, encouraged by enemata; warm bathing to promote action of the skin, both of which indirectly relieve the nausea; sinapisms to the epigastrium; ice and if the patient be weak, champagne; carbolic acid in small doses; digitalis as a gentle diuretic and heart stimulant; astringents of gallic acid and ergotine if the hemorrhage is continuous or exhaustive. In addition, I allow lemonade and bitartrate of potash *ad libitum*, but the sheet anchor is quinine hypodermically. Nourish by the rectum, if necessary, and avoid if possible giving medicine or anything except ice, champagne, or some concentrated nourishment by the stomach.

HYDROBROMIC ACID—A WARNING.—Hydrobromic acid is again attracting attention, this time by *Dr. C. L. Dana*, of New York. In the doses in which he recommends it, that is 3 i.— 3 ij, even if considerably diluted, or covered with syrup, it will frequently cause stomatitis. This condition will be first detected on the inside of the lower lip. We have had two troublesome cases of gastritis from the thrice daily administration of fifteen minim doses of the dense acid, diluted in syrup of tolu and water. The theory of the use of hydrobromic acid is good, and the practice, as far as the taste goes, but the unpleasant stomatitis and gastritis must materially limit it.—*Dr. T. F. Wood, N. C. Med. Jr.* for Oct.

DR. ROCHARD'S ASSASSIN.—On the evening of September 26th, this gentleman, who is the Medical Director of the French Marine, was returning home in the rain, when he was shot in the back by some unknown person. There is every reason to believe that the assassin was a lunatic who has been in the Insane Asylum more than once suffering with delusions of imaginery persecutions—*delire des persecutions*. The supposed assassin, who is 44 years old, and of intemperate habits, voluntarily gave himself up and acknowledged the deeds of which he was the only witness. He seems to have mistaken his victim for one of those whom he imagines to have been his persecutors.

Medical Items.

On October 24th the University of Edinburgh completed the three hundredth year of its existence. The medical school dates from a hundred years later.=Dr. Ackland, Regius Professor of Medicine in the University of Oxford has been made a companion of the Order of the Bath.=The Berlin Hygienic Exhibition was closed on the 15th of October. The entire attendance was a half million, and the receipts reached 500,000 marks.=Mr. Bowman has made a gift to the Ophthalmological Society of England of $250 annually, for twenty years, in order to defray the expenses of rent of rooms. He has also undertaken the purchase of all fittings necessary for the museum and library. The Society has founded a "Bowman Lectureship."=The correspondent of the Baltimore *Sunday American* says that Dr. J. Marion Sims has purchased two lots on 16th Street, between O and P, and will erect a handsome residence for his own use. The reason for his locating in Washington is said to be on account of the desirable climate.=There have been two hundred and forty deaths from cholera at Mecca in one week.=Dr. Sam'l C. Chew has been elected Trustee of the Peabody Institute.=Quarantine at the Port of Baltimore ceased October 31. There is not a single case of disease now at the Quarantine Hospital. A strict look-out is still maintained for infected vessels.=The Plumbers' Association, of Baltimore, has passed a vote of thanks to Mr. Charles S. York, "for his untiring zeal" in the cause of the inspection of the plumbing bill.=All the European powers have agreed to the proposal of the Italian Government to have a sanitary conference at Rome for the purpose of making sanitary regulations and drawing up an international sanitary code.=A new monthly journal has appeared in New York called the "Medical Student." The first number contains a portrait of Prof. Wm. Darling.=Dr. E. L. R. Thomson has been expelled from the New Haven County Medical Society for practicing criminal abortion.=The University of Zurich has now twenty women medical students. It has conferred the degree of M.D. on twenty-three women during the ten years in which the University has been open to them.=Dr. John B. Hamilton, Supervising Surgeon-General of the Marine Hospital Service has been elected Professor of Surgery in the Medical Department of the Georgetown University.=*Erratum:* An error crept into the number of the JOURNAL of October 20th, which demands correction. It was there said that New York city had *seventy-seven* medical societies; it should have been *twenty-seven*.=According to the *Med. Times and Gazette* the entries at the London schools this year will exceed those of any previous year by one hundred. The number last year fell to three hundred and seventy-one, creating much anxiety lest the provincial schools should in time usurp entirely the privilege of medical teaching. The "admitted overcrowding in all other callings" is assigned as the probable explanation of the sudden rise.

LIST OF CHANGES IN THE MEDICAL CORPS OF THE ARMY during the week ending November 29, 1883:

McKee, James C., Major and Surgeon—Relieved from duty in the Department of California and assigned to duty as Medical Director, Department of the Columbia. (Par. 5, S. O. No. 249, A.G.O. Oct. 31, 1883.)

Price, Curtis E., Captain and Assistant Surgeon—Assigned to duty at Fort Custer, M. T. (Par. 1, S. O. No. 187, Department of Dakota, October 25, 1883.)

Original Papers.

THE HYPERTROPHIED PROSTATE GLAND FROM A MEDICO-LEGAL POINT OF VIEW.

BY CHRISTOPHER JOHNSTON, M. D.,

Emeritus Professor of Surgery, University of Maryland, School of Medicine.

There lived in a well-grown city of America a man of 62 years of age, who, notwithstanding he had reached the time of life when 'passion waits on judgment,' was alleged to have driven his wedded partner from the nuptial bed, and to have substituted for her two daughters not older than eighteen and twenty years; and in a suit brought by certain parties was charged with abandoning the wife and with having constant or frequent illicit sexual intercourse with the young females referred to. The relation which the man bore to these women is not a point in this paper, but, although they were said to have admitted the guilt of incest they urged in extenuation of their conduct that they yielded through fear to authority.

The defense, while admitting as a fact that the man and the girls had shared the same bed, denied that the sexual act had ever been performed; and insisted that the accused could never have effected penetration, because he was at the time, and had long time before, been the subject of enlarged prostate; and it was claimed by counsel that the prostatic enlargement was a bar to the sexual act, for the reason that it occasioned such pressure on the erectores penis as to draw the male organ downward, and render coitus impossible.

This allegation was met by the rejoinder that the existence of prostatic hypertrophy should be established by professional experts before issue could be taken upon the physiological and pathological points raised, and would not be admitted otherwise.

This requirement was not acquiesced in by the defendant, and the case lingered for awhile, threatened to come into court, but by death of the defendant most fortunately reached a sudden and providential termination, which was, practically, a happier ending in favor of the prosecution than if a human tribunal had pronounced the decree.

If the case had been brought to trial, it is difficult at this time to declare the direction which argument would have taken, for although it might have been ascertained that the defendant was laboring under a form of morbus Brightii, as in fact the post mortem examination showed, from the temper of that person the true condition of the prostate gland would not have been discovered during life, and that gland was not even mentioned in the autopsy. But for us it suffices that the defense made an averment with regard to the prostate gland, which the prosecution were ready, under certain circumstances already stated, to contravene. And as this denial on their part covered a very considerable extent of ground, I propose to take up and develop those points in the denial which were supposed or expected to render the defendant's statement invalid.

In the first place it is claimed that chronic prostatic enlargement is not a necessary attendant upon old age, and this view is supported by many of the best authorities in surgery. Thus Bryant* in his Manual for the Practice of Surgery, under the caption "*Hypertrophy of the Prostate*," says "this is a general term applied to a chronic enlargement of the gland, which is not inflammatory, but is generally believed to be a common consequence of old age; indeed, it has been regarded as a general senile change. Pathological investigations, however, have taught us that this is not the case, Thompson, with others, having clearly proved that although it is an affection of advanced life, it is in no way a necessary attendant upon old age, the vast majority of old men having nothing of the kind."

And it will be observed that the author makes no reference to enlargement of the prostate as an impediment to erection, which could hardly be the case even when excessive venery determined the increase in size.

No less an authority than Professor Erichsen† thus expresses himself: "If we look upon the diseased enlargement of the prostate as such an amount of hypertrophy of this organ as to interfere seriously with the discharge of the urine, we shall probably not find it so frequent, even in old men, as is generally supposed." "Though age must be looked upon as the primary cause of this particular hypertrophy of the prostate (giving rise to symptoms during

*Manual for the Practice of Surgery. London, 1879, 2d Am Ed., 3d English, p. 567.

†The Science and Art of Surgery, Phila., from 7th English Ed. 1878, p. 622. Vol. II. Art. Hypertrophy.

life in from 15 to 16 per cent. of the cases Guthrie examined), there can be little doubt that it may be predisposed by any continued source of irritatian of the urinary organs, such as gonorrhœa, stricture or hard living."

And here again no reference is made to any let or hindrance to the erection of the penis.

The same author, in another place,* speaking of the moral effects of enlarged prostate, goes on to say: "The irritation of a congested and enlarged prostate will excite libidinous ideas in the aged, which may lead them to the perpetration of acts of indecency, such as exposure of the person, etc., or to a general impairment of the moral tone. But not only does the diseased state of this body thus excite a depraved condition of the mind; the converse will also happen. And if the true history of many cases of prostatic congestion and hemorrhage were told, it would be found to begin in undue or irregular sexual or erotic excitement, by which the genital organs have been injuriously overstimulated."

It will be seen, therefore, that chronic hypertrophy of the prostate as an effect of old age—itself not a disease but a condition—is not, as some have supposed, at all generally admitted; but all surgeons agree as to the effect of enlarged prostate—sufficiently large to give rise to symptoms upon the urethra, bladder, ureters and kidneys. Thus Professor Ashhurst† refers to "interference with complete "evacuation of the contents of the bladder." And its frequency, as marking the fact of time, is still further contested by Professor S. D. Gross, who speaks‡ in the last edition of his splendid work as follows: The frequency of senile hypertrophy (of the prostate) is very much overrated. Hypertrophy, not a result of old age, may arise at any period of life. * * *

"In 100 dissections made by Dr. J. C. Messner, this condition occurred in 35 per ct. after the 60th year." And Professor Gross quotes Sir Henry Thompson as stating that he never met with 35 per ct. of such cases after 50 years of age, and Mr. Bryant after 55 years.

Finally, Sir Henry Thompson* himself, in his Jacksonian prize essay, had long before asserted what Professor Gross finds that he still adheres to, that "hypertrophy never appears excepting in advanced years. But it is not, therefore, a necessary concomitant of age. It is, on the contrary, a condition which a very large majority of elderly men escape." And on the next page Sir Henry Thompson sets down the frequency of this 'condition' at "about 34 per ct. of men at and above 60 years."

But one author of eminence, of an older date, however, Sir Astley Cooper,† advocates the opposite view, for he says "the enlarged prostate is the consequence of age and not disease."

For my part I cannot but believe that as inflammation underlies all surgical pathology it will be found that the cause of prostatic hypertrophy is determined by that state, excited in some or other manner, and that age, which withers organs held for the species and not the individual, does not depart from its custom and occasion hypertrophic development in an organ which must survive its temporary active association with the generative system, and retain its relation with the urinary.

In the second place attention is called to the size attained by the organ in question; as also to the fact that whatever impediment is occasioned to the urinary flow none is alleged to hinder the generative act, either under the present caption, or those of the "Symptoms" and "Effects of Prostatic Hypertrophy."

Gray, giving the measurements of the normal gland in his Anatomy declares that the prostate is hypertrophied if its dimensions exeeed one and a half inches wide, one inch deep, and three-quarters of an inch thick. From this small size the gland may advance to considerable volume. Professor Gross cites an instance of a prostate gland weighing nine ounces. Sir Henry Thompson's‡ largest examples of hypertrophy reached from nine to ten ounces in the work referred to; but in Holmes' Surgery,§

*Loc. Cit. p. 826, "Moral Effects of Enlarged Prostate.

†The Principles and Prac. of Surgery, 3d Ed. Phila. 1882, pp. 937-939.

‡Gross' Surgery, 6th Ed., Phila., 1882. Vol. II, p. 792.

*Dis. Prostate, London, 3d Ed. 1868 (Jacksonian Prize Essay for 1860, p. 137.)

†Lecture in Lancet, Vol. III, 1824, p. 239.

‡Op. Cit. p. 87.

§Holmes' Surgery, Vol. 4, p. 367, London, Art. Dis. of Urinary Organs. H. Thompson, Esq. (now Sir H. T.).

1864, Mr. Thompson makes the statement that the weight of the prostate has been known to reach twelve ounces, and that "in malignant disease these limits are exceeded."

Erichsen* refers to a specimen in the Norwich Museum, from a man of 80 years, which weighed twenty ounces. And finally Sir Henry Thompson, in his Diseases of the Prostate,† cites "Howship's Specimen" * * "as large as an orange; and one in the Museum of the College of Surgeons in Edinburgh of the size of a cocoanut.

From enlarged size inquiry would naturally be directed towards the causes of hypertrophy of the prostate, and these are found to be few but remarkable from their effectiveness. Barring old age, which is causative in one-third of the cases, if we credit the advocates of the doctrine, we encounter those agencies dominating the remaining two-thirds, which are undeniably potent. Nevertheless the most prominent among these are aided, as are, perhaps, the most of them, by the retention of generative power during advancing years. Thus Gross,‡ among the causes of the hypertrophy of the prostate enumerates excess of venery, urethral stricture, disease of the bladder, horseback exercise, gonorrhœa and stimulating diuretics. And Sir Henry Thompson§ is emphatic in associating the excessive use of the organs of generation and the diseased state in question of the prostate gland, for he says: "Sexual indulgence late in life seems to promote the enlargement of the prostate gland; and I know of several instances of old men being attacked with retention of urine from congestion of this organ occurring during coition."

It would, therefore, seem plain that from these authorities, at least, the defense could gather very feeble encouragement.

The symptoms declared by an enlarged prostate are singularly few, considering the important position occupied by the gland, and they appear to have reference chiefly to the urinary function and very feebly toward the generative. The patient, nevertheless, may give evidence of the dissatisfaction he feels at finding his virile power gliding away from him, and attribute to the prostate an extinguishing influence when it is really nature that is waning. Thus Bumstead* writes that the patient (having chronic prostatitis) is irritable or low spirited, and incapable or mental or physical exertion, * * * imagines that he is losing his memory, that he is impotent, etc. And Civiale,† in 1850, says that "most men affected with engorgement or any other chronic disease of the prostate, to a certain extent experience a marked disturbance in the functions relating to the reproduction of the species; in fact the age at which prostatic lesions appear is that in which the generative functions naturally become weaker. Besides, this derangement is subordinate to the nature of the affection, and it does not always manifest itself by symptoms sufficiently distinct or prominent to be appreciated."

In fact, reason and observation may not concur in believing prostatic hypertrophy to be causative of the decay of the generative function, when too frequently that gland owes its abnormal dimensions to protracted abuse of the very powers in question.

Authorities and experience alike declare that the symptoms belonging to or created by prostatic hypertrophy, few though they be, refer almost exclusively to the manner of voiding the urine, and that, too, at a time of life when the vesical muscular fibres have lost their alertness, and are slow in accomplishing contraction of the viscus even without any let or hindrance. Thus Sir Henry Thompson‡ makes the statement that "the most important result of enlargement is obstruction to the flow of urine." But the same author, on another page,§ declares that "vascular excitement of the penis, producing frequent erections, is also, at times, a concomitant symptom."

Professor Gross,‖ in his pathological anatomy, refers to the penis as being "often in a state of partial priapism;" but in the

*Science and Art of Surgery, Vol. 11, p. 823.
†Op. Cit. p. 88.
‡Surgery, 6th Ed., 1882, V. ij, pp. 792 and 732.
§Holmes' Surgery, Vol. 4, p. 609, Art. Diseases of the Male Organs.

*B. on Ven. Dis. 4th Ed., by Dr. Taylor, 1879, p. 175.
†Civiale, Traite Pratique sur les Maladies des Organes genito-urinaires, 1850. Paris, 2d Partie, p. 330.
‡Holmes' Surgery, Vol. 4, p. 366, Art. Dis. of Urinary Organs.
§Holmes' Surgery, Op. Cit. p. 368.
‖Pathological Anatomy, Vol. 2, Ch. 12, Hypertrophy of the Prostate, p. 399. 1839.

"Surgery"* of the same author no reference is made to erections or their failure through influence of enlarged prostate.

In the sixth edition, however, of that most admirable and valuable work,‡ Prof. Gross classifies occasional nocturnal seminal emissions among the symptoms of hypertrophy; but, on the other hand, while admitting the causes already enumerated, is eloquent in the defense of "old men who have led the chastest life, who have never been in the saddle, who all their lives have been free from disease of the urethra, but in whom, nevertheless, the very worst cases of hypertrophy of the prostate occur."

Sir Everard Home, in his "Practical Observations on the Treatment of Diseases of the Prostate Gland,"‖ gives nothing bearing upon the prostate in disease as affecting erections.

Bumstead† makes no reference; and nothing is met with in the physiologies of either Dalton¶ or Foster§ suggesting the association of the prostate, in any condition, with erections.

And so far, at the least, it has not been made to appear that the sexual act is rendered abortive through the preventive agency of the prostate gland enlarged.

Lastly to be considered in this connexion are erection of the penis, in brief, and the uses of the erector penis muscle, otherwise known as ischio-cavernosus, the alleged forbidding action of which under misguidance by an enlarged prostate, formed the basis of defense in the case which gave life to this paper. A few words, therefore, must be said with reference to erection of the virile organ, and of the muscle upon the misdirection of which the accused relied so much. We must know how it assists erection, and then we may set proper value upon the charge that it drew the erectile organ down, being so impelled by prostatic hypertrophy.

In a similar spirit Servetus reasoned, finding in the scripture *anima est in sanguine;* anima *ipsa est sanguis.* "Since[1] then the life is in the blood, says Servetus, to know how the life is formed we must see how the blood is formed; to know how the blood is formed we must know how it moves." So to know the grounds of denial we must know the anatomical and physiological facts connected with a part of the generative function; to know how a muscle may impede action we must know how it normally aids in promoting it; in short we must have a clear idea of the nature of erection in order to understand the favoring agencies at work as well as those asserted to be inimical to its accomplishment..

*System of Surgery, etc., 5th Ed.

‡System of Surgery, 6th Ed., Vol. 2. pp. 792-793.

‖London, 1818.

†Bumstead and Taylor. B. on Ven. Diseases, 4th Ed. by Dr. Taylor, 1879, p. 175, etc.

¶Dalton, Physiol., 6th Ed. 1875.

§Foster's Physiol. 1880.

1Flourens, Circ. du Sang, p. 140, Paris, 1854.

ERECTION OF THE PENIS.

It will readily be perceived from a perusal of authorities that while there is coincidence of views with regard to this specifically important state of the male organ there is also divergence of opinion in reference to certain points, as, for instance, the condition of the blood-vessels. Pressure and its consequences are called upon to explain the mechanism of erection,—the almost passive involvement of these canals —brought about through the agency of the nervous system; and in this category may be ranged Valentin (1853) and Flint, Jr. (1876),† while Kuss‡ and Funke‖ concur in admitting or claiming active dilatation of the 'smallest' arteries of the corpora cavernosa. Flint speaks of constriction of the veins, stasis of blood in these canals, and contraction of the trabecular muscular fibres. Funke, on the other hand, refers to dilated arteries and venous sinuses, without impediment to the return of blood heartwards, and of relaxation of the trabecular muscular filaments, though partly maintained in an opposite state. But let these authors speak for themselves.

Valentin says: "Erection of the penis * * * may be produced * * * by pressure on the veins of the penis from a distended bladder, calculi or tumors; and by irritation of the nervous centre." And here we would incidentally remark that vesical tumors are to be met with, as in the case of a distinguished citizen of Baltimore,

*Valentin, Text-Book of Physiol., p. 629. Tr. by Brinton, London, 1853.

†Austin Flint, Jr. Text-Book of Physiol., p. 889, New York, 1876.

‡Prof. Kuss and Agregé Prof. Duval, Physiologie, p. 739, Paris, 1879.

‖Otto Funke, Lehrbuch d. Physiol., B. II, Theil II, p. 228, Leipsig, 1879.

which produce the erection of a satyr; and prostatic tumors, frequently projecting into the bladder, or lying in the prostatic portion of the urethra, are not uncommon, as Gross, Thompson and others declare.

Flint observes that "Researches upon the nerves of erection shew conclusively that the vessels of the erectile tissue are distended by an enlargement of the arteries of supply, and that there is not simply a stasis of blood produced by constriction of the veins, except, perhaps, for a short time, during the period of most intense excitement. * * It is probable that in addition to the arterial dilatation, when the penis attains its maximum of rigidity, there is a certain amount of obstruction to the outflow of blood by compression of the veins; and that the rigidity is increased by the contraction of the trabecular muscular fibres of the corpora cavernosa."

Again, Kuss and Duval made the following statement: "Erection is produced by a reflex phenomenon of which the points of departure are very variable. The mechanism of erection is very complex; the erectile tissue (corpora cavernosa and spongy portion of the urethra) are filled with blood at a high tension; 1st. An act of vaso-motor dilatation; 2nd. Impediment to the return circulation."

And finally hear what Otto Funke advances as authoritative. "According to Kölliker, erection (of the penis) depends upon an increased flow of blood through the dilated arteries, with simultaneously dilated venous sinuses, without retardation of the return of blood. The dilatation of the arteries and veins is the result of a relaxation of the trabecular muscular filaments (balken-muskeln) kept continually in a state of partial contraction." And further on (p. 232) he concludes: "There remains, then, no other explanation than this, viz: that erection is the result of a so-called 'active' dilatation of the smallest arteries of the corpora spongiosa induced through the nervi-erigentes."

On the whole, then, we would lean towards the very lucid explanation of the process of erection offered by Flint; and attach little faith to the "active" dilatation of arteries of the corpora spongiosa as declared by Funke.

We have now reviewed the opinions of many of the best surgical pathologists, and have given good reason for believing that chronic prostatic enlargement of the prostate is not a necessary attendant upon old age; have shewn, upon authority, the size attained by remarkably hypertrophied prostate glands; have cited the causes, the symptoms and the effects of hypertrophy of the organ in question, and found that the force of prostatic overgrowth was chiefly expended in producing obstruction to the flow of urine, although, contrary to the position assumed by the defendant's counsel, and according to Sir Henry Thompson, frequent erections of the penis are a concomitant symptom; and we have, pointed out, in general, under what circumstances erection of the penis is produced (not caused) physiologically, and by the "agency of a disturbed bladder, calculi or tumors, and by irritation of a nervous centre," also in opposition to the claim advanced by the party male in the case we are endeavoring to analyze.

There remains, therefore, but a single matter to consider, and this involves the uses of ischio-cavernosus, also known as the erector penis muscle.

Cruveilhier,* in his Anatomy, states that "it (e. p.) acts solely upon the corpus cavernosum (of its side), drawing the root of the penis downward and backward; instead of compressing the root of the corpus cavernosum by the contraction of its fibres it tends, on the contrary, to dilate its cavity by separating the lower from its upper wall, and in this manner facilitates erection."

Quain,† however, in his Elements of Anatomy, regards the ischio-cavernosus as a compressor, for he says "this muscle (erector penis) serves to compress the crus penis, with which its tendinous fibres are blended, and thus it contributes to produce, or at least to maintain, the erection of the penis."

And Henry Gray,‡ in his Anatomy, in 1862, anticipates Quain in the expression of the same opinion, for he iterates that "this muscle compresses the crus penis and thus serves to maintain this organ erect."

The manner of erection of the penis,

*Anatomy, First Am. Ed. from last Paris, Ed. by Prof. Granville Sharp Pattison, M. D. New York, 1844, p. 456.

†Elements of Anatomy, Seventh Ed. London: James Walton, 1867.

‡Anat., Descrip. and Surgical, 2d Am. Ed. 1862, p. 779.

therefore, as explained by the most competent authorities, regarded in all its bearings, would be far from giving confirmation to the views of those persons who found a reason for impotency through the impossibility of erections in an assumed tension of the ischio-cavernosi muscles with downward traction occasioned by a hypertrophic state of the prostate gland. In our opinion, quite an opposite state of things might be produced by such enlargement, for the more voluminous gland, if it pushed downwards, could hardly press upon the erectores penis, but would depress the root of the penis and urge it towards the pelvic outlet in the direction of between those muscles, and then aid their legitimate function by tilting the virile organ upward.

And besides, the age of the defendant, sixty-two, is no bar to the supposition of continued sexual power, for "the legal presumption is that the generative faculty does not disappear through age."§ Indeed the law is explicit on this point, as is declared in the celebrated Banbury peerage case, cited in Taylor's§§ Medical Jurisprudence. In this trial "it was contested that the deceased nobleman had become impotent through age"—"but it was argued by Sir S. Romilly that the law placed no limit on the powers and faculties of men in this respect." * * * And further on, Sir S. Romilly said, "there was no age, from seven upwards, at which a man had been denied the power of procreating children."

It therefore appears to us that the defendant, on all accounts, had no case; and that the assumption of prevented erections of the penis by dragging down of the ischio-cavernosi muscles through prostatic hypertrophy is at variance with pathological experienee, and therefore untenable.

Baltimore, July 14, 1883.

§ Taylor, Med. Jurisprudence, 2d Ed. 1873. Vol. ii. P. 291.

§§ Med. Jurisp., p. 292.

An Extraordinary Fecundity.—F. P. Atkinson reports in the *Br. Med. Jl.*, Sept. 15, 1883, the case of a lady of good position, who was married at 16 and died at 64, who had thirty-nine children by the same husband. There were thirty-two females and seven males, with only two sets of twins. All the children attained their majority.

PUERPERAL CONVULSIONS.

BY HENRY FROST, M. D.,
MARSHALL, VA.

(*Read before N. E. Va. Med. Society, Oct. 22nd*, 1883.)

Few subjects in medicine have attracted more attention than the one we are to discuss to-day: Puerperal Convulsions. We need not be surprised at this, for to the physician at the bed-side, the sudden and alarming nature of the attack, its serious results, and the necessity for prompt and active treatment make it a subject of intense interest, while the immense amount of literature, the variety and even diversity of the views held by different observers, and the steady progress towards a solution of its problems, invest it with a charm for the student.

The subject is so extensive that, for the sake of brevity, I will omit the description of a paroxysm; it can be mistaken for nothing else, except epilepsy, from which Trousseau says that it cannot be distinguished.

They may occur at any time during pregnancy (though rare before the sixth month), during labor, or within a short time after labor, the liability being greatest during labor.

As to *frequency*, Churchill gives a table of 97,000 labors with 159 cases of convulsions, or one case in 609 labors. Braun makes the ratio 1 to 545. These figures rather surprised me, for, judging from my own experience I should have thought the disease more frequent. In the last eleven years I have seen six cases; three in my own practice, and three in consultation. All were of the epileptiform variety; four were in primiparæ; one with her second child, and one in a multipara. This agrees with most of the statistics I have seen except Ramsbotham's, who states that women with large families are equally, or perhaps more liable to be assailed.

Etiology.—This has been a fruitful theme for discussion. It is not necessary to inquire into the theories offered by the older writers:—Sufficient that until within the last fifty or sixty years, congestion of the brain or "determination of blood to the head" was almost universally considered the cause, and the same theory still finds many adherents. This is not to be wondered at if we consider the views then held. Almost all diseases were supposed to be

due to active inflammation, which was of course to be combatted by the lancet.

Especially was plethora considered to be the almost universal accompaniment of pregnancy, so much so that it was a common practice to bleed pregnant women every month. I do not know whether any of you remember this practice, but I am sure you must, like myself, have heard it spoken of by some of your older patients as having been practised on them. Up to the time of the discovery of Bright's disease in 1827, this was certainly the prevailing idea of the cause of puerperal convulsions—congestion of the brain.

At the same time it had been noticed by many that excessive loss of blood produced convulsions. They had seen them after profuse flooding, and also after copious bleeding practiced for the relief of other conditions. Sir Astley Cooper tied both the carotids of a dog, and then compressed the vertebral arteries; among other symptoms produced were convulsions. Various similar experiments have been repeated by others. In one, tying the carotid arteries produced convulsions which instantly ceased on releasing the ligature; while the ligature of both *subclavians* and of the aorta below the innominate artery so as to direct the whole current of blood to the head produced *no* convulsions. These and similar experiments have led observers to conclude that cerebral *anæmia*, and *not* cerebral congestion is the condition to produce convulsions. This theory has been elaborated by Traube and Rosenstein, and is apparently adopted by most recent writers.

Their theory is this: Contrary to the old received opinion, pregnancy is really a condition of *hydræmia*. Numerous experiments have shown beyond a doubt that the blood of the pregnant woman is less dense than that of the non-pregnant; that it contains more water, but fewer globules and less albumen. In pregnancy there is also present almost invariably hypertrophy of the left ventricle, a condition we may suppose dependent on the state of the blood, and necessary also for the increased amount of circulation. We have then increased force in the heart, and the vascular system more distended, though with a more watery fluid than in the non-pregnant state. Now when labor sets in, the arterial tension is increased by the violent muscular action which includes not only the uterus, but almost the whole voluntary muscular system. This produces increased distension of the arteries supplying the brain; in consequence of the watery state of the blood effusion of serum takes place into the cerebral substance, and this effusion so presses upon the arterioles, as to diminish, or even occlude their calibre, and hence cerebral anæmia, which has been shown to be the condition necessary to produce convulsions. This theory seems to be generally accepted at the present day. I have taken it up out of its regular order in time so as to compare it with the old theory of cerebral congestion to which it is opposed. Between the two, in point of time comes the uræmic theory which I will soon consider.

After the discovery of Bright's disease, it was noticed by some observers, the first of whom was Lever, in 1843, that the urine of pregnant women frequently contained albumen, and naturally there was traced out a connection between the albuminuria of pregnancy and the convulsions which, in a certain number of cases, accompanied it. The nature of the uræmic poison it is not necessary to discuss here; it would be more appropriate to a paper on Bright's disease. Whether the toxic agent was urea itself or carbonate of ammonia, into which Frerichs claimed that the urea was converted, gave rise to much discussion, but for a number of years it was considered almost fully proved that the retention of urea in the system was the chief agent in the production of puerperal eclampsia. A point here on which I have sought light, but found little, is the connection between pregnancy and albuminuria. I have found no other explanation than that which would be most readily surmised, viz.: pressure by the gravid uterus on the renal veins producing passive hyperæmia of the kidneys. It seems probable that this is the cause from the fact that albuminuria and eclampsia seem to be more frequent in primiparæ, whose abdominal walls, being more resistant than those of multiparæ, would press the womb with more force against the renal veins. This point, viz.: the greater frequency of convulsions among primiparæ has been denied by some, of whom I have already mentioned Ramsbotham, but I take it that it is fully proved. Thus, of 296 cases of convulsions collated by Scanzoni,

235 were in primiparæ. The altered state of the blood, and the high arterial tension are also probable causes. The uræmic theory is not so fully accepted now as it was some years ago. It has been found that in cases where women undoubtedly suffered from chronic albuminuria no convulsions occurred. Again, in many cases of pregnancy *with* albuminuria convulsions are absent, while they frequently occur where the urine is free from albumen. Still another source of error is to be considered: It has been found that an epileptic attack is almost always followed by albuminuria, and we know that in probably the majority of cases of puerperal convulsions the urine is not tested until after the occurrence of convulsions. The presence of albumen then, instead of being the *cause*, is really the *result* of the convulsion. For these reasons the uræmic theory is not so universally adopted now as it was at one time, though no one disputes the fact that puerperal convulsions are sometimes caused by uræmia.

Having now reviewed briefly the most prominent theories of the cause of puerperal eclampsia, it will be seen at once that no one of them will explain all cases; probably, also, some cases cannot be accounted for by either of them. Again, it will be noticed that these theories deal only with the connection between the vascular and nervous systems. It will be seen also that these theories treat only of predisposing causes: the direct cause is still unknown, so that some authors, as Tyler Smith, settle the whole question very summarily by saying that during pregnancy the whole nervous system is in a peculiarly excitable condition, a proposition which will be readily admitted, but which does not furnish a satisfactory solution.

After reflection, it has occurred to me that uterine contraction is most probably the chief exciting cause, the predisposing being the watery state of the blood and the hypertrophy of the heart before alluded to. There is certainly a remarkable coincidence between the period during which convulsions may occur and the period of uterine contractions. We are told that from about the sixth month of pregnancy until parturition the womb is constantly contracting and relaxing. These contractions are not always painful, but still they may be sufficiently irritating to produce convulsions. When they reach their maximum, i. e., during labor, the liability to convulsions is greatest, but it continues after labor as long as uterine contractions last. In fact severe after-pains are considered one of the chief causes of convulsions occurring after labor. Of course I cannot explain the *modus operandi;* neither do we know why cutting a tooth, or the presence of intestinal worms will produce convulsions in children, and yet we do not doubt their causative action.

I will proceed now to the more practical part of our subject, and in which we can appeal to our own experience, the *treatment.* Here it is evident that no fixed rule can be laid down. In no complaint is there a greater discrepancy of opinion concerning the utility of venesection, and it is a pity that the partisans on both sides should be so dogmatic. Take, for instance, the two most recent authors whom I have consulted, Playfair and Penrose. The former claims that since the practice of repeated and indiscriminate bleeding has been discontinued the mortality has been reduced from 32 p. c. to 14 p. c. Another author makes the reduction from 35 p. c. to 11 p. c. Penrose, on the contrary, says (Epitome of Obstetrics, 1883): "If any other treatment than bleeding be adopted, *and this omitted, the patient will die.* The quantity of blood to be taken is from 20 to 40 fluid ounces." How are we to reconcile such conflicting statements? Only by supposing that neither of them practices exactly what he teaches. Playfair indeed acknowledges that in properly selected cases bleeding is a valuable remedy, while Penrose lays down the absolute rule that it must be practised in *all* cases, or the patient will die. Now, I dare say that if these two authors carefully analyzed their cases, the one would be surprised to find that bleeding was proper in so many cases, while the other would find, to his astonishment, that in a considerable number of his cases he had omitted the very remedy which he claims is indispensable. For my own part I consider bleeding the most valuable remedy we have, in many if not in most cases, but its application is by no means universal. As said before, I have treated six cases of convulsions. Besides these I remember another case under care of my father while I was a student. Of these seven cases five were bled, and all recovered.

It may be observed here that under either of the three theories which I have

quoted, venesection may be defended. Under the first, or cerebral congestion, its utility cannot be doubted. Under the second, or cerebral anæmia, its utility is also apparent, since the abstraction of blood from the veins would be one of the readiest methods of inducing the absorption of the effused serum; while under the uræmic theory the abstraction of blood offers the most speedy method of ridding the system of a poison which is perhaps only slightly in excess of what the system will tolerate. In this connection I may remark that Dr. M. G. Ellzey, in his report on Advances in Obstetrics at the late meeting of the Medical Society of Virginia, stated that the sentiment of the profession was undoubtedly bending more to venesection in the treatment of this affection than it had been for some time.

As adjuvants, and perhaps occasionally as substitutes, we will find aconite and veratrum viride useful, particularly the latter, which is claimed by Dr. Norwood as a specific in this and other convulsive diseases.

The next remedy I shall allude to is chloroform. I am sure we should all be at a loss if called on to treat convulsions without chloroform. It is applicable in almost every case; even coma is no contra-indication. In the severest case I have seen, in which the convulsions occurred before, during and after delivery, continuing almost 24 hours, it was used after venesection, but I do not think used as freely as it should have been. It is not sufficient to administer only on the approach of a convulsion; we cannot then get the patient sufficiently under its influence. As soon as possible after the first paroxysm I would give it freely enough to get her under its influence, increasing the amount when I saw another convulsion threatened. I do not remember to have seen any mention of the use of nitrite of amyl, but should think it would be useful during the paroxysm.

Probably the favorite remedy at present is chloral, either alone or combined with bromide of potash. It should be given in doses of 20 grs. every 2 to 6 hours. In a very severe case I saw in consultation, it was the principal, and I believe the efficient remedy. If the patient is unable to swallow, it may be given by enema.

Opium was, before the discovery of chloroform and chloral, the favorite remedy after bleeding, and the principal one used by those who did not practice the latter. In many cases morphia hypodermically is invaluable, particularly where there is great restlessness. In these cases I think nothing can take its place.

Very often the convulsions cease on the termination of the labor, and hence we are often tempted to use measures to hasten delivery. Fortunately all the remedies mentioned would favor dilatation of the os. If convulsions continue, and the progress of labor is slow, we may use the forceps or version or other suitable means, but we must not be surprised if the convulsions continue after delivery. In the cases I have seen, convulsions occurred only before delivery in three cases; in these, three began before birth and continued after, and in one they began after birth. What was my surprise then to see not long ago in the Philadelphia Medical and Surgical Reporter an article urging forced delivery in all cases, the writer stating that convulsions would invariably cease with the birth of the child!

One important part of the treatment remains to be considered, viz., the prophylactic. I believe that many cases could be prevented if the patient was seen in time, but unfortunately the physician is too often notified only when labor has fairly set in. The laity should be instructed that the lying-in woman ought to be under the care of her physician for at least a month before the time of her confinement. Headache, disordered vision, nausea and vomiting, irritability of temper, œdema, more particularly of the face and hands, are symptoms which frequently precede convulsions but are unknown to the attendant until too late. In one case I was told that for one or two days before labor the patient had intense headache with loss of vision. Treatment here would probably have averted the convulsions. In another case I was called in about three weeks before her confinement to see a primipara who was suffering with violent headache, nausea and vomiting. There was also considerable œdema of the face, hands and feet. I prescribed first calomel in ½ gr. doses for the nausea. Aconite and bromide potass. for the headache. Finding her unrelieved at my next visit, I bled her about 16 oz. with *immediate* relief. I then gave her jaborandi, and heard no more of her until summoned to attend her in labor

found she had had relief for about two weeks, and then suffered as before, but not so violently. She had one convulsion, when I bled her, gave her chloral with veratrum, and though she remained partially insensible for several hours she had no more convulsions. I firmly believe that in this case serious if not fatal convulsions were averted by preliminary treatment. Where there is much headache, I believe that the bromides, which have been found so useful in the treatment of epilepsy, would prove useful as prophylactics.

Of course the urine should be examined, and not only for albumen, but its quantity and sp. gr. should also be ascertained, and, if possible, it shouid be examined microscopically.

Persistent albuminuria has been thought by some so portentious of convulsions that when it is present it has been recommended to induce premature labor. I have not been able to find the article, but think this is the teaching of one whom I consider the very highest authority in obstetrics—T. Gaillard Thomas.

Hospital Reports.

PRESBYTERIAN EYE, EAR AND THROAT CHARITY HOSPITAL REPORT.

(Work for Month of October.)

BY JULIAN J. CHISOLM, M.D., SURGEON IN CHARGE.

The number of new cases for the ten months of the present year is 3,954, of which 419 are for the month of October. The attendance during the month was 2 632, an average of 97 patients for each day of October. The admissions into the wards of the Hospital were 25. 81 operations were performed during the month, several of these being cataract extractions. During the month every bed in the Hospital has been in use. Recently there has been a number of accidents, necessitating in some cases the removal of the injured eye to save the remaining one. In one case, that of a little boy, the injured eye was not removed promptly enough, the result was total loss of the other eye from sympathetic inflammation. The case in point was as follows:

W. H—, a bright boy of six years, while playing on the side-walk, had a piece of glass thrown at him by a mischievous boy from the opposite side of the street. It struck the right eye, cutting through the cornea at the ciliary region and allowed a piece of iris to protrude. The boy was brought to the Hospital for treatment a few hours after the accident. The wound extended from the centre of the cornea inwards to the selerotic without passing deeply into the ciliary region. Into this wound a fold of iris had intruded itself without projecting much above the corneal surface. There was no blood in the anterior chamber, nor was there injury to the lens. The instillation of a four grain solution of atropia and the use of cold compresses was the course of treatment pursued, with the belief that the eye could be saved. Under this treatment, traumatic inflammation was subdued, and at the end of fifteen days the case was dismissed at the request of the mother, who found it very inconvenient to bring the child daily to the Hospital. She was given atropia drops to use daily, and having been told the dangers that might come from such an accident, was instructed to bring the child back again promptly should any redness of the eye show itself. At the end of ten days the mother returned with the statement that the child had caught a cold in both eyes for the past few days, and as he did not seem to see very well out of the good eye, she had brought him down for further treatment. During the few days of absence, the injured eye had taken on general inflammation with corneal clouding. The uninjured eye had also become the seat of plastic iritis which seems to have invaded both choroid and iris. The lost eye was removed on the following day, and a vigorous application of atropia was made to the eye involved with sympathetic trouble along with the internal administration of mercurials, but all to no purpose. To-day, one month from the extension of the inflammation by sympathy, the little fellow has only perception of light, nor will he ever get more. Had the mother continued to bring the child to the Hospital daily, or had she returned as soon as she saw the changes in the injured eye, its prompt removal would have prevented all trouble to the good one. All irritation would have been removed by extirpating the eye to which the accident had occurred.

A question naturally occurs to us when these cases present themselves: How shall we deal with special kinds of eye accidents?

The report of one of the recent eye injuries will show what course ought to be pursued:

S. J—, a very large and handsome boy, an only child, was beginning to walk with some confidence He was playing upon the floor, while the mother was sewing. Getting on his feet at some distance from her, he rushed for her lap. She thinking that he was about to fall, threw out her arms to catch him. In her hand she held a scissors, the blade of which entered his right eye. I saw the little patient the next morning. As yet there was no swelling and but little congestion. There was a small punctured wound at the inner surface of the eye just behind the border of the cornea. It had evidently gone into the eye chambers

as the ciliary base of the iris had been cut, and there was some blood between the iris and the cornea. While the pupil dilated with atropia, I could obtain no reflex from the choroid surface, showing that the vitreous chamber was full of blood. I knew that a penetrating wound of the eye-ball even so limited as this seemed to be, would surely destroy the eye, and that in a very few days there would be much traumatic inflammation with swelling, and that also the other eye would run serious risks of sympathetic complications. I did not hesitate to urge the mother to have her little son's injured eye removed at once to prevent troubles which I clearly foresaw would come. She happened to be one of the wise ones, who having confidence in the surgeon, begged me to do the best for her child that I could. The eye was removed. While extirpating it I discovered extravasated blood in the socket, under chloroform.

In examining the specimen, the blade of the scissors had transfixed the eye from before backwards with a second puncture through the back of the eye into the socket tissues. The wisdom of the enucleation was then clearly shown. The child was playing about the day after the operation, and seemed already to have forgotten that any accident had befallen it.

The following very instructive case made a deep impression on me:

A lad, aged 10, was shot in the face by the accidental discharge of a pistol loaded with small shot. Some of these had perforated his right eye. When I saw him, some days after the accident, the cornea was cloudy, lens opaque, with small wounds in the cornea, and one in the scleral region near the corneal border. The opacity of the lens was an indication that the shot had perforated, and the absence of even an appreciation of light indicated that the eye had been destroyed. I explained to his father that the eye was not only lost to all future use, but that from the nature of the accident it was very dangerous to retain it. I therefore urged him to have it removed promptly to save the boy suffering and possibly the loss of the other eye. The father would not listen to such a proposition as the taking out of the injured eye. He said that he would assume all responsibility in the matter, and would have his son treated without an operation, as he would rather see him dead than have the eye taken out. Five months afterwards he brought the boy back to me to have his injured eye removed. The boy had not only had five months of suffering, but for the past month the good eye had taken on a sympathetic plastic inflammation of the iris and had now only appreciation of light. I removed the lost eye, which accident had destroyed, to relieve him of the pain which was constant in it. For the eye lost by sympathy, I could do nothing. The father, through his own obstinacy, had a blind son to provide for. The removal of the injured eye in the beginning would have saved him further trouble.

The rule which experience has laid down is a good one, viz: Remove all eyes lost by accident before they become a source of serious injury to the remaining eye. When the lost eye is out, all danger from sympathetic extension ceases. By prompt action you prevent suffering from the injured eye and blindness in the good one.

BALTIMORE EYE, EAR AND THROAT HOSPITAL.

A CASE OF IRIDO-CHOROIDITIS SYPHILITICA IN WHICH PILOCARPINE WAS ADMINISTERED INTERNALLY WITH GOOD EFFECT.

REPORTED BY J. G. WILTSHIRE, M. D.

Mrs. ——, aged 40, consulted Dr. Theobald with an otorrhœa of long standing. She exhibited periosteal nodes upon the frontal bone, and gave a history pointing to acquired syphilis. She was placed upon Hydrarg. Biniodid., Pot. Iod., and Syr. Ferri Iod., in combination, and insufflations of boracic acid were made to the middle ear.

April 3d, while still under treatment for the otorrhœa, she complained for the first time of pain in her right eye, which was somewhat injected and exhibited slight increase of T. A lotion of belladonna was prescribed to be applied freely to the closed lids, upon a linen cloth.

6th. Inflammation increased; eye more injected, and pain greater. Opaque spots observed upon lower part of membrane of Descemet. Belladonna lotion discontinued and a iv. gr. sol. of pilocarpine ordered to be dropped into the eye three times a day.

9th. No improvement. Fearing iritic adhesions a iv. gr. solution of atropia was substituted for the pilocarpine, and the application of the belladonna was resumed.

10th. Eye rather better.

12th. Pain again worse, and said to be aggravated by the atropia; +T1(?), and diminished sensibility of the cornea. Opthalmoscope, however, showed the deeper media to be clear, and the optic disc exhibited no indication of glaucoma. An artificial leech was now applied to the temple, and a lotion of opium (ext. opii. gr. xx—aq. ℥ iv) substituted for the one of belladonna, and the solution of pilocarpine for that of atropia.

14th. The ball was more sensitive to the touch, and photophobia increased. The specific treatment, which had been continued up to this time, was now discontinued. and the systemic administration of pilocarpine (gr. iv. —aq. ʒ ij), xij drops to be given at bed hour, was ordered, with the instillation into the eye of the solution of the same drug as first mentioned.

15th. The fullest physiological effects of the pilocarpine on the surface and salivary glands were manifested.

16th. Eye somewhat improved. Dose of the pilocarpine was increased to xv gtt.

17th. The patient expressed herself as feeling much better; but oblique illumination showed that bands of adhesion had begun to form between the margin of the pupil and the capsule of the lens, to break which, a iv. gr. solution of atropia was substituted for the pilocarpine.

18th. The atropia has produced well pronounced dilatation of the pupil, and destruction of the adhesions between the iris and capsule of the lens, save one tag at the lower margin of the pupillary border. Opthalmoscope showed floating flocculi in and general turbidness of the vitreous humour. A pill containing Hydrarg. Submur. gr. ss., Opii. Pulv. gr. $\frac{1}{5}$, was directed to be taken every 3 hours, discontinuing the internal use of the pilocarpine.

19th. Eye feeling decidedly better, the remaining pupillary band having yielded.

21st. Complains of severe supra-orbital pain.

22d. Bowels very loose; gums untouched. Calomel and opium withdrawn, and resumed the internal administration of pilocarpine in xv. drop doses.

26th. Very marked improvement since the pilocarpine was resumed; the injection of the ocular conjunctiva was much less; vitreous clear and vision markedly improved.

28th. Eye doing well. The dose of pilocarpine was increased to xviij gtt. as the quantity previously given had now failed to produce the former well pronounced physiological effects.

30th. Still improving. The pilocarpine having reduced the powers of the patient by its decided action on the surface was withdrawn, and in its stead the Biniodide of Mercury and Iron Mixture was resumed.

May 2d. Eye not so well. Some pain in and tenderness of ball; +T1. The pilocarpine was again exhibited in xviij gtt. doses.

5th. Eye much improved. The mercurial preparation withdrawn. Pilocarpine internally and atropia to eye continued.

10th. Hyperæmia of the ball nearly disappeared. T. N.

14th. From the lowering tendency of mercury and pilocarpine the powers of the patient were found to be at a low ebb, and the blood much impoverished, hence the pilocarpine was set aside for the present (the mercurial preparation having been stopped on the 5th); and a pill containing Quin. Sulph., Ferri Carb., and Ext. Nuc. Vom., was prescribed.

22d. Not so well; the lower quadrant of the iris was inflamed, with a corresponding ciliary injection. Atropine seemed now to irritate the eye, therefore it was withdrawn and a iv. gr. solution of duboisia was prescribed in its stead.

25th. The right eye again improving, but to-day, for the first time, the left eye showed that inflammatory changes were going on in it, with lymph deposits on the posterior surface of the membrane of Descemet. The pilocarpine was again administered internally.

June 2d. Right eye still improving; left eye not doing so well; is now painful. At this juncture the patient's powers began to show evidence of depression from the effects of pilocarpine, therefore it was again discontinued, and the Mercury and Iron Mixture substituted.

18th. Right eye improving steadily; left eye was more inflamed. The iv. gr. sol. atropia was ordered to be dropped into each eye, and the Mercury and Iron preparation discontinued.

30th. Patient has been out of the city since last date, but the treatment has been kept up faithfully. Right eye still slightly injected, but left eye was decidedly worse—its media were cloudy; +T1(?). Ball very sensitive to the touch, and pain in it severe. The Biniodide mixture was withdrawn, and the internal administration of pilocarpine ordered in xij drop doses once daily. Instillation of atropia into eye was continued. The opium lotion was also applied to left eye.

July 14th. After an absence from the city of two weeks she reported that the improvement was marked since the exhibition of the pilocarpine. The eye nearly free from inflammation. The pilocarpine having completed its work was withdrawn, but as there were evidences of lurking specific trouble still existing, it was deemed proper to push the Mercury and Iron for several months.

Sept. 15th. Discontinued constitutional treatment some time ago, and the use of atropia two weeks since. The eyes have been for some weeks, and are now, free from inflammation.

The patient has a high degree of compound myopic astigmatism. With correcting glasses (which were prescribed for her) she was found to have, left eye V=20-xx; right eye 20-xxx(?).

Remarks. The object in reporting the above case is chiefly to prove the efficacy of pilocar-

pine when substituted for atropia after the latter failed to produce its usual good results; on the other hand deemed to be promotive of mischief.

Society Reports.

TRANSACTIONS OF THE OBSTETRICAL SOCIETY OF PHILADELPHIA.

STATED MEETING, NOVEMBER 1ST, 1883.

The President, R. A. CLEEMANN, M. D., in the Chair.

Dr. B. F. Baer related the following cases, the clinical histories of which present some points which he thinks are instructive and worthy of discussion. They are somewhat unusual in character, and remarkable that they all occured within a period of thirteen days.

FORCEPS LABOR, FIFTH POSITION.

On October 17th, I was requested by Dr.— to visit his patient, Mrs. H., who had been in labor thirty-six hours, prepared to perform craniotomy. She was a primipara, 43 years of age.

I found the patient nervous and exhausted, the soft parts dry and rigid, the os only partially dilated and the membranes ruptured many hours. The head, a large one, was in the cavity of the pelvis, and, whilst not impacted, it was nearly so. The larger portion of the head was posterior and to the left, the smaller portion, anterior and to the right. The fœtal heart-sounds were heard in the left lumbar region and nowhere else. I therefore diagnosticated a left occipito-posterior, or fifth position of Baudelocque.

I placed a vectis, and endeavored to assist rotation forwards, but failed to make any impression. I next adjusted, with some difficulty, Simpson's forceps, and by traction during uterine action, with gentle efforts at rotation, allowing the forceps to turn as the occiput rotated anteriorly, that process was finally accomplished in about two hours of hard work. I now removed the blades, and after finding that the head could not be delivered without it, I readjusted the instrument and assisted in extension of the head, delivering a living child said to have weighed twelve pounds. There was no laceration of the perineum. Both mother and child have done well. The case is interesting because of the age of the primiparous patient, and in the position of the occiput, which is rare.

ARM PRESENTATION; PODALIC VERSION.

On October 23d, Dr.—— requested me to the a patient with him, a girl sixteen years of age—a primipara at full term—in labor about twenty-four hours, and trunk presenting.

In general appearance she resembled more a child of twelve than a girl of sixteen. The external genitals and vagina were small and undeveloped. The abdomen was greatly distended, globular, and fluctuating. Palpation was of only negative diagnostic value, probably on account of the large quantity of amniotic fluid. But I thought I detected the head in one iliac fossa, and the breech in the other. Auscultation revealed the fœtal heart-sounds, feebly heard in the right iliac region. The upper portion of the vagina was distended by a large, protruding, "bag-of-waters," and the os uteri was fully dilated. I could only slightly touch the presenting part, which was entirely above the superior strait. I detected what I thought to be a limb, and from what I had learned previously by inspection, palpation and auscultation of the abdomen, I believed it to be an arm. I then dilated the orifice of the vagina preparatory to passing my hand, should that be found necessary, after rupture of the membranes, which I now did, and found a shoulder presenting and an arm on the verge of passing the os. This I arrested, and made version by the feet. I preferred this to version by the vertex, because I deemed it easier and less dangerous to both mother and child to effect delivery in that manner, than to apply the forceps in this special case. The child was alive, but feeble. The body passed through the narrow vagina very slowly, and only after pressure on the fundus of the uterus, until the head reached the floor of the pelvis. Here, by assistance, the occiput rotated forwards and the head was arrested. Flexion of the head could not be made to occur by supra-pubic pressure, and by pressure upon the nape of the neck, whilst a finger or two acted upon the anterior surface of the head through the rectum. I then quickly adjusted the forceps, and carrying the handles forward with the body of the fœtus, made flexion and delivered a living child. There was not the slightest laceration of the perineum.

The uterus did not contract well, and although ergot was administered, and time given for the organ to recover its tonicity (thorough kneading being used meanwhile), when the placents was expelled a smart post-partum hemorrhage followed. This was easily controlled by the application of pure vinegar to the cavity of the uterus, injected by means of the long-nozzled uterine syringe, which holds about half an ounce. I prefer this method of introducing the vinegar to any

other, for the reason that it is more easily and thoroughly applied. I carry the nozzle, guided by the index-finger, as in the introduction of the sound, into the uterine cavity, and project the vinegar, without force, over the surface. This can be repeated if necessary, which is seldom. Too much praise cannot be accorded Prof. Penrose for his earnest advocacy of the use of vinegar in the treatment of post-partum hemorrhage, the result of uterine inertia. In my experience, it has never failed to secure firm and continuous contraction, when properly applied. It is simple, antiseptic, and harmless.

ARM PRESENTATION: PODALIC VERSION.

October 29th, Dr. —— sent for me, stating that he had a case of shoulder presentation, that the membranes were ruptured, and the os only partially dilated. He had attempted to make version by the feet, and had brought down an arm in mistake for a foot. I found a primipara, æt. 22 years, illegitimately pregnant, at full term, feverish and excited. A large, fat right arm occupied the vagina, and the shoulder was jammed into and projecting through the os, which was firmly contracted around it. It was a dorso-posterior position, and the head was in the right iliac fossa. All the liquor amnii had been drained away, and the uterus was closed tightly around the child, which was apparently dead.

We administered ether, and I at once began an effort to bring down a foot, deciding that version by the vertex here could not be made, because the arm could not be returned to the uterine cavity, and, even if the arm had not been down, I feel sure that the bipolar force would not have been great enough to have brought that head to the superior strait. But to get through the narrow vagina and rigid os, which were filled already by the arm and shoulder, was one problem, and another, apparently greater one, was the turning of the large child in a contracted uterus. An attempt was, however, not only justifiable, but obligatory, for the sake of the child, of whose death we were not sure. Then, embryotomy, in a case of this character, would, I believe, have been attended with greater danger to the mother than version. I gradually inserted my hand and carried it into the uterine cavity, and with it I tried again to replace the arm but failed. My hand was now so benumbed that almost all sensibility was lost. However, I finally reached the feet, selected the uppermost or left one, and began my efforts at version, assisting all my internal manipulations, of course, by placing the external hand on the abdomen, and acting with it on the opposite pole of the child. When I made traction on the leg, the arm advanced further into the vagina, and it now seemed that I should certainly be compelled to give it up, the difficulties appeared so great. But patience and perseverance are cardinal virtues here, and by exercising them to my utmost capacity, I succeeded in getting the foot and leg into the vagina, where I secured them with a fillet. I now gave this to Dr. —, and whilst he made a traction upon it, I pushed the shoulder, and succeeded finally in revolving the child on its long axis, causing the arm to ascend and the leg to occupy its place in the vagina. The remainder of the delivery was that of a difficult breech case, where traction on the child and pressure upon the fundus of the uterus are imperative. The child was dead. The mother has reacted well, and has not presented an untoward symptom. There was slight laceration in the sulci on either side of the vagina, not through the cutaneous surface, and not enough to require suturing.

BREECH PRESENTATION.

Twenty-four hours later, on October 30th, my friend Dr. Wm. Taylor requested me to see with him Mrs. X—, a primipara, thirty-five years of age, who had been in labor twenty-four hours, the breech presenting and in the left sacro-posterior position. The membranes had ruptured twelve hours previously, the os was rigid, and only slightly dilated, and the breech was impacted in the superior strait, which seemed to be narrow. The patient was short of stature, fat and had a small vagina. It was thought that the child was dead, but of this we were not sure.

Was there any use in waiting longer for nature to effect delivery? We decided that there was not, and, I believe, correctly. An attempt at traction was made by acting on the thigh, but it was futile. I passed my hand with great difficulty into the cavity of the uterus, which closely surrounded the child, and endeavored to reach a foot, but found that the legs were extended; and it was only after I had advanced my hand absolutely to the fundus of the uterus that I secured the desired member. The uterine cavity was now so rigid and full that it appeared impossible to flex the leg, and extend the thigh. But here perseverance again succeeded, and the leg was brought into the vagina. Delivery was finally consummated by the greatest effort. The child was dead, and from appearances had been so for some hours, as Dr. Taylor had suspected. The mother recovered, as after an ordinary labor.

PUERPERAL CONVULSIONS.

A few days before, October 21, there entered my service at the Maternity Hospital a girl,

eighteen years of age, illegitimately pregnant, and near term. She presented a depressed appearance, and was pale and puffy from œdema. Her urine was examined at once, and found to contain a large quantity of albumen and some casts. Her labia minora were so œdematous that she walked with difficulty.

She was placed upon a treatment consisting of Basham's mixture, digitalis, laxatives, and warm baths, with good food. On the 20th, the nymphæ were so greatly distended that I feared obstruction to delivery, which was about to take place; I therefore made about a dozen small punctures over their surfaces. This was followed by a very free discharge of serum, so that in the evening the labia were reduced more than one-half. During the night, labor occurred, and she was delivered naturally at seven A. M. on the 21st, having been attended by my assistant, Dr. J. P. Pyle. There were no symptoms during the labor nor immediately after it to attract attention, but before leaving her he administered thirty grains of the bromide of potassium as a safeguard.

At 9 o'clock he was hurriedly called, and found her just recovering from a convulsion. He at once sent for me, and began the administration of chloroform. But before I reached her, at 10 o'clock, she had had two more seizures, and just as I entered the room she went into another, which was one of the most terrific convulsions I have ever witnessed. I immediately opened a vein and allowed about sixteen ounces of blood to flow. I will confess that I did not want to take blood from this patient, because she was in such an apparently low condition. The bleeding did not seem to have the slightest effect, for very soon after it she had another convulsion fully as severe as the one preceding. Since the first attack there had been given, per rectum, twenty grains of the hydrate of chloral and forty grains of the bromide of potassium, and, per os, one-fourth of a grain of elaterium. But the convulsions continued to recur, unless the patient was kept constantly under chloroform, and coma was deepening with each attack. I now injected, hypodermatically, three-fourths of a grain of the sulphate of morphia. This was at 11.30 A. M. She did not have another convulsion, although no more chloroform was administered until 2 P. M. At this time she had a slight one, and at 2.30 another much more severe, when I repeated the dose of three-fourths of a grain of morphia. After this she had no more convulsions. The dose of elaterium was now repeated, and the kidneys stimulated by large doses of saline diuretics, administered by the rectum. The bowels moved freely and repeatedly soon after the last dose of elaterium was given, and the kidneys responded promptly; but the urine became nearly solid, when the test for albumen was applied, and casts were so numerous, and of such a character, that an unfavorable prognosis was pronounced by the competent microscopist who made the examination. The patient, however, came gradually out of the profound coma, but did not recover consciousness until nearly three days had elapsed, becoming at times wildly delirious and maniacal. As soon as she could swallow, I resumed the administration of Basham's mixture and digitalis, and on the next day added quinine and ergot, the latter especially to restore tone to the capillaries, and thus assist in improving the condition of the brain. Milk and beef tea were given largely. The patient will leave the hospital to-morrow, although her urine still contains albumen in considerable quantity.

If uræmia is ever the cause of eclampsia (which is not settled), this case presented the kidney state which is usually found in cases said to be of that origin.

Since it is *apropos*, I will relate a case which was probably not of uræmic origin, because the urine did not indicate the slightest disease of the kidneys.

PUERPERAL CONVULSIONS.

My friend, Dr. J. B. Deaver, asked me to assist him in the delivery and treatment of a case of convulsions. The patient was eighteen years of age—a primipara, and unmarried. The occiput was posterior and in the hollow of the sacrum. The first convulsion occurred after the head had passed the superior strait, and it was a very severe one. Dr. Deaver immediately bled, and very freely. Another convulsion occurred soon after the bleeding, though chloroform was administered and chloral given by the mouth. When I reached her, she had three attacks, and was profoundly under the influence of the anæsthetic, and, of course, could not convulse in that state. I adjusted the forceps and delivered, with the occiput posterior, being unable to rotate it anteriorly. The anæsthetic was now removed, and not long after another violent convulsion occurred. I now injected two-thirds of a grain of morphia under the skin. She did not have another seizure, and made an uninterrupted recovery. As stated above, there was not the slightest evidence of disease of the kidneys, either before or after labor. The cause here was reflex—the patient being predisposed by a depressed mental condition, etc.

The first indication to be met in the treatment of puerperal eclampsia should be to control the convulsions. I do not think it will be gainsaid that the prognosis becomes less favorable with each recurrence. I believe that morphia, administered hypodermatically in a

large dose, and repeated, if necessary, is one of the most efficient, if not the most efficient, means which we possess for that purpose. In the next case which I am called to treat I shall give one grain. I will bleed, if I think that it is indicated, and shall use chloroform; but I will certainly give the morphia. I will then attend to elimination through the bowels, kidneys, and skin. Dr. Clark, of Oswego, N. Y., first brought the morphia treatment before the profession, in a fearless and excellent paper, published in the *American Journal of Obstetrics* for January, 1880, which is worthy of study.

Dr. Elliott Richardson thinks the extent of dilatation of the cervix a very important point in considering the advisability of version in shoulder presentations. When the fœtus is in a transverse position it cannot descend, and as the cervix dilates it slips upward on the neck and chest of the child, and thus puts the vagina in a condition of longitudinal tension, and, consequently, of narrowing. Any sudden or extreme attempt at dilatation of the vagina, when in this condition, involves a great risk of laceration. In Dr. Baer's case the narrowness of the os uteri was a favorable circumstance for podalic version.

There is a wide differenee in the treatment of puerperal convulsions between this country and Germany. Carl Braun strongly discountenances bleeding, and recommends chloroform with the administration of benzoic and citric acids to arrest the action of the kidneys. He considers that the precise object is to put the body at rest.

Dr. W. T. Taylor thought that, in case 2, if the method of Dr. Wright, of Cincinnati, for the correction of the shoulder presentation by converting it into a vertex had been tried, the difficulties and dangers of a version by the feet might have been avoided.

He does not think bleeding should ever be omitted in the treatment of puerperal convulsions in plethoric patients. Bleed freely and give chloral in large doses by the rectum. He thinks the use of opium should be preceded by bleeding.

Dr. Alfred Whelen has tried ¼ grain of pilocarpine hypodermatically after bleeding, the result being successful. The use of the pilocarpine did not seem to be followed by serious effusion. In one case in which no treatment of any kind had been used an autopsy showed all the serous cavities filled with effusion. He thought the arterial tension consequent on convulsion was the cause of the exudation.

Dr. R. A. Cleemann had tried all plans and none of them were certainly successful. Every method would fail at times and any method will be followed by recovery. He thinks bleeding should be tried in every case to remov the vascular tension which is the great source of danger.

Dr. B. Trautmann had under his care a primipara, plethoric, who was suffering from puerperal convulsions. She was bled, a large dose of calomel was given, chloral was administered, and pilocarpine was injected, but all without effect. The patient died. In another case the urine contained fifty per cent. of albumen with casts, and no convulsion occurred. What is the relation between albuminuria and convulsions? Is the origin of the convulsion in the nervous system and the albuminuria a result?

Dr. H. F. Beates.—The presence of urea in the blood being generally considered a prime factor, most of the forms of treatment have reference to its elimination. Bleeding should be very free to act in that manner, and if it is prompt and free it will be followed by improvement; pilocarpine acts as an eliminator of urea by the skin, thus relieving the kidneys and the system. He had treated two cases by this method. and both had recovered.

Dr. Philip M. Schiedt had recently under his care a primipara, aged 25 years; she had convulsions for four hours; chloral and bromide of potassium had been given freely, but with no effect. A hypodermatic injection of ¾ gr. of morphia sulphate was followed by quick relief. She was very plethoric, but there was no need for bleeding after the use of morphia.

Dr. Baer, in case 2, had considered version by the vertex but, thought that he could deliver more quickly, and with less danger to both child and mother, by means of podalic version. He considered elimination a false principle in the treatment of puerperal convulsions. First stop the convulsions; eliminate afterwards if there be any necessity for it. How much elimination can be effected by drawing twenty or even forty ounces of blood? The majority of these patients need all of the blood they have they; have none to spare. There is a neurasthenia at the bottom of these attacks. The patients are generally nervous and depressed from circumstances connected with their physical and social condition. Dr. Penrose, in his lectures at the University, taught bleed—bleed—every case that was bled sufficiently got well; every case that was not bled, died. Dr. Carson's lecture followed immediately after that of Dr. Penrose, and he was as bitterly opposed to bleeding as Dr. P. was enthusiastic in its advocacy. He has been afraid of pilocarpine, because its action, once established, can not be controlled. He thinks, however, the effusions observed have been caused by the convulsions and not by the remedy. Morphia, used hypodermatically, is

the remedy upon which he puts dependence. It will control the convulsions. Any medicine administered by the mouth or rectum must be of slow and uncertain action, because of the slowness of absorption from the alimentary tract.

Dr. Beates reported a case of DIPHTHERITIC PARALYSIS in a child of eight months. The muscles of the neck were affected, and resulted in extreme flexibility of the neck, the head rolling all about. Death resulted apparently from paralysis of the phrenic nerve.

W. H. H. GITHENS, Secretary.

Editorial.

FERRIER ON THE PROGRESS OF KNOWLEDGE IN THE PHYSIOLOGY AND PATHOLOGY OF THE NERVOUS SYSTEM.—In the Marshall Hall Prize Oration, recently delivered at the first meeting of the session of the Royal Medical and Chirurgical Society, Dr. Ferrier gives an admirable review of the progress of knowledge in the physiology and pathology of the nervous system. After paying a handsome tribute to the memory of Marshall Hall, for work done in that department of medical science which he himself has enriched by his experiments and investigations, he proceeds to compare the relative stability of Marshall Hall's work on the spinal cord with that made by Flourens on the cerebral hemispheres. He shows that the doctrines enunciated by Marshall Hall, modified as to details, and further extended by the numerous researches of recent years, are in all essential points those which still prevail and show no signs of failure, whilst those of Flourens, which have exercised an enormous influence on clinical medicine and pathology, appear now wholly untenable. Flourens held that, like the mind itself, the organ of the mind is also one and indivisible, there being no differentiation of function, but each and every part possessed potentialities and capability of exercising every function pertaining to the whole. These doctrines which at once met with general acceptance amongst physiologists, failed to account for many phenomena, and have been modified or abandoned by more recent observers. Much doubt and confusion prevailed until the new departure in cerebral physiology and pathology was inaugurated by Fritsh and Hitzig. Dr. Ferrier claims that the fundamental question of localization or no localization was brought to a crisis at the meeting of the International Medical Congress, in 1881. It came about in this way: Prof. Goltz, a champion of the views of Flourens, held that "1. The cerebral cortex is the seat of the higher intellectual functions; the removal of large portions of both hemispheres degrades the intelligence. 2. It is impossible by any localized cerebral lesion to cause paralysis of any muscle; the animal operated on retains volitional control of all its muscles. 3. It is also impossible by any localized cortical lesion to cause permanent loss of any sense; the animal retains all its sensory faculties. After removal, however, of large portions of the cortex, defective perception is caused. 4. Animals in which the parietal regions have been destroyed are permanently awkward in their movements and defective as regards tactile sensibility. Animals in which the occipital lobes have been destroyed are, as a rule, more demented than those in which only the parietal regions have been destroyed." Prof. Goltz brought with him a dog in which he had long previously at intervals destroyed a large extent of cortex of both hemispheres, as an illustration of the truth of the above propositions. Exceptions were taken as to the accuracy of Goltz's description of the extent to which the motor and sensory faculties were impaired and when the brain of the dog was examined, it was found that the lesions were less than Prof. Goltz had imagined. From this experiment, and from experiments made upon monkeys, Dr. Ferrier argues that the principles of localization must now be accepted as universal unless the whole teaching of modern biology is a fallacy. He attempts to show that the phenomena presented by frogs, pigeons, and even Prof. Goltz's dog, can easily be accounted for in harmony with the fundamental principles of localization of cerebral function.

Dr. Ferrier excludes the elements of clinical medicine in reference to this question, for the reason that the exact solution of problems in physiology by fortuitous experiments on disease in man, is always difficult, and nowhere more so than in the domain of cerebral function. He assumes that localization of cerebral function is fully established, both in physiology and clinical medicine, and also states that it is accepted by every recent writer on cerebral disease, as the only possible explanation of the phenomena. Dr. Ferrier discusses the question whether the localization of centres is a matter of indifference or accident, or dependent on structural peculiarities and actions which render each centre as distinct from others as, for instance, one limb from another, or the organs of vision from the organs of hearing. After considering the various facts and arguments bearing upon this question, he holds that if all the facts were established in reference to the permanency of the effects of cortical lesions and consecutive degeneration of tracts and organs, the question of the accidental or structural basis of localization would be decided in favor of the latter. Dr. Ferrier

is of the opinion that the most important question, in a practical point of view, is the exact delimination of the respective cortical centres. Here there is considerable difference of opinion among those who have experimentally and clinically investigated the subject. This has been used, very illogically, as an argument against localization altogether. He did not enlarge on the facts and arguments on each head, as it would necessitate bringing out many things of his own yet unpublished. He merely indicated points on which there is more or less harmony, or the reverse.

Dr. Ferrier next discussed the doctrine of localization from the standpoint of practical utility. Up to the present time, he remarks, with a few insignificant exceptions, the benefits of the scientific doctrine of cerebral localization have been absorbed, like so much latent heat, by medical science itself, as distinct from medical or surgical practice. It has been a lamp to lighten the path of the clinicist through a darkness almost chaotic. It is every day bringing nearer that which Virchow has termed the goal of modern medicine, namely, localization of disease. "But when this has been reached as regards cerebral disease; when we are able to determine the nature and position of the *materies morbi*, is it likely we shall stop here?" "This would be very improb ble." "Already there are signs that we are within measurable distance of the successful treatment by surgery of some of the most distressing and otherwise hopeless forms of intra-cranial disease which will vie with the achievements of abdominal surgery."

Dr. Ferrier, whilst admitting that it is natural that the physician should hesitate to advise surgical operations on the brain, yet asks whether there is any reason why a surgeon should shrink from opening the cranial cavity who fearlessly exposes abdominal viscera. "The peritoneum was, until a recent date, held sacred and inviolable. The dura mater and the brain are much in the same position now." After what he has seen of the unfailing safety, the freedom from all outward results as regards health and life, with which the most formidable and repeated operations can be performed on the brain and its coverings, under stringent antiseptic precautions, and these on animals of the most delicate, almost human organization, he cannot but believe that similar results are capable of being achieved on man himself.

Apart from secondary inflammation and its consequences, which are preventable, there is, he says, no risk to life from even extensive destruction of the cerebral hemispheres. Mental disorders, or appreciable mental defects do not necessarily follow attempts to remove tumors or local treatment of other forms of disease. For mental purposes, with the exception of certain functions, arrogated by the left hemisphere, there are, practically speaking, two brains, and diseases are not always on the left side. According to Dr. Ferrier, the surgeon may boldly enter the cranial cavity with little risk of danger to the brain substance and with abundant promise of success.

A Famous Surgeon Dead.—The profession throughout the civilized world will learn of the sudden death of Dr. J. Marion Sims, with profound regret, but in America, especially, will his demise be received with feelings of acute pain. Dr. Sims has contributed more than any man of this generation to enlarge the field of American Gynecology. He entered upon his professional career at a time when this branch of science was in comparative darkness. By his inventions and operations a new era dawned upon the science; light was thrown where darkness most prevailed, and the name of Sims came to be honored as the father of the modern science. As has been remarked by a distinguished writer and authority in this branch of surgery: "If all that Sims has done for Gynecology were suppressed we would find that we had retrograded at least a quarter of a century." Dr. Sims' work was purely original and inventive, and its value will stand the test of all time. The name of Marion Sims will take its place in history side by side with such benefactors as Harvey, Jenner, Récamier, Simpson, and others, whose fame rest secure on the solid character of their inventions and investigations.

Apart from his scientific work, Dr. Sims will long be remembered by a host of warm professional friends and admirers who were permitted to enjoy his friendship and society. He was a man of simple and unaffected manners, of warm, generous impulses and strong personal characteristics. His relations with those around him were frank, cordial and magnetic, Few men have possessed the power of attracting and retaining friends to the same degree that he enjoyed. At home and abroad, by the great and the humble, his loss will be felt keenly. After a life of great usefulness and honor may his rest be ever peaceful and his memory venerated for all time.

An Eye to Business.—The proposal of Mr. Moses, the husband of the fat girl lately on exhibition in this city, to sell his wife's remains to Dr. Alexander Hill, who wished to preserve the skeleton, shows a turn for business not to be damped even by the most poignant grief. A few days ago we had presented to us the picture of the weeping bridegroom, leaning for support upon the shoulder of the Caucasian

beauty in the mournful procession to the last resting place of his beloved consort. Evidences of grief seem to have been conspicious, yet that very night this grief-stricken husband was eager to dispose of the body of his beloved for $45, in order that he might obtain means to travel back to New York. Probably the gentleman had an eye to business throughout his entire association with the deceased. It is hard to conceive that there had been a very ardent admiration or attachment for an individual of such unsightly proportions. Yet who can explain the devious ways of love? Were it not for the damning accusation of the above facts, might we not find in this domestic episode an illustration of the truth, that—

"Things base and vile, holding no quantity,
Love can transpose to form and dignity."

Miscellany.

Prof. Fraentzel on Tuberculosis.—*Prof. F.*, while giving all the results of his authority and experience in favor of the bacillus theory of tuberculosis, is of opinion that the careful series of experiments by Koch and Goffky decisively show the inefficacy of all inhalation methods. It would seem as if the medicaments employed in this way did not reach the diseased part of the lungs, since those which proved to be the strongest poisons against pure cultures did not in the least diminish the number of the tubercle bacilli in the sputa. He rejects as useless, on the other hand, and as rather cruel, the direct application of anti-bacteric solutions (bi-chloride of mercury!) to the lung tissue, as recently performed by means of a Pravaz syringe in some clinical wards. So we find ourselves restricted to internal medication and must try to overcome the enemy in that way. Until now, Prof. F. ascribes the best results to the creasote treatment, following the formula of Bonthard and Groubert, which he adopted a couple of years before the germ theory appeared.—*Med. News* as quoted by *Med. Times and Gaz.*

Antiseptic Dressings in the Treatment of Gunshot Injuries.—"I would like to give you here another illustration of the marked success which is due to the introduction of antiseptic dressings in the treatment of gunshot injuries. You know that only lately England had a war of but brief duration in Egypt, yet in that short space of time there were a considerable number of men wounded, and among these cases there were many of severe injuries of the limbs requiring amputation. An expedition was sent out to the seat of war by the government, equipped with every improvement in antiseptic surgery that could be devised, and many fractures and amputations were treated in this method. The result was—and again I quote from memory, and cannot vouch for the exactness of the figures—but, if I remember rightly, out of 436 wounded men there was not a single instance of any one suffering from any form of infectious disease whatever, there was no erysipelas and there was no pyæmia; any one who knows the history of such campaigns in past years, before the antiseptic method was introduced into military surgery, knows that such a result as this is unprecedented.—*Sir William MacCormac.*

Medical Items.

Prof. J. Ford Thompson, of Washington, has been appointed Attending Surgeon to the Children's Hospital, vice Prof. F. A. Ashford, deceased, and Dr. T. A. McArdle has been appointed Assistant-Surgeon to the same institution.=Dr. Busey entertained Dr. Sims with a supper on last Monday evening two weeks. Dr. S. will remain abroad for two years whilst his home in Washington is being built. He then intends giving up practice.=With the consent of Mayor Latrobe, the Health Commissioner has appointed Mr. John W. Lee Superintendent of Western District Sewers as Inspector of Plumbing of Baltimore.=The American Public Health Association began its session in Detroit on the 13th inst.=Dr. Domingos Freire claims that he can render individuals insusceptible to yellow fever by inoculation, just as small-pox can be prevented by the same means. He employs the "attenuated" virus, or that modified by long "cultivation" in the air, or by passing it through the organism of a fowl. So far his experiments have been confined to lower animals, but he declares himself ready to submit himself to the proof of his theory, He believes the cause of the disease to be an alga—the micrococcus xanthogenicus, which he finds in immense numbers in the earth of yellow fever cemeteries =Dr. W. G. H. Newman, a popular physician of Washington, D. C., died in that city, Nov. 7th. He was a native of Somerset County, Maryland, and a graduate of Washington College and of the University of Maryland.=Dr. Harrison Hyland, of Somerset County, Md., died October 29th, of paralysis. Dr. Hyland was a former member of the House of Delegates and of the State Senate from Somerset County.

Obituary.

DEATH OF DR. J. MARION SIMS.

It is with feelings of sorrow that we are called upon to record the death of Dr. J. Marion Sims. This distinguished surgeon passed to rest at his residence, No. 237 Madison Avenue, New York City, on Tuesday morning, November 13th, after a very brief illness. He retired to bed the night before in the best of spirits, and feeling comparatively well; but becoming restless during the night he turned up the gas at three o'clock in the morning and wrote for a time in bed. A little later his wife noticed that he was breathing in a peculiar manner His son, Dr. H. Marion-Sims, was called, but when he reached the bedside his father gave one short breath, and expired at 3.15 A. M. A *post mortem* examination showed that death resulted from the disintegration of the muscular fibres in the coronary artery of the heart. Dr. Sims was in the 71st year of his age. He was born in Lancaster district, South Carolina, on the 25th of January, 1813. At the age of 19 he received his diploma as a graduate of the South Carolina College. Subsequently he studied medicine in Charleston, and from there went to Philadelphia and graduated from Jefferson Medical College in 1 35. He began the practice of medicine in Montgomery, Alabama. In 1845 Dr. Sims conceived the idea of curing vesico-vaginal fistula, and whilst conducting experiments to overcome the great difficulties which met him at every st p, he invented the speculum, which bears his name, an instrument which has completely revolutionized the practice of gynecology. In 1853 Dr. Sims was forced to leave the South on account of ill health. He at once located in New York City, and entered upon that professional career which has brought such rich returns to the science of gynecology. In 1854 Dr. Sims founded the Woman's Hospital of the State of New York, an institution which will long stand as a monument to his efforts and genius in behalf of womankind. In 1861 Dr. Sims went to Europe, where his reception was most cordial and flattering. Great interest was manifested in his operations, and by special invitation he operated in several of the great hospitals in Paris, Brussels and London. He operated in the presence of large classes for Velpeau, Huguier, Verneuil, Nelaton and others. In recognition of his services the French government conferred on him the Order of the Knight of the Legion of Honor. He was subsequently decorated by the Italian, Spanish and Portuguese governments. Dr. Sims remained in Europe until 1868 and then returned to New York, leaving his family in Paris. In 1870 he returned to Paris, and during the Franco-Prussian war rendered valuable services to the wounded of both armies by organizing the Anglo-American Ambulance Corps.

After the close of this war Dr. Sims returned to this country, and since then has resided a greater portion of his time in New York, though making frequent visits to Europe.

During the past two years Dr. Sims spent the autumn months in New York City, the winters in Rome and Nice, and the remainder of the year in Paris and other parts of France.

He was prostated by a severe attack of pneumonia three years ago, and though he had rallied from this illness his health was not strong, and necessitated frequent changes of climate and the utmost care. Dr. Sims was to have sailed with his family on this day for Europe, en route for his Italian residence.

Dr. Sims, during life, was an active and honorary member of a number of societies, medical and scientific, in every part of Europe and in this country. In 1875 he was president of the American Medical Association. His most important literary works are "Trismus Nascentium," "Silver Suture in Surgery," "Clinical Notes on Uterine Surgery," "History of the Discovery of Anæsthesia," a "Treatise on Ovariotomy," "Intra-Uterine Fibroid Tumors," etc.

Dr. Sims was buried on yesterday morning from the Madison Square Presbyterian Church, of which he was one of the oldest pew-holders.

List of Changes in the Medical Corps of the Navy during week ending November 3, 1883:

The orders of Medical Inspector, A. C. Gorgas to the Naval Hospital, Mare Island, Cal., revoked, and to remain at Naval Hospital, Chelsea, Mass.

Medical Inspector Somerset Robinson to the Naval Hospital, Mare Island, Cal.

Surgeon F. M. Dearborne to appear before the Retiring Board, Nov. 5th.

Medical Director A. L. Gihon and Medical Inspector A. Hudson to represent the Navy at the meeting of the American Public Health Association at Detroit, Mich., Nov. 13th.

Assistant Surgeon J. M. Edgar from the Receiving Ship St. Louis at League Island, Pa., to the Receiving Ship Wabash at Boston, Mass.

P. A. Surgeon A. A. Austin to the Receiving Ship St. Louis at League Island, Pa.

There were no changes during the week ending Nov. 10th.

List of Changes in the Stations and Duties of Officers Serving in the Medical Department of the United States Army, from November 5th to November 12, 1883.

Bache, Dallas, Major and Surgeon—par. 1, S. O. No. 238, A.G.O., October 18, 1883, assigning him to duty at Willet's Point, New York, revoked. (Par. 2, S. O. No. 252, A.G.O., November 3, 1883.)

Sternberg, George M., Major and Surgeon—Leave of absence granted October 4, 1883, extended one month. (Par. 5, S. O. No. 255, A.G.O. November 7, 1883.)

Vickery, R. S., Major and Surgeon—Assigned to duty at Fort Townsend, W. T. (Par. 3, S. O. No. 149 Department of the Columbia, October 29, 1883.)

Wolverton, William D., Major and Surgeon—Granted leave of absence for one month. (Par. 6, S. O. No. 201, Department of the East, October 24, 1883.)

Merrill, J. C., Captain and Ass't Surgeon—Granted leave of absence for one month. (Par. 7, S. O. No. 201, Department of the East, October 24, 1883.)

Patzki, J. H., Captain and Ass't Surgeon—Granted leave of absence for three months on surgeon's certificate of disability. (Par. 6, S. O. No. 254, A.G.O., November 6, 1883.)

Owen, W. O., First Lieutenant and Assistant Surgeon—Relieved from duty at Vancouver Barracks, W. T., and assigned to duty at Fort Stevens, Oregon. (Par. 2, S. O. No. 148, Department of the Columbia, Oct 26, 1883)

Wilson, George T., First Lieutenant and Assistant Surgeon—Assigned to temporary duty at Fort Townsend, W. T. (Par. 2, S. O. No. 149, Department of the Columbia, Oct. 29, 1883.)

Lectures.

MUNICIPAL HYGIENE.

(Abstract of Lectures delivered by Dr. John S. Billings, Surgeon, U. S. A., in Hopkins Hall, Johns Hopkins University.)

THE GROWTH OF CITIES AND THEIR IMPORTANCE IN MODERN CIVILIZATION. DEATH RATE IN CITIES: COMPARISONS. THE SIGNIFICANCE OF DEATH RATES.

I.

Dr. Billings began by defining sanitary science as a system of calculations and statements based upon probabilities, and not upon rigorously demonstrated laws. But probabilities govern a large part of the actions of men. This is an age of cities, and the tendency of the times is to congregation, association and division of labor. Statistics were adduced to show that in this country and England the urban population has been increasing at a rate far beyond the rural. The statistics of one hundred cities in the United States show an increase for ten years ending 1880 of 36.6 per cent., the total population of the country during the same period only increasing 30 per cent. "Speaking roundly, it may be said that in 1790, one-thirtieth of the population was found in cities of more than 8,000 population; in 1800, one twenty-fifth; in 1810 and 1820, one-twentieth; in 1830, one-sixteenth; in 1840, one-twelfth; 1850, one-eighth; in 1860, one-sixth; in 1870, more than one-fifth, and in 1880 half way between one-fifth and one-quarter." (*Tenth Census, Statistics of the Population, etc., Washington, 1881. Page 30*). If 4,000 people constitute a city, more than one-fourth of the population are urban. The sanitation of cities is therefore the sanitary problem of the day. The lecturer considered the various motives which should incite to effort in this direction. If other motives were lacking, he maintained that it should be done as a matter of self-protection, on the common business principle that it will pay. The annual number of deaths in Baltimore is now nearly 9,000, having been for the last two years over 2½ per cent. of the population. If we can prevent only one-tenth of this—that is reduce the rate to 2¼ per cent., or 20.5 per thousand, which certainly can be done, we shall save nine hundred lives, and get rid of one thousand eight hundred sick who are constant burden and expense. The money value of this is over a million dollars. The recent experience with small-pox cost the City treasury over $90,000, to say nothing of the cost of the deaths, and of the sickness to individuals, or the loss to the business of the city, due to the prevalence of the disease. Yet this epidemic might have been prevented at comparatively small expense. Dr. B. quoted from Ruskin and Sumner to illustrate the two different standpoints from which the question of sanitation is regarded, and said there was no real contradistinction between these apparently opposite views so far as public hygiene is concerned, so long as we are careful not to consider the latter as a matter of charity and philanthropy instead of as what it is—a matter of right and justice and of self-preservation, intended to do away with those evils which are due not so much to the struggle for existence as to the imperfections of civil institutions, and which fall chiefly on certain classes, a distinction which is very properly insisted on by Professor Sumner.

The lecturer next spoke of the improvements made of recent years in municipal sanitation, a result which had its origin about forty years ago in Great Britain, and which was largely due to vital statistics, as tabulated and expounded by Dr. Farr. The figures representing the mortality of a place are not alone the best test of its sanitary condition, but upon the whole a very good test, and often the only available one. The practical importance of accurate and complete vital statistics is not duly estimated in this country. Even health officers often give little attention to them, and are unacquainted with the proper method of using them. The most fruitful cause of error in calculating mortality rates is connected with the mode of estimating the average living population which has furnished the deaths for a particular period. In a rapidly growing city, with a fluctuating population, it is very difficult by any method to make reliable estimates as to the number of living population for any other year than that in which a complete census is taken. To illustrate some of the methods employed and their different results, the lecturer referred to the case of Baltimore. The population of this city, according to the United States census of 1880 was 332,313.

UNITED STATES CENSUS, 1870.	
Total population. - -	267,354
Number of Families. - -	49,929
Persons to a Family. - -	5.35
Number of Dwellings. - -	40,350
Persons to a Dwelling. - -	6 63
UNITED STATES CENSUS, 1880.	
Total population. - - -	332,313
Number of Families. - -	65,356
Persons to a Family. - -	5.08
Number of Dwellings. - -	50,883
Persons to a Dwelling. - -	6.54

The method ordinarily used by statisticians is to suppose that the population has increased since 1880 in the same proportion as between 1870 and 1880; thus estimated, the population of the city, June 1, 1881, would have been 339,620; June 1, 1882, 347,087; June 1, 1883, 354,720. These figures are believed by the Health Officer of Baltimore and by the gentleman charged with the registration of its vital statistics to be too small, and they prefer to take as the basis of their calculation the number of voters, as ascertained by the police census, and to assume that each voter represents five persons of the population. In this way the population is calculated at the middle of 1882, as 408,520. The City Health authorities refuse to accept the census of 1880, and estimate the population at that time to have been 393,796, or over 61,000 more than the census, a deficiency in the latter, according to them, of over 15 per cent. Their estimate is based upon the following considerations:

"There are 80,000 registered legal voters in Baltimore; five inhabitants to a legal voter is a fair and reasonable allowance, which would make the population 400,000. The census taken by the police for our School Board of children between the ages of six and twenty-one years, gave 86,961. This would be a fair estimate of one-fifth of our population, making the same 434,805. * * * Again, there are 90,000 houses in Baltimore. Deduct 10,000 for manufacturing establishments, warehouses, stores, and unoccupied dwellings, estimating five inhabitants to each house (a very low estimate), our population would be 400,000." (A. R. Carter, letter in San Engineer, Feb. 15, 1881, p. 130). The lecturer said: "A failure to enumerate 15 per cent., or more than one out of every seven inhabitants, could only result from criminal negligence on the part of the enumerators, a negligence directly opposed to their pecuniary interests." General Walker says of the census of Baltimore that it was taken by a thoroughly capable and experienced officer, who had had experience in the same field in 1870; that he knew of nothing impeaching the completeness and integrity of this officer's work; that the danger of omission in a city like Baltimore, with comparatively few persons in a dwelling or tenement house was at a minimum; that the children between six and twenty-one years of age constitute probably between one-third and two-fifths rather than one-fifth, a proportion only found in Paris, "where the science of preventing infant life is very thoroughly understood and extensively practiced;" that if the ratios of New York, Brooklyn or Albany, were applied to the school population of Baltimore as determined by the police census, the inhabitants would be less than 290,000; even according to the ratio of Boston, where the proportion of school children to population is less than in any other American city, the population would still be less than 316,000.

Dr. B. then pointed out that the police census shows a diminution rather than an increase of the voters. Also that the number five is much too large a ratio; the ratio should be calculated, from census data, not assumed. In Boston, where the estimate is made in the same way (owing to a recent extension of the city limits), four is taken as the ratio, which is evidently much more nearly correct. The true ratio for Baltimore is about 4.25. The estimate as to the number of houses is much too great, and the lecturer saw no reason to doubt the accuracy of the census figures. Their correctness is confirmed by the police census of houses taken in December, 1883, which gave the following results: Number of dwellings, 54,546; of places of business, 6,885; of churches, 267; total 61,698. This corresponded with data which the lecturer had obtained from the Water Department, according to which, on January 1, 1883, there were 51,284 houses supplied with water and 6,000 unsupplied. "From these data I think we may conclude that there are not over 54,500 inhabited dwellings at present within the city limits, and if we allow to each 6.50 persons, which is the ratio shown by the last census, we should obtain 356,430 as the present num-

ber of inhabitants. If we take the last police census and, making a little allowance for those at that time absent from the city, take the number of voters at 82,000, and take the ratio at 4.03, which is larger than that derived from the census data, we find that the number of inhabitants is 352,600. Taking all these data together, the probability becomes very great that the living population within the city limits on January 1, 1883, was between 350,000 and 356,000 persons." "The mode of computing population by the number of occupied houses is one which gives fairly accurate results, provided the number of such houses is accurately ascertained, but it will not do to merely estimate them."

None of our cities possess accurate birth statistics, except possibly a few in Massachusetts; the deaths are, however, in most cities, fully and fairly reported.

The lecturer then proceeded to show the influence of cities on the health of their inhabitants, and showed that the mortality is greater in large cities than in small, and greater in the latter than in rural districts. The lecturer next showed a diagram giving the death rate in Baltimore for each of the last thirty-three years. The average for the ten years preceding 1860 was higher than since, but it now seems to be slowly increasing. The diagram gives the impression of large waves of variation, with a period of from ten to fifteen years, and the surfaces of these large waves are irregular from the smaller variations for the single years. These great waves may possibly be connected with changes in the sun, shown by the sun-spots.

THE NUMBER OF MEDICAL PRACTITIONERS IN THE WORLD.—It appears from a preliminary investigation made by the library of the École de Médicine that the number of medical practitioners spread over all parts of the globe amounts to 193,000, among whom 18,258 devote themselves solely to advanced medical study. This is the manner in which these medical practioners are distributed, according to their countries, viz.: 65,000 in the United States, 26,000 in France, 32,000 in Germany and Austria, 35,000 in Great Britain and her colonies, 10,000 in Italy, 5,000 in Spain, etc. If the estimate for other countries is as low as that assigned to the United States, which contains nearer 90,000 than 65,000 physicians, the estimate of 193,000 for the entire world is far below the real number.

II.

THE MORTALITY RATES OF BALTIMORE.—LIFE TABLE FOR BALTIMORE.—MORTALITY IN DIFFERENT WARDS.—CAUSES OF DISEASE.

Cities are more dangerous to male than to female lives, and especially so among children; an excess of female mortality belongs exclusively to a rural population. The birth and death rates are higher among these colored population than among the white, and the infantile mortality reaches frightful proportions among the negroes of our Southern cities, and is highest of all in Baltimore, where it is over 50 per cent. Is this due to poverty, or is it characteristic of the negro, independently of sanitary surroundings? The general mortality rate of a city depends upon other things besides its sanitary condition, and we must take these into consideration before accepting general death rates as a test of healthfulness, unless such death rates are either greater or less than the norm by at least two per thousand. The death rate varies with sex, age and race, being highest in males, in infants and in negroes; it is also affected by the character of the prevailing occupations and by emigration and immigration. Of the two last, the former tends to raise, the latter to lower it, most emigrants being of an age having a low death rate. Hence, special death rates are desirable. Humphreys, however, has proved that the disturbance due to variations in the proportions between the sexes cannot exceed 0.2 per 1000 and to age, 1. per 1000. A high birth rate does not necessarily produce a high death rate, a balance being established by the large number of persons between five and forty, when the death rate is low. Although high death rates usually produce high birth rates, it is not as effect and cause. Both belong especially to cities. The high birth rate in cities is due to the greater number of married women, and to the fact that women marry earlier than in the country. The death rate being high also stimulates child-bearing, the intervals between child-bearing being materially shortened. An excess of birth rate or death rate is considered an indication of the prosperity and state of morals of a place. The birth rate in France is lower than in

any other large civilized country. The birth rate seems also to have diminished very decidedly among the descendants of the early settlers of New England. Dr. Nathan Allen's conclusions were quoted that there is no addition to the rural population of New England by *natural* increase, but the lecturer did not consider this in itself an evil, since it may diminish overcrowding and pressure for the means of subsistence. The time when this cessation of natural increase will come in any locality as a result of lack of subsistence (in accordance with the doctrines of Malthus) will depend upon the intelligence and civilization present.

The lecturer then spoke of the advantages of life tables and of the difference between the terms 'probable duration of life' and 'mean after life-time' or 'expectation of life.' He had not been able to procure data for such a reliable and accurate table for Baltimore as might be a guard for a life insurance company, but had drawn up some data from the census figures, which he compared with life tables for England, Massachusetts and those of thirty American Insurance Companies. By the former it was shown on comparison of figures of Dr. Farr for 1838-54 with those of Humphreys for 1876-80, that the expectation of life for a new-born infant is greater by two years than formerly. This, notwithstanding increase of population and crowding cities, speaks well for the sanitary work of England so vigorously pushed during the last 20 years.

Table showing mean after life-time (expectation of life), at various ages, as computed by Prof. C. F. McCay for Baltimore, for the period 1826–1848, the whole population being included, black and white, male and female; it is not, therefore, strictly comparable with the other life tables, which are for males only:

Ages, -	0	10	20	30	40
	36.9	46.4	35.4	29.0	23.9
Ages, -	50	60	70	80	90
	19.3	14.6	10.1	7.1	5.0

The natural term of life of a healthy man is 100 years; in the rural districts of England and this country, the expectation is about 50 years. The lecturer then gave tables showing the expectation of life in Baltimore for white and colored, from which it would seem that the expectation of life here during the census year was less for whites at birth than in Massachusetts or England, and very much less for the colored. After the perils of the first five years are passed, the differences become much less. Thus while the expectation of life of a male infant born in England is now about 42 years, and of one born in Massachusetts about 45 years, the white male infant in Baltimore has a mean after life-time before him of but little over 36 years, and the colored male of only 21 years. The present expectation of life does not appear to differ materially from that obtained by Prof. McCay.

Table showing the number surviving in the City of Baltimore to given ages out of 1,000,000 births (male and female):

	WHITE.		COLORED.	
	MALE.	FEMALE.	MALE.	FEMALE.
0–1	507,021	492,979	507,612	492,388
1	403,500	405,470	318,350	316,260
2	362,860	367,590	253,880	266,200
3	345,920	352,680	239,930	251,600
4	335,650	342,330	226,740	245,310
5	327,790	335,340	221,410	237,590
10	308,240	317,570	204,590	222,650
15	302,610	312,710	195,410	211,390
20	295,590	305,310	185,050	198,970
25	284,410	293,490	172,620	189,360
35	258,610	266,130	152,190	166,100
45	228,480	238,890	124,160	144,540
55	194,510	207,580	98,809	119,890
65	135,690	165,420	57,252	93,171
75	65,424	98,648	19,440	56,283
85	21,151	27,765	2,929	12,726
95	3,024	2,328	315	1,477
100	132	425	75	158

From this table it appears that of 1,000,000 white children born alive, 507,021 will be males and 492,979 females. Of the former 403,500 will complete their first year, and 103,521 will die during it. 258,610 will live to be 35. Of the negro males only 253,880, or about one-half live to be two years old. The proportion between the sexes at birth is about the same for each race, the males being as usual in excess by about 9 in the 1,000. At the end of the first year the females are in excess among the whites and by the end of the second year the same has taken place among the colored.

What are the causes of greater mortality in cities? The lecturer here exhibited tables showing the relative mortality from various diseases in city and country. If this table be compared with another show-

ing the ages at which these causes of death have acted, it is found that the dominating causes of disease are those which affect infants under one year, especially cholera infantum, convulsions, debility and bronchitis.

Reverting to the above table, many of the large number who die during the first year of life, live but a few days, they never fairly live; this takes place in over 20 per cent. of the deaths of the first year, i. e., in 46.985 whites and 76,102 colored. Of diarrhœal maladies, 51,705 whites and 54,506 colored die; in other words, more than half of the deaths of the first year are due to these two causes. A large majority of the remainder are due to diseases of the brain, especially convulsions, meningitis and hydrocephalus, and to diseases of the lungs especially bronchitis.

A large city covers a large area, the different portions of which are inhabited by very different classes of people, and present widely different rates of mortality. The wards offer the best division for comparison of the different sections, but unfortunately the ward boundaries are established without reference to sanitary needs and are changed for political reasons. We need not only the mortality rates by wards, by sex, by ages, and by color, but we need this information with regard to the individual causes of death, consumption, diphtheria, typhoid fever, etc., and to be of practical use this should be given week by week. The lecturer then gave a table compiled from census data and from local health reports, showing the deaths in the various wards of Baltimore during 1879, 1880, and 1881. From this it appears that the mean mortality rate in the eleventh ward, with a population of 12,492, was only 15.9, and in the twelfth ward, with a population of 14,747, it was 18.7, while in the second, sixth, fourteenth, fifteenth, seventeenth and twentieth, it was over 26, and in the ninth it was 39.5, or more than double that of the eleventh and twelfth. This needs investigation. Is it due to color or age distribution?

PERCENTAGE OF COLORED POPULATION:

Eleventh Ward. - -	33.3
Twelfth Ward. - -	22.0
Ninth Ward. - -	16.1

PERCENTAGE OF CHILDREN UNDER FIVE:

Eleventh Ward. - -	7.3
Twelfth Ward. - -	8.3
Ninth Ward. - -	8.3

These figures show that it is not due to a disproportionate number of infants and children in the ninth ward, and the color relations are the reverse of those which usually exist, the lowest mortality being where the proportion of colored population is highest. The data of the Health Department do not permit us to go further and know the prevailing causes of death, and the deaths by color, sex and age.

"I can only say that the explanation of the low rate of mortality in ward eleven is probably largely due to the fact that it is mainly inhabited by the wealthier classes, and is comparatively high, with no subsoil water near the surface. An important factor is, no doubt, the comparatively high proportion of adults living in this ward, as it includes a large number of servants of those ages at which the mortality is low. The birth rate among the rich is also much lower than among the poor. I have mentioned that ward boundaries are not established or maintained with reference to the needs of sanitary or other municipal book-keeping. The fact that every change in ward areas destroys the continuity of statistical observations, and makes it impossible to institute accurate comparisons between the healthfulness of a ward at different times, is considered of little importance. Compare, for example, the general boundaries of wards in Baltimore which had been in existence for fifty years or more, and which were, on the whole, very well arranged, with the boundaries of some of the wards established by the new distribution made in the spring of 1882.

It will be seen that there must have been some very urgent and important reasons for this arrangement, which must have required much thought and very careful adaptation of means to ends, but it is very certain that sanitary reasons were not among those of ward boundaries. Moreover, with such an arrangement no useful set of records as regards buildings, population or health, can be kept, and the Health Department cannot do what it ought because it is deprived of the information it ought to have."

Original Paper.

CEPHALALGIA, NAUSEA, DIZZINESS, PHOTOPHOBIA, BLEPHARITIS MARGINALIS, STRABISMUS AND AMBLYOPIA AS RESULTS OF AMETROPIA.

BY S. O. RICHEY, M.D., WASHINGTON, D. C.

Ametropia, or abnormal refraction of the eye, may be conveniently considered in one of two ways, viz.: As to its cause, character, degree, and connection; or in regard to its influence upon the proper performance of the functions of the eye itself, and of some of its appendages. This paper is intended to present ametropia in the light of a cause, as that view of the subject will probably be more interesting, in that it may assist in a diagnosis, or in finding the source of otherwise obscure affections.

Ranney says: "There are certain practical points pertaining to the mechanism of vision concerning which every physician should be intelligent; since a recognition of existing optical defects and their bearings upon health will often enable the medical adviser to guide aright those consulting him, when otherwise serious consequences might follow the very lack of this practical knowledge."

Ametropia is a prolific source of other troubles of the eye and its appendages, because its presence disturbs the normally positive relation existing between accommodation and convergence.

Among these affections may be enumerated headache, pain in the supra-orbital or temporal regions, photophobia, serous and hæmorrhagic effusions into the tissues of the lids, confused or impaired vision, general waste of strength and loss of flesh, with occasional nausea and dizziness, blepharitis ciliaris, asthenopia, strabismus, and amblyopia, and in one case under my observation within the past year, eczema simplex of malar prominences.

This seems a serious array of consequences, but there is a rational relation of cause and effect, which, when understood, leaves little upon which to rest a doubt, a very strong proof of this relation being, that in all but tissue change, when the cause is removed, there is improvement, often absolute relief.

It is not to be expected, however, that these consequences, or even some one of them, must always be co-existent with ametropia, for some individuals have so much muscular strength and endurance that instead of being exhausted by the unusual strain, the accommodation and convergence become more athletic, while those who have little strength in the beginning, and who are, therefore, least able to contend with adverse circumstances, or those, originally strong, but who have become debilitated by disease, are the victims of their environment and the faults of their progenitors.

Hence we find many—more men than women—who reach the age of presbyopia (40 to 45 years) without having experienced any appreciable inconvenience; others, with equal advantages at the start, will have their weakness exposed by an attack of typhoid fever, scarlatina, measles, or some other debilitating agent. Trouble, in some shape, often makes its appearance when the child goes to school, under the present system of "cramming," or it may become evident still earlier in childhood when the infant begins to fix its attention upon objects near at hand. These last derive additional importance from the fact that, in time, the functional disturbance may be followed by structural changes which can not easily be remedied, and this is the more certain as preparation for the life's work of the individual has yet to be made. The period of puberty, especially in females, often makes manifest an error of refraction not hitherto suspected.

Headache, indefinite in character and location, extending toward the nape of the neck, or pain limited decidedly to the supra-orbital and temporal regions, is the most frequent symptom of ametropia, and yet may exist independent of it, excited by accommodatory asthenopia, produced by severe and unusual use of the eyes, the body being prone. The supra-orbital and temporal pain is frequently referred to as "neuralgia," and persists until the cause is removed. It is increased by any more than ordinary effort, and sometimes its victim is driven to seek rest and comfort in bed. It is a cry for relief from our over-taxed muscles, and young girls, who are confined to the house and indoor amusements, which entail constant exercise of the power of accommodation are the most frequent and persistent sufferers, while boys finding occupation out of doors have constant *partial* relaxation of this power; *partial*, because these symptoms exist for the most part when the refraction is too low, and the power of adjustment is forced to make up the difference between this and an emmetropic eye, thus doing more than its proper duty. Such an eye is called hypermetropic, and is never at rest unless closed.

Nausea, with insomnia and loss of strength, frequently accompany the headache, and present the symptoms of an ordinary attack of indigestion, the true origin of the disturbance being thus disguised, as it is often reflex and referable to the ametropia.

Intolerance of light is another evidence of resentment on the part of an over-taxed eye, in the absence of a more active cause. The unusual effort in such cases produces retinal hyperæsthesia, which can be relieved by placing the eye at rest. Those who are engaged in clerical duties, particularly if compelled to work by a too low illumination, are very liable to this annoyance, and often protect the eyes from the light by a shade, or by shaded glasses, instead of giving to them the natural advantages of good light and proper refraction. Nature has supplied light as a stimulus to the eye, and when the eyes are taxed in its absence the surroundings are artificial and disadvantageous.

Blepharitis Ciliaris, or Ophthalmia Tarsi, is usually preceded by chronic hyperæmia, or a low grade of inflammation of the palpebral conjunctiva. It may follow a keratitis. It is often aggravated by exposure to wind, dust, or a glare of light. When treated with lotions and ointment, it improves greatly, but when it has a more obscure origin it will repeatedly recur unless such cause is removed. It is apt to be very persistent, and in some cases no relief is derived from topical applications, but the condition grows worse, the crusts increase upon the edges of the lids, the lashes are lost, and, after a time, cease to be reproduced, or are inverted and cause pannus. The Meibomian glands may become inflamed and their ducts choked, and the edges of the lids, thickened and rounded, removing the puncta from their natural position, causing epiphora, making a very ugly picture and much suffering. The foundation of all this misery may be discovered in a very slight degree of ametropia, often a latent hypermetropia, and the readiness with which the seeming character of the affection changes from extreme obstinacy to perfect tractability, when the refraction is corrected, is very marked. In a fortnight, the cilia may cease to come out, the edges of the lids may begin to lose the redness and bevelling which has hitherto characterized them, the eyes may be *used with some comfort*, and the tendency to an early recurrence removed, while the dreaded after-effects are averted.

Few observers have failed to note the influence of properly fitted lenses in such cases as have not already made too much progress, as well as the disposition to recurrence if such lenses are too quickly laid aside, thus proving their helpfulness.

The slight hyperæmia of the conjunctiva which occurs in individuals who use their eyes freely, and which the ordinary applications aggravate, may be attributed to the same source. It is accompanied with burning and itching and a desire to close the lids, followed by a slight redness of the edges of the lids, as frequently seen in old people, for which a cold water douche affords temporary relief. Such a condition may be produced by a slight departure in either direction from normal refraction.

Ecchymosis of the lids, occurring after long application, is by no means rare, and is chiefly associated with simple hypermetropia or astigmatism.

In some instances it occurs each time the eyes are taxed, until the refraction is corrected.

Four years ago I was consulted in the case of a girl 14 years old, who could not make any use whatever of her eyes without looking as if she had been engaged in a "free fight." There was effusion into both upper and lower lids which followed the course of an ordinary bruise. In one meridian the refraction was too great (myopic), while in the opposite meridian it was far too low (hypermetropic), by the compensation for which with glasses she was able to continue her school work without disfigurement. This is one of many instances.

Astigmatism and hypermetropia are efficient factors in the etiology of asthenopia, which may affect the motor muscles, or the muscle of accommodation. Myopia has a tendency to produce weakness of the internal recti muscles, as is shown by the frequency with which near-sight and divergent strabismus co-exist; it never causes accommodatory asthenopia, as the refraction is so great as to lessen the necessity for adjustment to near objects.

On the other hand, astigmatism of any kind exhausts the ciliary muscle; but rarely, if ever, the recti muscles.

Hypermetropia is the most active agent in the development of both varieties of asthenopia, the motor muscle generally affected being the external rectus, resulting in insufficiency, or convergent squint.

This brings us to the question of the relation between accommodation and convergence; their influence upon each other, and the manner in which the amblyopia, associated with a loss of balance between them, arises.

The mutual dependence is so intimate, that an impulse of accommodation causes a certain degree of convergence, as, the more nearly an object is brought to the eye the greater the power of adjustment necessary to proper definition, and the greater the stress upon the recti muscles in securing binocular vision.

The ciliary and the internal recti muscles derive their nerve supply from the same source, the third, or motor oculi nerve, and are thus co-ordinated.

"The third nerve is the nerve by which not only is the eye drawn inwards, but it is also the nerve by which the ciliary muscle of the eye is enabled to affect the convexity of the

crystalline lens of the eye, and thus to act as an adjuster of the focal distance of objects, whose images fall upon the retina." (Ranney, Applied Anatomy of the Nervous System, p. 133.)

In hypermetropia the demand for the "convexity of the lens" is greater than normal in obtaining a clear image. The nerve supplying motor power to the ciliary muscle, while increasing lens action, exaggerates also the action of the internal recti muscles, and thus the eye turns inwards more than it would do if the eyes were emmetropic, because by the error of refraction the nice adjustment of accommodation and convergence to each other are thrown out of balance, as the two sets of muscles are co-ordinated. From this condition convergent strabismus usually springs, though the hypermetropia may be latent.

An earlier step in the production of squint we find in the *weakness* of the internal recti muscles, or muscular asthenopia, accompanied by distressing muscular pain and confusion of vision, as the images are received upon different parts of the two retinas, even before deviation is observable. It is this stage of the affection which is most painful and troublesome, which totally incapacitates the individual for continued effort, and which may so often be relieved by correction of the refraction, and careful gymnastic exercise of the muscles.

When this insufficiency of the internal recti muscles has made a little more progress, the power to receive a single image is lost; one image being eccentric and, therefore, less distinct, confusion of vision results, the effort to unite the images is lessened and finally given up. The eye which receives the less distinct image endeavors to avoid all performance of its function in order to escape the double image, and in time loses acuteness of vision from disease.

In myopia, as the refraction is greater than it should be, near objects may be easily seen without effort at adjustment of the lens. As the action of the ciliary muscle is relaxed, the supply of motor power to the internal recti muscles is diminished, convergence is lessened, and one of the eyes wanders *outwards*, producing divergent squint, which is not accompanied with pain, usually. The images become doubled as before, and by the same process as described above, one of the images is neglected, and the diverging eye, in time, becomes amblyopic from lack of exercise.

The correction of the ametropia restores the proper balance of accommodation and convergence, and if done before tissue-change has taken place, may relieve squint without operation, and it will increase the visual acuteness of the amblyopic eye, or entirely prevent amblyopia.

Correspondence.

LETTER FROM PHILADELPHIA.

Editors Maryland Medical Journal:

The medical metropolis of the United States is now medically alive.

What with our two great colleges, the University of Pennsylvania and the Jefferson Medical College, our almost limitless number of hospitals and our numerous medical societies, he who undertakes to tell what is going on in Philadelphia medical circles that would prove of practical interest to the profession at large, is almost overwhelmed, because he feels that he has more than enough to fill a large volume.

With such a load weighing him down, your correspondent will tell you some little that will prove of interest.

In the University, our old friend, Professor Leidy, pursues the even tenor of his ways, and teaches anatomy as no other man can teach this dry and uninteresting, but all-important fundamental branch of our profession. Speaking of Professor Leidy, have you ever heard the story of how his wonderful knowledge of comparative anatomy caused the exposure of what would otherwise have been a very successful fraud? No? Well, it seems that somewhere down in our little neighbor, the State of Delaware, it suggested itself to the hysterical mind of a colored woman (for some reason best known to herself) to simulate a remarkable case of prolonged gestation, with decomposition of the fœtus.

The attendant physician removed bone after bone of this supposed fœtus, the foundation stones, as he believed, of his future great notoriety, and carefully saved them for presentation to his medical society.

When, as he supposed, the fœtal skeleton was complete, his ambition was aroused; a local medical society would not sufficiently advertise him, and he decided to present his treasure to the Academy of Natural Sciences of Philadelphia. It was presented and the gray-headed wise-acres sat in mute amazement as the specimens were passed, until finally they reached Dr. Leidy.

With the smile, so characteristic of this good-natured man, and with a hasty glance through his spectacles, our anatomist said: "This is the thigh bone of a rabbit, this is

the humerus of a dog, this is the tibia of a cat," and so on, until he had disposed of the whole matter, and exposed what would otherwise have been a successful obstetrical fraud.

And alcohol; how everybody uses it, and yet we all preach against it; nevertheless its use, or that of some similarly stimulating agent, will, I fear, ever prove the barrier, the hydra-headed and many-tailed obstacle to that perfection of physical and mental man to which we all aspire; alcohol: would you not suppose that the question of its benefit or detriment to a healthy man had been long since disposed of; yet our County Medical Society recently occupied an evening in discussing this question.

The conclusion seems to be that while this agent may prove of advantage even to a healthy *old* man or woman, its use in adult life, that is to say, for healthy young men and women, should be confined to its therapeutical indications,and that when indicated, it should be ordered as *alcohol*, pure and simple, and not under the guise of wines and liquors, so that we may guage our dose and know what we are giving.

Our bluff and honest friend, Dr. H. C. Wood, argues this way, and does not seem to be as bitter an opponent of alcohol as his literary productions would seem to indicate.

Apropos of Dr. Wood, his "Therapeutics" are going to be translated into Italian, and when the German edition comes forth, he will truly walk "High Dutch." He deserves all his success, for he is one of the truest-hearted men in our great profession.

You have no doubt heard of our famous "Charity Balls," organized a few years ago by that indefatigable man, Dr. Pepper; they have been very successful, as they deservedly ought to be. Well, this year, the committee have decided to bring the Catholics within the pale of their charitable ministrations, and St. Francis Hospital, a new institution under the charge of a religious association of good ladies, will be one of their beneficiaries.

Professor Gross (the elder) is to be seen daily, driving around in the pursuit of his *active* professional duties, and he does not look one day older than he did ten years ago.

Dr. Agnew is the same plain, old-fashioned and easily-approached man that he was before he was called to see our poor Garfield, the notoriety given to him then not seeming to have a particle of influence in altering the honest simplicity of this truly great surgeon.

Has it ever occurred to you, to note, that in the medical profession, as in every other work in life, the *really* great men, great from their own worth, are notably plain in everything; in dress, in equipage, in office surroundings, and are easily accessible?

The "dudes" of the profession are usually shallow-minded. Is this not so?.

In my next letter I will have to tell you something about our hospital service.

MEDICUS.

ON THE ANATOMY, PHYSIOLOGY AND PATHOLOGY OF THE OS UTERI INTERNUM.—At a meeting of the Obstetrical Society of London, held October 3d. (*Br. Med. Jl.*, Oct. 20th), Dr. Henry Bennet read a paper with the foregoing title, which presents views not universally accepted. As early as 1849, Dr. B. had drawn attention to the existence of a muscular sphincter at the os uteri internum; and this, like all sphincters, was closed when at rest. This fact was accepted by many at the time, but seemed now to have passed out of mind. It had a most important bearing on uterine therapeutics. The ordinary physiological closed state of this sphincter offered resistance to the passage of the metallic sound, but a small wax bougie could be passed through it. By the aid of such bougies, Dr. B. had, in 1846, discovered that the cavity of the uterus was not straight, but had an anterior concavity. This sphincter was, no doubt, greatly developed by pregnancy. It opened slightly before, during and after menstruation,and probably during sexual congress. It was relaxed by disease, such as fibroids, chronic uterine inflammation, and endometritis. The easy passage of the sound was, therefore, in his opinion, an indication of a morbid rather than of a healthy condition of the uterus. This fact had an important bearing on the theory and treatment of sterility. If a closed os uteri were presumed to be a morbid condition, then nearly all healthy young women who were examined would be erroneously considered to require surgical treatment.

Society Reports.

PROCEEDINGS OF THE MEDICAL SOCIETY, DISTRICT OF COLUMBIA.

MEETING HELD OCTOBER 24, 1883.

(*Specially reported for the Maryland Medical Journal.*)

The Society met with President, DR. KING, in the chair.

The Secretary reported the receipt of the Transactions of the California State Medical Society, and the Librarian was directed to return the thanks of this Society.

Dr. H. L. E. Johnson presented TWO UTERINE POLYPI, with the following history:

Mrs. D. W., æt. 42 years, widow, five children, two miscarriages. Has complained for four years of pain in back, lower part of abdomen and sides, with shooting pains through thighs. uterine tenesmus, dysuria and constant yellowish discharge. Thinks her womb is outside. Menses every two weeks, painful, profuse flow, lasting eight days, very dark and clots. Examination: vulva red and inflamed, from constant discharge. Just outside ostium vaginæ protrudes a polypus about the size of an almond; vagina inflamed and denuded of epithelium. Growing from cervical canal, between internal and external os, are two polypi, the pedicle of one so long that it hangs "outside;" the other about half as long. Treatment: Removed both polypi by torsion, and applied acid chromic to stump; very little hæmorrhage followed. Ordered injections of alum and zinc solution, night and morning. Patient seen today (Oct. 24th); all symptoms entirely relieved.

Dr. J. F. Thompson then gave some REMINISCENCES OF HIS SOJOURN IN EUROPE.

On motion of *Dr. Murphy* a vote of thanks was passed for *Dr. T's* paper.

REGULAR MEETING HELD OCT 31, 1883.

The Society met with the President, Dr. A. F. A. KING, in the chair; Dr. T. E. McArdle, Secretary.

Dr. S. O. Richey read a paper on CEPHALALGIA, NAUSEA, DIZZINESS, PHOTOPHOBIA, BLEPHARITIS MARGINALIS, STRABISMUS AND AMBLYOPIA AS RESULTS OF AMETROPIA, published on page 490.

Dr. Toner said that whilst he did not pretend to any knowledge of treatment of eye troubles, he thought many things relating to them exaggerated. He had been accustomed to read in the recumbent posture all his life, and although this habit was said to be particularly detrimental, he had experienced no evil effects therefrom. The ordinary use of the eye is at an angle much less than a right angle. The eye don't know how to rest except in a dark room or when closed in sleep. It is true the pupil has the power of contraction to shut out a harmful light. He had made it a point to quiet the apprehensions of people relative to the straining of the eye.

Dr. Schaeffer said he had enjoyed the same experience as Dr. Toner. We know, too, that invalids are much given to reading in the prone position without detrimental results. Herschel says, in his work on Optics, that the best position in which to use the microscope is lying on the back that the humors of the eye may be more generally distributed.

Dr. King had seen cases of persistent headache, sometimes accompanied by distressing nausea, entirely relieved by the use of proper glasses.

Dr. Richey thought Drs. Toner and Schaeffer particularly strong men, whose entire muscular development was good. Hypermetropia is an error of refraction. A man's refraction may be so low that parallel rays from a distance of twenty feet may not focus on the retina, but behind it. The insufficiency may be latent or manifest. We often see people who do not discover their astigmatism until they reach the age of 40 or 50 years. In response to a question by Dr. Hoehling, Dr. Richey said he had no satisfactory theory to offer in explanation of the so-called "second sight" of aged people. In reply to Dr. Taylor, he said common sense dictated the use of glasses when they were found necessary, and it was wrong to delay.

Dr. King said nature had made the eye to accommodate itself to the works of nature, but she had not made types, etc. It is these artificial strains which abuse the eye and render glasses necessary.

Dr. Gihon had never suspected astigmatism in his own case until haunted by the "tests" in Dr. Richey's office; he requested him to paralyze the accommodation when he was discovered to be astigmatic. We must not forget that the ciliary muscles are as old as the rest of the body.

Dr. Toner said that when he came to this city, not more than three or four colored people wore glasses; now we meet many of them wearing these aids to sight. This seemed to add confirmation to Dr. King's theory.

Dr. Richey, in closing the debate, gave the history of a little girl who was compelled to leave school after two weeks attendance, on account of an eruption on the malar portion of the right cheek. Thinking some disturbance of the eye might be the cause, the child was brought to him. She could not read the shortest sentences without this eczematous blush occurring and remaining for some time. He fitted her with proper lenses and now she goes to school without difficulty.

On motion the discussion closed and the Society adjourned.

CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD NOV. 2ND, 1883.

(*Specially Reported for the Maryland Medical Journal.*)

The Society was called to order at 8:30 P. M., by the President DR. MICHAEL.

Dr. R. M. Hall, of South Sharp street, was proposed for membership by Dr. Jno. Morris.

ARGYRIA.—*Dr. I. E. Atkinson* read a paper on this subject, published in last number.

Dr. Morison said that in all the cases of lupus which had been treated abroad, locally, with nitrate of silver, there had not been one which was followed by argyria. It was probable that in all the cases related as occurring from the local use of the agent, some of the latter was swallowed.

Dr. Theobald said local staining of tissues from it was very common in dispensary eye practice, as in the treatment of granular lids.

The President remembered one case in which there was a distinct blue-black staining of the eye. The patient had exhausted several half-pint bottles of solution, but had used none internally.

Dr. J. D. Arnold referred to a case of epilepsy, of 25 years standing, in which the skin over the entire body was of a dark brownish color. This was observable only when the patient was quite close to the eye, not at a distance. There was also almost complete retention of secretion. There was no saliva, and the patient took molasses and water with his food in order to wash the latter down and supply the place of the saliva. His tongue was like a piece of parched leather. He also suffered from obstinate constipation, and had had no operation for 15 years without an enema. He said his skin had been darker five years before. He was 70 years old.

Dr Atkinson thought the symptoms referred to by Dr. Arnold were only accidental concomitants, not due to the silver. In answer to Dr. Morison, he said he thought the evidence on record was sufficient to show that local diffusion through tissues might result from the prolonged local use of the drug; he did not mean to state that a general argyria might thus be produced.

USE OF IODOFORM AFTER CATARACT OPERATIONS.—*Dr. Bermann* spoke of the advantages of iodoform as a dressing after cataract operations. He dusts it on the wound and draws the lid over it. He believed that the layer of iodoform which rubs off on the dressing prevents access of germs.

Dr. Frank had examined a case thus treated by Dr. Bermann, and was struck with the rapid healing. On examination 48 hours after the operation, he found the wound closed and complete absence of all irritation.

MICROSCOPIC SPECIMENS.—*Dr. Bermann* exhibited specimens, under microscope, of 1, the bacillus tuberculosis; 2, the same in a giant cell; 3, of the bacillus found in actinomycosis (actinomyces hominis), an affection found especially in the lower jaw of the calf, but which has also been observed in man and has been described by Ponfick and Israel. The specimens were prepared by a method by which any one acquainted with the use of the microscope can examine sputa for bacilli in five minutes.

EXSECTION OF SUPERIOR MAXILLARY NERVE FOR TIC-DOULOUREUX.—*Dr. Tiffany* related a case upon which he had performed Carnochan's operation—a man, æt. 35, who had had a most violent tic, for two or three years — practically continuous for several months. He trephined the superior maxillary bone, entered the spheno-maxillary fossa and removed 2—2½ inches of the nerve. The patient had been free from pain, but it was too soon yet to announce the result. (Dr. Tiffany will report the operation and result in this Journal hereafter.)

ABSENCE OF VAGINA AND UTERUS; PROBABLY RUDIMENTARY OVARIES.—*Dr. Chunn* reported the following case: A woman, æt. 23, said she never had menstruated. Up to the age of 22 she had had no menstrual molimen, no periodical pains; then pains began which recurred every four weeks. About two years later she had quite a profuse epistaxis, which continued monthly. On examination she was found to be well developed externally, with erotic desire present, but no entrance could be effected per vaginam, the vagina being replaced by only a slight cul-de-sac. Two fingers were then inserted into the rectum and a Simpson's sound into the bladder, when the fact was revealed that she had no uterus. By further exploration by rectal examination and palpation, no ovaries were to be detected. For six months the patient has had a show, which came probably from the bladder. This shows that the ovaries are present. The symptoms at present existing do not demand treatment; should bad symptoms, however, appear, the Dr. would not hesitate to perform laparotomy and remove the ovaries.

Dr. Ashby reported the following case:—Several years ago a patient came under his observation, presenting the following interesting facts: Mrs. —— aged twenty-three, had very recently married. A few weeks later she was made aware that there was a defect in her generative organs. At the suggestion of her husband she desired a physical examination. This, when made, revealed the fact that there was an entire absence of both uterus and vagina. Her external organs of generation were perfectly developed, and ovaries were be-

lieved to be present. A very short culde-sac, about one inch deep, represented the vulvar opening. Her mammæ were large and well-formed; her general development was striking and handsome. She was a brunette and experienced strong erotic desires. Menstruation had never occurred. She was greatly depressed by the result of the examination, and passed from under the Doctor's observation. An operation for the relief of the atresia was not considered advisable, as the vesical and rectal walls were fused so closely together that an artificial opening could not be made.

The President remembered a case occurring some years ago at the University Hospital in a well-developed woman who had married a fisherman. Examination revealed an undeveloped uterus, and an attempt was made to establish a vagina which resulted in a cellutitis. The ultimate result of the operation was unknown. The object of this patient in seeking advice was to know why sexual congress could not be accomplished.

Dr. Morris reported a case where a similar condition existed as in Dr. Chunn's case. An attempt to create an artificial vagina failed.

Dr. Tiffany believes the proper treatment in these cases is to dilate the urethra. A number of cases have been reported where, without any knowledge of sexual abnormality, intercourse had taken place through the urethra. This was better than attempting to make an opening in the connective tissue, which will certainly close in spite of husband and glass. If the dilatation be gradual there will not be incontinence of urine.

Dr. Tiffany said an opening into cellular tissue was certain to close unless it communicated with a natural internal cavity.

Dr. B. B. Browne said that he differed from the gentlemen who had already spoken. He did not believe that in cases of atresia of the vagina, a patulous urethra always indicated that sexual intercourse had taken place through this organ. This patulous condition of the urethra is the result of an arrest of development, and almost invariably accompanies congenital atresia of the vagina. Arrest of development has taken place in Müller's ducts, and the anterior portion of them which joins the bladder, and forms the posterior wall of the urethra, is not developed; consequently the opening of the urethra is larger, and is situated below and internal to its normal position —almost in a line with the normal opening of the vagina—and therefore, the vagina being closed, it would more easily receive the male organ. This patulous condition is the primary one, and is the *cause* and not the *result* of penetration.

Moreover, in cases of *acquired* atresia of the vagina the urethra is never patulous, and sexual intercourse never takes place through it, but on the contrary the seat of obstruction in the vagina is gradually pushed back by the penis. In these cases of congenital patulous urethra, there is never incontinence of urine.

Dr. Moseley said that a woman had applied to Dr. T. G. Thomas on account of sterility. She had a hymen with a small opening, but intercourse took place through an enlarged urethra.

Dr. Biedler reported a case where a woman had a congenital atresia vaginæ. She, however, menstruated. He had operated, forming an artificial vagina and using glass tubes to prevent closure, and the woman has since married and suffers no inconvenience. In answer to Dr. Chunn, he said he had not examined for ovaries, taking it for granted that she had them on account of her menstruating. His patient discovered her abnormal condition herself.

Dr. J. D. Arnold reported a case seen abroad, where a child had no external meatus auditorius. The surgeon, however, took it for granted that because she could hear the tick of a watch on that side the essential parts of the ear were present. There was a Eustachian tube. He therefore made an incision into the tissues for a half inch, when he found a perfect membrana tympani. The patient then wore a silver tube. The operation was successful and the patient was able to hear. Dr. A. said this was, however, hardly a parallel case.

A New Instrument for the Treatment of Seborrhœa and Eczema Capitis.—*Dr. Morison* read a paper on this subject.

Dr. I. E. Atkinson said we ought to accept the parasitic theory of eczema on the scalp with great reserve. Among the dust and dirt of seborrhœa of the scalp we find spores, etc. Had known a child with eczema of the buttocks to produce the disease on the mother's arm on which it rested. Wigglesworth inoculated himself with acne secretion and produced acne. So pus has some contagious property. Would hesitate to accept the statement of Lassar in regard to fungi. When water is applied constantly to long hair the moisture is sure to tend to the development of fungi. He considered Dr. Morison's instrument well adapted for the purpose.

Dr. A. further added that anything which causes irritation will produce eczema. Eczema marginatum is due to the fungus of ringworm; an e. marginatum is really an e. which accompanies a ringworm: kill the tinea and you cure the disease. He cited the case of flabby breasts, hanging down and producing eczema at the point of apposition of the surfaces. A dirty person who allows dirt to accumulate in

his scalp will certainly have parasites. Plica polonica is at bottom an eczema, which constantly adds to the debris by which it is covered. He did not accept as proven the statement that e. is a parasitic disease.

Dr. Arnold would think Dr. M's instrument especially adapted for the removal of the crusts, which is the first indication in the treatment of seborrhœa.

Dr. Morison in conclnding, said the treatment of eczema now is anti-parasitic; for that reason Hebra used tar. He does not say that e. is always parasitic, but the parasites collecting on it are a source of irritation and may be conveyed to other persons. At any rate it can only be cured at times by anti-parasitic treatment.

Reviews, Books and Pamphlets.

A Manual of Pathology, by JOSEPH COATS, M. D., Pathologist to the Western Infirmary and the Sick Children's Hospital, Glasgow, etc. Philadelphia: Henry C. Lea's Son & Co. Pp. 799.

There has been a long-felt want for a complete and new English text-book upon pathology. A translation, no matter how good it may be, is not so desirable as an original book adapted to the especial wants of a certain community. The dearth of such books in the English language shows what a small amount of time has heretofore been spent upon this branch by the medical men of England and America. The growing impression, however, of the importance which pathology plays in medical education, has caused both these countries to pay more and more attention to it, and the result has been that several very good text-books for the student have appeared.

The volume before us is, perhaps, the most complete one which has yet been published in English. The arrangement of the whole is excellent. It is written in a clear, easy style, and reads very pleasantly. The attention which the author constantly calls to the assistance which pathology renders in the proper diagnosis and consequent treatment of disease is one of the special features of the book, and no student who reads it can help being impressed by the importance which pathology plays as a primary factor in the study and thorough knowledge of every ill that flesh is heir to.

The volume is divided into two parts, the first comprising "General Diseases," and the second "Diseases of the Special Organs and Systems." In the first, the classification of tumours is excellent, and the illustrations are very good. Most of them are new and are exceedingly well done. The chapter on micro-organisms, or bacteria, one naturally turns to with the greatest interest and curiosity. So much work is now before the world on this subject, a pathology cannot be complete without it. We were much pleased with the clear description of the subject as given by the author. There was, however, a feeling of disappointment after reading the chapter to find no mention made of gonorrhœa as a bacteria disease, or any reference made to work done by the many who have been trying to discover the disease germ of the syphilitic virus. Indeed, the author does not suggest that this disease is due to any special germ or bacteria. Although we must acknowledge that these questions are quite in their infancy as regards the actual discovery of such germs, yet this can hardly be given as an excuse for not mentioning the many investigations made. The bringing of an undecided subject prominently before the minds of industrious students instigates original research. At least a student may expect to find himself up to the times upon a subject when he finishes the newest text-book.

In the second part, aneurisms of the heart and valves are very well described, and the whole chapter on blood-vessels is clear and concise. As in most all pathologies the chapters on diseases of the skin and its appendages are merely a summary of work done by special investigators. The arrangement of the whole is very good, although the description of some of the diseases would hardly be considered by dermatologists of the present day as quite exact, e. g., prurigo.

The book is of very little use as a book of reference to pathologists, and indeed it does not pretend to be. The leaving out of all references to authors quoted, and to the literature which must necessarily be gone over to write such a book, is a great defect. It is a defect alas only too common in English and American medical books.

In turning to the index, we find an excellent idea, viz.: of giving the derivations of words. It would, perhaps, be of equal convenience and assistance to the student to have the English words accented for the proper pronunciation of them.

There are some errata in printing which it might be well to call the attention of the publishers to, especially on page 139, in the paragraph beginning "In order to this growth." A word has been left out.

The fact that the book, as the author says in his preface, rests in most of its departments upon his own observation and experience, is greatly in its favor. No one can read it without recognizing the accuracy of these observations and how constantly it has been in the mind of

the writer to explain to the student clearly and concisely the intricate labyrinth which pathology, as frequently taught, gets him into.

We cordially welcome and recommend with pleasure this addition to our scanty list of English books on the subject. R. B. M.

Gray's Anatomy, Descriptive and Surgical. A new American from the tenth English edition, to which is added *Landmarks, Medical and Surgical*, by *Luther Holden, F. R. C. S.*, with additions by *Wm. W. Keen, M. D.* Henry C. Lea's Son & Co., Philadelphia.

The appearance of a new edition of "Gray" is an event of interest to the medical profession at large, and more especially to those engaged in the teaching of anatomy. Those who have learned to appreciate the solid merit of the work cannot fail to take pleasure in seeing it keep pace with the advances in anatomical science. The English publishers are not slow to appreciate the importance of this constant revision, and the American medical public owe the Messrs. Lea a debt of gratitude for the promptness with which he reproduces their work. "Gray's" is doubtless the best of all the text-books for the ordinary purposes of medical study. The clearness, compactness and accuracy of the text, supplemented by the admirable plates for which it has always been celebrated, give it a place second to none in the estimation of both teachers and students. A comparison of the present edition with Lea's edition of 1878 shows marked improvement. It is true most of the work is unchanged (always the proper condition when no change for the better can be introduced) but following the tendency of the times, the text is much more full and the illustrations more elaborate on the subjects of general anatomy and the minute structure of organs. Nine pages have been added to the section on general anatomy and among other improvements we would call attention to figures 69-70 illustrating the anatomy of the skin. The sections on osteology, syndesmology and myology, are practically unchanged. The figure showing the course and relations of the internal pudic artery (fig. 341) is a great improvement on the old one, and a large figure (353) showing the relation of the structures in the jugular foramen has been added. The plan of showing plexuses of nerves, given in former editions only with regard to the brachial plexus, has been carried out, with great advantage to the student, in describing the cervical and lumbar, as well as with the fibres of the medulla, and several simplified cuts showing lobes, fissures and convolutions of the brain will aid materially in studying the most important organ in accordance with modern methods. The text is much fuller, in the parts devoted to special organs, and many new and valuable additions have been made to the illustrations. A valuable diagrammatic cut after Schultze (fig. 434) does much to elucidate the structure of the retina, and the minute anatomy of the gastric mucous membrane is much more elaborately described and illustrated than in former editions. The substitution of the figure (471) illustrating the relations of the duodenum, is much to be commended, since the old one without the names printed on it would have been somewhat puzzling, even to a tolerable anatomist, and figures 481-2 showing the relations of the large intestine and kidney are much better than those in former editions. It is to be regretted that figure 455 of the old edition was omitted in the new. It was a good practical illustration of the gastro hepatic omentum of which we find no good figure in the new edition. The figures showing the posterior mediastinum, transverse section of the prostate gland, the varieties of hernia and many others which have been added are very valuable. Holden's Landmarks have been added to the volume, as in several of the later editions of the work, and Dr. W. W. Keen, of Philadelphia, has made to the original, forty-five pages of additions, some good, some indifferent; for example, while we are fully prepared to admit the importance of removing artificial teeth before giving an anæsthetic, we do not see how this precaution becomes a landmark, medical and surgical, nor can we understand why, under the same head, minute directions for removing foreign bodies from the eye should be given. On the whole we are prepared to give the new edition a cordial welcome, and have no doubt the publishers will be amply repaid for their trouble. J. E. M.

Proceedings of the Illinois State Board of Health. Quarterly meeting, Oct. 1883; 8vo, pp. 26.

Chemistry: Inorganic and Organic, with Experiments. By Charles Loudon Bloxam, Professor of Chemistry in King's College, London, etc. From the fifth and revised English edition with two hundred and ninety-two illustrations. Philadelphia; Henry C. Lea's Son & Co., 1883, pp. 694. Price—cloth, $3.75, leather, $4.75.

A Practical Treatise on Materia Medica and Therapeutics, by Roberts Bartholow, M. A., M. D., LL. D., etc. Fifth edition revised and enlarged. D. Appleton & Co., New York, 1883. 8vo, pp. 738.

The Antipyretic Treatment of Typhoid Fever, by G. C. Smythe, A. M., M. D. Indianapolis, Ind.; reprint from Cincinnati *Lancet and Clinic*, Oct. 6, 1883. Pp. 24.

Influence of Constant Use of High-heeled French Shoes upon the Female Form, etc., by S. C. Busey, M. D., Washington, D. C. Reprint from Volume VII, Gynecological Transactions, 1883. Pp. 19.

In Memoriam—Francis Asbury Ashford, M. D. Born Sept. 19, 1841; died May 19, 1883. Washington, D. C.; Gibson Brothers, printers, 1883. Pp. 20.

Infusion of Jequirity, or Licorice Bean, in Inveterate Pannus, with a report of several successful cases, by Edward S. Peck, M. D. New York. Reprint from New York *Medical Record*. Pp. 11.

A Case of Severe Purulent Inflammation of the Middle Ear, with Restoration of the Drumhead, Consecutive Dentalgia without caries, by Edward S .Peck, M. A., M. D., New York. Reprint from *The Independent Practitioner*, August, 1883.

Epitome of Skin Diseases, by the late Tilbury Fox, M. D., F. R. C. P., and T. Colcott Fox, M. D., M. R. C. P. Third American edition. Revised, and with additions by T. Colcott Fox, B. A., M. B., London. Philadelphia; Henry C. Lea's Son & Co., 1883. Pp. 240.

Editorial.

Sir Henry Thompson on Fish as Food.—Sir Henry Thompson finds time, it seems, to devote his attention to other things besides genito-urinary surgery, the field in which his medical reputation has been chiefly achieved. The good service he rendered in first drawing public attention to the importance and advantages of cremation as a mode of disposing of the dead are not likely to be forgotten in the onward progress of civilization and sanitary science, and now we find in the *British Medical Journal* a review of a discourse which he has lately delivered upon the above subject at one of the conferences held in connection with the great International Fisheries Exhibition, which from its practical character and suggestions is likely to attract much attention among Englishmen, if not also Americans. It is well known that animal food enters very largely into the ordinary diet of the English, and John Bull and his roast beef are as inseparable as the German and his lager. How much of the national characteristics of the race, how much of the sturdy manliness, the aggressive disposition, and the other qualities of the crusty Briton are due to this cause we can only conjecture. At any rate, as regards the effect upon the health, it is regarded as an evil against which Sir Henry protests with great energy. The number of those, he says, who load themselves with more meat than they require, and who are the subjects of a continuous but variable plethora of waste products, arising from the incapacity of their system to assimilate or to comfortably excrete them by the usual channels through which such products are eliminated, are steadily increasing, since head-work is becoming more and more general in accordance with the demands of civilization. On the one hand, whilst meat is becoming more and more the exclusive possession of certain classes of society, on the other, fish is practically inexhaustible, is cheap, easily cooked, easily digested, and conduces to the highest degree of bodily and mental vigor, as evidenced by the Jews, whose ritual requires them to be large users of it. Fish has special recommendations for the sedentary and those who have begun to descend the vale of years. It is fallacious to suppose that the failing powers of age demand increased nitrogenus food; the reverse is true. It is the difficulty of getting rid of the waste tissue that the old have chiefly to contend with, and many of their diseases are referable to this circumstance, as Fothergill especially insists upon. Experience justifies all that Sir Henry says in advocacy of a fish diet. In this latitude such advice is doubtless less needed than elsewhere, where remoteness from large bodies of water and inability to obtain constant fresh supplies do not give equal facilities for resorting to this article of diet; but even here it is doubtless true that the more general use of fish would contribute greatly to health and comfort. A bar to its use, which will always be present in greater or less degree, is its perishable nature, and the fluctuations in the supply; still the truth of the facts set forth by Sir Henry is quite obvious to anyone who reflects upon them. The extent of the author's mastery of the subject is shown by the advice which he gives as to the merits of the different varities of fish and the best way of cooking them.

Lister on the Treatment of Fracture of the Patella.—Mr. Lister's address, delivered at the opening reunion of the Medical Society of London (Oct. 29th, 1883), on the "Treatment of Fracture of the Patella," will be received among surgeons as a valuable contribution to the study of fractures. The methods of dealing with these varieties of fractures as advanced by Mr. Lister, are ingenious, to say the least of them, and the success which has been secured is such as to entitle them to the most favorable commendation. Prior to 1873, Mr. Lister had expressed to Dr. Cameron, a former house surgeon in the Glasgow Royal Infirmary, the opinion that the use of a metallic suture, antiseptically applied, as is

done in certain cases of ununited fracture of long bones, ought to be extended to the olecranon and patella. In March, 1873, Dr. Cameron recommended to Mr. Lister's care in the Edinburgh Infirmary, a case of ununited fracture of the olecranon. There was considerable separation between the olecranon and the shaft of the bone, and although the limb was muscular, it was comparatively helpless. Mr. Lister made a longitudinal incision, exposing the site of the fracture, and having pared away the fibrous material from the fractured surfaces, bored a hole through the centre of each with a drill. The two pieces were then brought together with silver wire, which was fastened with a full twist and the ends left projecting from the wound. Healing took place without suppuration or fever, and the wire was removed seven weeks after the operation. The wound made for its extraction soon healed. The patient regained his former muscular power. Two other cases of ununited fracture of the olecranon were treated by Mr. Lister in the same manner with an equally favorable termination. Of the two latter cases in one,however,he decided not to leave the ends of the wire projecting from the wound; but having given them a complete twist, cut the ends off short and with a small hammer hammered the twisted part down flat upon the ulna. The advantage of this practice was very marked, since it enabled the patient to return home fifteen days earlier than would have been the case after the other operation. The silver wire used for these operations on the olecranon was one twenty-fifth of an inch in diameter.

After this success in the treatment of fractures of the olecranon by silver wire suture, Mr. Lister made use of the method in treating the first case of fracture of the patella which came under his observation. This opportunity presented itself for the first time in 1877. Subsequently, six other cases were thus treated, making a total of seven cases, six of which he presented to the Society. After relating the history of these cases, somewhat in detail, Mr. Lister gave some consideration to the method of operating, which in his opinion is so simple that a first year student ought to be able to perform it as well as the experienced surgeon. The first step in the operation is to lay bare the fractured bone by a two-inch incision in the median line. A hole is next made with a brad-awl in the centre of the margin of each fragment of bone, care being exercised not to extend the hole through the cartilage on the under side of the patella. The hole should be made at such an angle as to come out on the fractured surface just above the cartilage. Where the ununited fracture has been of long standing, say several weeks or months, Mr. Lister advises that the edges of the fracture should be pared to remove all ligamentous tissue. The joint is next thoroughly cleansed of blood clots and fluid, and a drainage tube inserted. Silver wire is run through the holes in the fractured fragments and the pieces are drawn into close apposition. A complete twist is given to the wire and the ends are allowed to project through the external wound, which is dressed antiseptically and placed in a long splint. This method of dressing was employed except in the last two or three cases, when, instead of leaving the ends of the wire sticking through the wound, the removal of which required the cutting through the recently formed cicatrix, the wire after "two half-twists" was cut off short and the ends hammered down into the patella. This practice Mr. Lister thinks has decided advantages. The hammering down of the twist renders it more secure than if left projecting, the time of healing is greatly shortened and it allows the use of the joint to be commenced much earlier. The presence of the wire causes no further inconvenience. In every case reported by Mr. Lister union was complete and the power of the leg was fully restored. It is interesting to note that in no case was there any febrile excitement worthy of mention. Mr. Lister thinks it must be admitted that these cases show that the mode of treatment he recommends, when applied to recent transverse fractures of the patella, affords a means of restoring the joint to practically a perfectly natural condition, provided only that no disaster occurs. He admits, of course, that patients often recover with very useful limbs by the ordinary means of treatment. "Every now and then osseous union is obtained. It is a thing which I used to pride myself formerly on striving to get, and I have achieved such a thing, but it was rare and it was obtained by a very tedious process; and if the ligamentous union occurred, we never felt sure that what was a very short ligamentous union, when the patient was discharged, might not be a long ligamentous union at a later period." "It is true that there may be a very useful knee joint with a very considerable length of fibrous union. Still, when there is a great length of fibrous union the knee is never equal to the original." Considering, then, the great inconvenience which results in many cases when the treatment is conducted on ordinary principles, Mr. Lister believes that if we can say that we are morally certain that we do not subject the patient to risk we are in duty bound to give him the benefit of this method. If the operation is justifiable, at all Mr. Lister believes it should be done in recent fractures and not put off until all other means have failed. In cases of

ununited fracture of long standing, the fragments become dwindled by absorption and there is less chance of bony union. In the recent case, on the other hand, everything is favorable. The wound involves no bleeding, there is no need to pare the fragments. "All we have to do is to sponge away clots, and the surfaces are ready for coaptation. The drilling is a matter of no difficulty; it does not take long; it does not cause anxiety; there is no shock to the system, no tension. In every respect the circumstances are favorable as regards the operative procedure."

From Mr. Lister's standpoint there appears to be only one necessary condition to make the operation obligatory upon the part of the surgeon. It is needless to suggest what this condition is. Mr. Lister's firm faith in strict antisepsis could assign no other condition as a possible contra-indication to so formidable a procedure except a failure to practice his own methods in dealing with wounds. He attributes his results to successful antiseptic management, and his address may be looked upon as a vindication of the statement that strict antiseptic treatment will convert serious risk into complete safety.

Mr. Lister on Antiseptic Treatment.—In the address above noticed, Mr. Lister makes a few concluding remarks regarding the antiseptic treatment of wounds, which may be taken as an evidence of a more conservative view of antiseptic surgery than was formerly enunciated. He says: "As regards antiseptic treatment, I would just like to make this remark: that nowadays it is not a very complicated business in theory or practice." "As to theory," he says, "we do not require any scientific theory in order to believe in antiseptic treatment. You need not believe in the germ theory at all." "All you have to believe is that there are such things as putrefaction and other septic agencies, that our wounds are liable to these, that they are very pernicious, that these things come from without, and that we have the means of preventing them by various chemical agencies. That is all that we require, and I think anybody who knows the present state of surgical practice must admit these to be truisms. It has sometimes been a great grief to me to think that because gentlemen are not convinced of the truth of the germ theory out-and-out, therefore they say lay aside antiseptic treatment altogether." As to practice, Mr. L. says, it is not a difficult thing to wash one's hands in a carbolic solution and have instruments in this carbolic solution for a quarter of an hour before operating. It is not a difficult thing to invest the limb with a suitable antiseptic material. He believes it the most important thing of all to strictly maintain this rule. He insists that when a dressing is changed the wound should first be covered with something pure, "not to wash the surrounding parts with antiseptic solution and then after this has been done, put a dressing on the wound, but before we begin to defile our lotion at all, put on the wound what is pure, and last of all wash the surrounding parts, which though they look the same to our eyes are different *toto coelo*."

Regulation of Dental and Medical Practice.—The Maryland Dentists, at a largely attended meeting, held in Baltimore, on the 13th instant, took steps looking to legislation with a view to the regulation of dental practice, and for the better education of the members of their profession. A committee of nine, two from each of the colleges and five from those not connected with any institution, was appointed to recommend the draft of a law to be presented to the Legislature. Another committee was appointed to draft a constitution and by-laws for the organization, which is to be known as the Dental Legislative Society of Maryland. Another Dental organization, the Maryland Dental Association, meeting on the 8th, had previously appointed a committee to lay before the Legislature a bill essentially similar to those adopted for the medical profession in some of the States of the Union. In this connection it may be stated that a prominent member of our profession proposes to bring the subject of the regulation of medical practice before the approaching Sanitary Convention, to be held in this city on the 27th and 28th instants, with a view to securing legislative action. The Illinois law, which has proven so satisfactory in that State, and has been adopted by Missouri and Minnesota, will be taken as the model for guidance in the measures to be suggested.

The Maryland State Sanitary Convention.—Attention is again called to the Sanitary Convention, which meets in this city next week, commencing on Tuesday, at 12 o'clock. The sessions of the Convention will be held in the hall of the Young Men's Christian Association, corner of Charles and Saratoga Streets. It is greatly desired by the officers of the Convention that there shall be a full representation of the medical profession. All physicians who feel an interest in, or who value the benefits of sanitary science are urgently invited to attend these sessions. The Convention promises to be a complete success.

Dr. Walter Wyman, Surgeon U. S. M. H. Service, will read a paper before the Maryland Sanitary Convention on "Quarantine."

Miscellany.

A Needle Forty-Six Years in the Body.—In the *Louisville Med. News*, Dr. Walton tells of a woman who swallowed a large needle with a broken point in 1830. In 1850 she was seized with lancinating pain in the left hip joint, which after awhile passed away; in 1874 similar pain occurred in the left shoulder and arm. In 1876 she was again similarly attacked, this time with a severe stinging pain with redness and swelling in the posterior aspect of left arm, three inches above the elbow joint. All remedies failed to effect relief, when in applying a liniment, something wounded her hand, and in looking for the offending object, a blunt needle-point was discovered, but so firmly held in its location that an incision was required and considerable force was necessary to extract it with forceps. The needle was blackened and had lost its smoothness.. Careful examination showed it to be of an ancient pattern, long since ceased to be manufactured. Since removal the lady has enjoyed perfect immunity from pain, and is now a woman of 80 with physical and mental vigor of 40.—*Med. and Surg. Rep.*

The French Cholera Mission's Report.—The report of the three surviving members of the Pasteur Mission is still unpublished. It is stated that it will be very elaborate and will be presented to the Minister of Agriculture, whose department includes questions of public health. Meanwhile M. Pasteur has been interviewed and it appears that he is at once pleased and disappointed with the results of the expedition. He is disappointed because M. Thuillier and his colleagues were not able to inoculate any animals with the cholera germ, apparently because they did not succeed in discovering it, but he draws consolation from the fact that the German inoculation experiments were also without result. Indeed, Pasteur almost despairs of final success until he can find some man of sufficient public spirit to deliver himself over as a subject for experiments of this kind. Meanwhile the Mission has done much useful work and has limited the field for future inquiry.—*Med. Times and Gaz.*

The Duration of Labour.—A recent number of the *Archiv fuer Gynœkologie* contains a paper by Dr. R. Lumpe of Vienna, on the above subject. He has noted the duration of labour, counting from the time when the pains were first felt by the patient, in 1,045 cases; and he finds that the average duration of the process, measured in this way, was sixteen hours and a-half—a result not widely different from that reached by others who have investigated the question in the same way. But the point of the question is this: that in the last week or fortnight of pregnancy there takes place—first, a serous infiltration, a kind of œdema of the cervix, and then a slight, gradual and painless opening of the cervical caval. This, Dr. Lumpe contends, should be regarded as part of the process of labour. He gives a table of fifty first labours observed by himself, in which he examined the patients during the last fortnight of pregnancy, and thus was enabled to observe this painless opening of the cervix as an initial sign of the approach of labour-pains. He records in the table the dates at which the cervical canal was found patent enough to admit the finger, when the pains began to be felt, and when delivery took place. His observations lead him to the conclusion, as we have said, that this opening of the cervix begins from eight to four een days before the uterine contractions commence to be painful. He considers that it is effected by uterine contractions like those which Dr. Braxton Hicks has described as occurring throughout pregnancy. *Med. Times and Gaz.*, Nov. 3rd.

Report of Marine Hospital Service.—Surg. Gen. Hamilton recommends that the examination of pilots should embrace acuteness of hearing and vision as well as capacity to distinguish colors. He suggests the establishment of a "sailor's snug harbor" for seamen permanently disabled or injured. New hospitals for the Marine Hospital Service are in progress or to be erected in Memphis, Cairo, Baltimore, New Orleans and Cincinnati. He expresses the opinion that a natural quarantine is necessary. If the epidemic fund is continued, inexpensive yellow fever hospitals should be established at the chief gulf ports. He recommends that $50,000 be appropriated for site, buildings and wharf at Cape Charles quarantine and $10,000 for current expenses.

The Value of Picric Acid as a Test for Albumen.—Drs. C. A. Cooke and Ralph B. Watkins, of Bayview Asylum, in examining the urine of malarial patients invariably obtained the albumen reaction from picric acid but failed in every instance where there was not organic disease of the kidneys to get the same results from nitric acid and heat. As cinchonidine was uniformly prescribed, it was regarded as causing the precipitate. To a four-grain aqueous solution of sulphates of quinine and cinchonidine a small quantity of picric acid sol. (1 to 56 sp. gr. 1010) was added; in each case a yellowish-white albuminous looking precipitate was immediately formed; a sol. containing $\frac{1}{120}$ gr. gave a decided precipitate,

one containing $\frac{1}{180}$ gr. a perceptible cloud. Six grains of sulphate of quinine or cinchonidine were administered to 25 patients whose urine failed to give any precipitate with the acid before the dose; a precipitate was present in every one, 9 or 10 hours after. To prove that the precipitate was quinine, not albumen, a solution of egg-albumen and quinine in water was boiled and filtered; picric acid being added to a portion, a decided precipitate was thrown down. Dil. acetic acid, alcohol and tr. iodine, Herapeth's test for quinine, was added to the remainder, and heated; on cooling, the copper green crystals were deposited Picric acid was then added to the supernatant fluid and no precipitate was produced.

Statistics of Cancer—As a contribution to this subject, Dr. Hofmeier read a paper at the Berlin Obstetrical Society, in which he stated that among 10,000 adult women admitted to the Elizabeth Hospital during the period 1865-80, there were 358 cases of cancer distributed as follows: Cancer of the utetus 167 (47.2 per cent.); breast, 47 (11.7); vagina, 11 (8.07; ovary, 7 (1.96), vulva, 2; clitoris, 1; stomach and liver, 78(20.3); rectum, 17 (4.7); mesentery, 8 (2.23); face and epicranium, 8; lungs, 5; tongue, 4; œsophagus, 4; kidneys, 2; brain, 2; common integuments, 2; and bladder, 1.—(*Berlinkline Woch*, August 22, *Med. Times and Gazette*, October 27th).

Operating by the Electric Light.—According to the *Lancet*, electric light was recently used in the operating-room of the Royal London Opthalmic Hospital, Moorfields. Extraction of cataract, iridectomy for acute glaucoma, and discision for soft cataract, as well as other operations were performed by the aid of the light. The excellence of the light for operations on the eye was well demonstrated. The light was furnished by a palatinum wire incandescent burner placed in a metal case, with a polished reflector behind and a lens in front of it. This was fixed on a movable stand, which could be carried in the hand of the assistant. With wires the lamp was connected with a bichromate of potash battery with four two-quart cells, each cell really holding only about one quart and half a pint of the solution, so as to allow for the immersion of the plates.

The Treatment of Puerperal Convulsions by Diaphoresis.—In a recent number of the *Archiv fuer Gynækologie*, (*Med. Times and Gaz.*, Oct. 27th), Dr. Carl Breus, of Vienna, gives his further experience on the diaphoretic plan of treatment of puerperal convulsions, which consists in putting the patient into a hot bath, and then wrapping her in blankets until profuse pespiration has taken place. Dr. Breus now reports eleven cases thus treated. In four of them convulsions came on early in labor, in two towards the end of a prolonged first stage, in one during the second stage of labor, and in the succeeding four within a few hours after delivery. Most of them were severe cases. Only one died; ten recovered.

Dr. Breus does not recommend that diaphoresis should be used to the exclusion of every other remedy; but, on the contrary, it should be combined with chloroform, narcotics, and such obstetric interference as the case may demand. He has not seen any harm result from the hot baths or the subsequent packing, even when applied to recently delivered women. He does not believe that this measure tends to provoke labor, and in support of this opinion, gives a case with Bright's disease, (but not convulsions), who had forty-five baths while pregnant, without labor coming on. Dr. B. thinks it desirable to employ this treatment in pregnant women who are subjects of dropsy or albuminuria, believing that by it the onset of eclampsia may possibly be prevented.

The Induction of Premature labour.—Dr. Rumpe, Assistant Physician at the Marburg Obstetric Clinic, contributes to a recent number of the *Archiv fuer Gynakologie* (*Medical Times and Gazette*, October 27), some interesting statistics of this operation. Professor Dohrn, in 1877, published a number of cases occuring in this institution. Dr. Rumpe now relates in detail 14 other cases which have since then been treated in the same way. Putting them all together, there were 26 patients who, among them, had 106 labors. Of these 65 came on at full term, with a result of 53 dead, and only 12 living children, or an infantile mortality of 81.5 per cent. Labour was induced prematurely in 41; and of the children, 14 were dead, 27 liying, or a mortality of 34 per cent. The form of pelvic deformity for which the induction of labour was most frequent, was the generally narrowed flat pelvis, with which there were 43 labours. In 8, the conjugata vera measured less than $3\frac{1}{2}$ inches, and the infantile mortality was 50 per cent. In 28, it was between $\frac{3}{15}$ and $\frac{3}{25}$ inches, and in these 68 per cent. of children survived. In 7, the conjugata was more than $\frac{2}{25}$ inches, and in these 85 per cent. of children lived. The method adopted for inducing labor was the warm vaginal douche, (with 1 per cent. carbolic acid solution), used at first three or four times daily, and then every hour or two. If this did not succeed, a bougie was introduced between the membranes and the uterus. The maternal mortality was 7 per cent.

Society Bulletin.—*Baltimore Medical Association* will meet Monday, Nov. 26th, 8.30 P. M. Dr. J. F. Perkins will open the discussion on "How to deal with Enlarged Tonsils."

Medical Items.

There were forty medical graduates at Dartmouth College at the Commencement on the 13th instant, the largest number ever graduated there in one year.=The remains of Thuillier will be brought from Egypt at the expense of the French Government, and one of the streets in Paris is to be named after him. A plate, bearing the inscription—Louis Thuillier, mort pour la science, Alexandria, 1883—has been placed in the Normal School in Paris.=Sir Prescott Hewett has retired from practice. =It is affirmed that the recent epidemic of cholera in Egypt is the first on record in which cholera has existed in any country independently of a similar epidemic in India.=According to one of the Egyptian Cholera Commission, of all the drugs employed in treatment lead and opium in divided doses at the outset of the disease was alone found worthy of being called successful.=The oldest medical society in London is the "Medical Society of London," which began its 111th session, October 29th, under the presidency of Sir Joseph Fayrer.= The *Archives of Laryngology* is to be discontinued, it is understood, for want of due support; the Pittsburg *Medical Journal* will also suspend after the December issue, the Editor intending to go abroad.=An *American Rhinological Association* was organized October 2nd, in St. Louis. Mostly Missouri and Illinois physicians attended the meeting, of which Dr. Thomas F. Rumbold, of St. Louis, is the leading spirit and first President. Its proceedings will be confined to "Diseases of the Nasal Passages, and such other diseases as are sequences of them."=Dr. D. W. Yandell, of Louisville, Kentucky, has been elected an Honorary Fellow of the Medical Society of London.=According to the most accurate estimate, which has been recently made, there are 5,219 physicians in the State of New York. Of this number 2,424 are committed to the National Code; 943 to the New Code; 210 have no code; 31 are unclassified, and 1,611 are uncommitted.=Prof. Depaul, of Paris, a well-known contributor to obstetrical science and to pædiatrics, is dead.=Edward Borke, a well-known figure in connection with the Morgue of New York City is dead. It is said that Borke handled over 5,000 corpses each year, or a total of 50,000 since his connection with the institution.=Dr. Burdon-Sanderson says Koch's discovery of the bacillus tuberculosis will serve as the foundation of an efficient prophylaxis against pulmonary consumption and other forms of tubercular disease related to it in origin or issue.=According to the New York *Herald*, Dr. Domingos Freire has been vaccinating persons with his yellow fever microbe attenuated by six transplantations in gelatine. Five or six showed slight symptoms of the disease, which the Doctor thinks will protect them against future attacks.=Dr. H. H. Kane was expelled from the N. Y. Co. Medical Society, Oct. 22.= =Dr. R. Gundry will read a paper at the approaching Sanitary Convention, in Baltimore. Col. Waring will discuss the separate system as applicable to this city and it is understood will reply to Dr. Chancellor's paper advocating the Liernur system.

List of Changes in the Medical Corps of the Navy during week ending November 17, 1883:

P. A. Surgeon C. H. H. Hale ordered to the Naval Academy, Annapolis, Md.

List of Changes in the Stations and Duties of Officers Serving in the Medical Department of the United States Army, from November 12th to November 19, 1883.

Bache, Dallas, Major and Surgeon—Ordered to report in person to the Commanding General Department of the East for assignment to duty. (Par. 10, S. O. No. 259, A.G.O., November 12, 1883.)

Appel, D. M, Captain and Assistant Surgeon—Granted two months leave of absence. (S. O. No. 68, Division of the Atlantic, Nov. 16, 1883.)

Gardiner, J. de B. W., Captain and Assistant Surgeon—Relieved from duty at Fort Huachuca, and assigned to duty as Port Surgeon at Fort Bowie, A. T. (Par. 1, S. O. No. 104, Department of Arizona, Nov. 8, 1883.)

Cochran, J. J., First Lieutenant and Assistant Surgeon—Assigned to duty at Fort Bayard, W. M. (Par. 5, S. O. No. 236, Department of the Missouri, Nov. 15, 1883)

Egan, Peter R., First Lieutenant and Assistant Surgeon —Upon being relieved from duty at Fort Bowie, A. T., to proceed without delay to Fort Huachuca and report to the Commanding Officer at that Post for duty. (Par. 1, S. O. No. 104, Department of Arizona, November 8, 1883.)

Wilson, George T., First Lieutenant and Assistant Surgeon—To report to Lieutenant Schwatka 3, Cavalry Aid-de-Camp, for temporary duty in connection with the completion of report of recent expedition to Alaska. (Par. 3, S. O. No. 156, Department of the Columbia, Nov. 9, 1883.)

Original Papers.

INTUSSUSCEPTION IN AN INFANT; LAPAROTOMY; DEATH. — SUGGESTIONS FOR TREATMENT.

BY L. McLANE TIFFANY, M. D.,

Professor of Surgery, University of Maryland.

A——— M———, aged 8 months, a strong, vigorous child, apparently in perfect health, was taken suddenly in the afternoon of Thursday with acute abdominal pain, while in the nurse's arms, and shortly afterwards vomited. Within the course of an hour the bowels were moved, and within another half hour they were moved a second time; this last evacuation contained a little blood. Subsequently frequent evacuations of bloody mucus took place. The child was in great pain continuously.

The family physician saw the child within an hour from the onset of the trouble; found no fever, etc., etc., and diagnosticated intussusception.

The treatment pursued was opium to profound narcotism, large injections, kneading the belly.

Rectal touch revealed a tumor on Friday. At one time on Friday, after a large injection, great improvement took place in all symptoms, but later the unfavorable picture was re-established.

I saw the patient, in consultation, forty-eight hours later, Saturday. No peritonitis present, no fever, pulse strong, countenance natural and bright. No lump to be felt through abdominal walls; rectal touch showed the tumor, about three inches from anus, with a central dimple, into which the finger passed. Bloody mucous evacuations occurred as often as every hour; no fecal matter was mixed with them. All ingesta were vomited as soon as swallowed. In view of the early diagnosis and prompt treatment on the part of the attending physician, coupled with the favorable condition of the patient, I offered laparotomy, and, indeed, urged it. This was declined by the parents. It was decided to invert the child, under anæsthesia; pass the small end of a funnel into the rectum, and try the effect of fluid pressure. This was done by Dr. M., but no good resulted.

On Sunday midnight, eighty (80) hours after the commencement of the attack, I was again sent for, "and to bring necessary instruments."

I complied. On arriving at the house, I found the parents anxious for the operation, and the question was whether I would consent to operate. The condition of the child had changed greatly, the cheeks pale, the eyes sunken, surrounded by dark circles, pulse scarcely to be counted, intelligence preserved, belly not swollen or tender, surface of body cool, bloody mucus occasionally passed from the anus and vomiting was without effort—a regurgitation. Briefly, the child was in a collapse.

In the absence of peritonitis, I decided to operate and to give the child the shadow of a chance if possible. Under anæsthesia an incision two inches long was made from the umbilicus downwards in the linea alba. Bleeding having ceased, the peritoneum was opened, and two fingers being inserted and passed towards the rectum, came in contact with the invaginated bowel. The incision was enlarged one inch, the better to expose and handle the seat of trouble.

The tumor felt by the fingers was drawn through the incision and laid on a cloth wrung out in warm carbolized water. Very slight traction drew out the intussuscepted gut until but a small knot remained when a little gentle manipulation was required to disentangle it. This last knot proved to be two inches of ileum invaginated through the ileo-cæcal valve, and it was evident the trouble commenced here, the subsequent progress being a gradual invagination of this primary knot into the ascending transverse and descending colon, perhaps even into the rectum. About the ileo-cæcal valve, both large and small bowel was somewhat stiffened from infiltrated blood, but the peritoneum was smooth, shining and uncoated with lymph. No change was apparent throughout the rest of the intestines. The peritoneum contained no fluid and was in all respects normal. No blood was allowed to enter the peritoneal cavity. The bowel was replaced within the belly, and the wound closed by a sufficient number of sutures, passed so as to include the peritoneum. Absorbent cotton over the wound and a bandage comprised the dressing. The child was returned to bed, surrounded by bottles of hot water and warmly covered. Vomiting ceased, the bowels were not moved, and it looked as though reaction would continue; but a couple of hours

later, collapse returned and the child died eight hours after the operation. No P. M was allowed.

In view of the condition of affairs observed after opening the abdomen, namely, the invagination into the colon of the al ready invaginated ileum and the absence of peritoneal inflammation, it is fair to infer that laparotomy probably offered the greatest chance of life to the patient, and that an early recourse to it might have been followed by the recovery of the little sufferer. I am inclined to think that the healthy ap pearance of the peritoneum, notwithstanding that intussusception had existed 80 hours, was due in great measure to the early recognition of the malady by the at tending physician, Dr. Morawetz, and the consequent withholding of all purgatives, thus resting the bowel as much as possible. It is to be observed that although carefully sought for no lump was detected through the belly walls; this naturally might be expected when once the invagination had descended into the pelvis so as to be felt by rectal touch, but while gradually passing across the abdomen that it would have been noticed seems likely. After opening the belly the tumor laid in the middle line and had to be pulled up out of the pelvis.

A point of interest in the progress of the case on Friday, was the very marked amelioration of symptoms which were noticed to follow the injection of a large volume of water (one of several large enemata, by the way), and it is a fair deduction to infer that by such injection the colic invagination was overcome but the ileo-cæcal not, and that after the water escaped through the anus then the colic intussusception was reproduced. The sex, age, symptoms, etc., of the case under consideration were all so in accordance with the known type as to offer but scant food for comment, and for the matter of that the result of treatment also is as usual, but I cannot avoid being strongly impressed with the opinion that an early recourse to operative measures is proper in similar cases. If large enemata and inflation, preceded by opiates, have failed to bring about permanent relief, it is most unwise to delay laparotomy for the disentanglement of the bowel.

It is usually believed that in early life abdominal section is accompanied by greater shock than in the adult, and to add this shock to the depression incident to an invagination in its late stage offers but a very small chance of life to the infant. On the other hand, after the usual remedies referred to above have failed, and a few hours, say twelve or twenty, are ample to test their efficacy, then laparotomy can be done with prospect of success, for the little patient is not in a condition of collapse from intestinal obstruction of several days duration.

Children under one year of age are not considered proper subjects for laparotomy usually; this I believe to be true when profoundly collapsed from peritonitis, etc., but not otherwise. Sands' well known case is evidence to the contrary. I fail to see why the existence of hernia strangulated in the groin justifies an operation at any age, yet strangulated bowel within the belly must be allowed to remain until the patient dies. During the first years of life, intususception gives rise to very marked symptoms, capable of easy diagnosis, and certainly justifies, even probably demands, operative interference after a fair trial has been given to milder measures, and this without long delay.

Congenital Malformation of the Heart.—Mr. Howard Tooth exhibited to the Pathological Society of London (*Br. Med. Jl.*, Oct. 20, 1883) a heart which presented a rather rare and remarkable form of congenital malformation. The pulmonary artery arose from the sinus of the right ventricle and the aorta from the infundibulum; the foramen ovale was not quite closed, and the intra-ventricular septum was deficient at the base. The patient was a boy eight years of age, who died of enteric fever; cyanosis had been noticed for six years, and when admitted into St. Bartholomew's Hospital, under the care of Dr. Gee, there was, in addition to the symptoms of enteric fever, clubbing of the fingers and toes, a loud systolic murmur heard equally over the whole cardiac area, and bulging of the chest to the left of the sternum.

Bazar for the Benefit of the Presbyterian Eye and Ear Hospital.—The lady managers of the above hospital will hold a bazar for the benefit of the institution, continuing from the 4th to the 8th of December, at the Natatorium building. The money thus raised will be used for increasing the value of this charity in all its departments.

COMMENTS ON AN ADDRESS, DELIVERED AT THE AN. MEETING OF THE BRIT. MED. ASSOC., IN LIVERPOOL, AUG, 1883, BY DR. S GEE, F.R.C.P., PHYSICIAN AT ST. BARTHOL. HOSP., AND ENTITLED "A SURVEY OF THE LITERATURE OF THE DISEASES OF CHILDHOOD."

BY JOHN R. QUINAN, M.D., OF BALTIMORE.

A well-digested review of the literature of any special medical topic is a valuable source of scientific and historical information, embracing, as it does, a complete bibliography of the subject and an analysis of the contents of the several works cited, and thus enabling us to form a fair estimate of their comparative merit, as exponents of the extent of knowledge attained at the date of their publication.

But here lies one of the most common errors of those attempting such reviews. Forgetting the thick darkness that often surrounded the birth of our early literature, and the fragmentary shape, too, in which much of it has descended to us, the critic, nevertheless, measures every book by the standard of his own age, and, flushed with all the pride of a callow censorship, 'damns with faint praise', or ignores altogether some valuable work, that in its day and for its day, flamed like a star in the literary firmament, to guide the pilgrim of science to the goal of truth.

'Twere well for such critics to reflect, that if we of the 19th century, enjoy a wider horizon of knowledge, it has been gained by us pigmies mounting the shoulders of the giants of a past age, rather than by any unaided efforts of our own. This should teach us some modesty in discussing the claims of our own professional forefathers—especially those of Greece and Rome—to our regard.

To which class of critics the author of this address belongs, may be best seen by citing his own words.

After a brief summary of what Hippocrates has to say on Children's Diseases, we are told that "in *Celsus*, *Aretæus*, and *Aurelian*, I do not recollect anything relative to children's diseases worth notice, nor need I refer to the little, *Paulus* has to say upon our topic"(?) Now, we do not know what Dr. Gee may think worth his notice, but we *do* know that these very authors whom he thus so flippantly decries, have treated on a variety of subjects connected with the diseases of children, including the effect of season on the health of children (*Celsus*, *De Re Med.*, Lee's ed. 1, 58); the modification of treatment required by age (ib. 175); Aphthæ (id. 58, and vol. II., 190); Cynanche (id. 1, 257); Diseases of the Parotid (id. 11, 199); Cough in Children (id. 1, 92, 263); Porrigo (id. 96 and 11, 132); Diet of Children (id. 11, 70); Diseases of the Mouth (id. 11, 189); Angina (id. 1, 257); Diseases of the Ears (id. 11, 168); Dentition (id. 364, 182); Worms (id. 1, 300;) Pestilential Diseases of Children (id. 1, 176); Struma (id. 11, 106); Tonsils (id. 1, 188); Inflammation of the Umbilicus (id. 1, 58); *Aretæus* (in *Med. Artis Prin. post Hipp. et Galen.*, fol. 1567) treats of Angina (id. 195); Aphthæ (id. 349); Ulcers of the Throat (lib. 1, c. 9); *Paulus Æginetae* (in fol., *sup. cit.*) treats of Angina (id. 562); Worms (id. 492); Dentition (id. 560); Hydrocephalus (id. 241); Milk (id. 639); Of the Choice of a Nurse (id. 75, 575, 247); Disease of Parotids (id. 650); Physical Education of Children (id. 348); Intertrigo (lib. 1, c. 11); Diseases of the Ears (id. lib. 1, c. 12); *Aurelius Cælius* (in fol. *sup cit.*) treats of Aphthæ (lib. 7, c. 12); Of the Influence of Age on Treatment (id. lib. 2, c. 3); Cynanche (id. lib. 6); Diseases of Fauces (id. lib. 3, c. 4); Eruptions of Childhood (id. lib. 5, 114); Porrigo (id. lib. 6, c. 2); Cancrum Oris (id. lib 6, c. 2); not to mention various similar topics treated by *Ætius* and fourteen chapters devoted to children's diseases by *Oribasius*.

To ignore the literary contributions of these venerable Hierarchs of the Æsculapian temple, is not only a reflection on our scholarship, but a violation of the fealty which every physician owes to the founders of his art. Besides, their fame "is so lodged beyond the reach of fate," that such puny attempts to tarnish it, are simply ridiculous.

But to proceed. After remarking that Rhazes, wrote the earliest distinct treatise on children's diseases, he asserts that "the seven hundred years between Rhazes[1] and Glisson (950–1650) added hardly anything

1 See Dr. Geo. J. Fisher's able article on Rhazes in *An. Anat. and Surg.*, Vol. 6, pp. 133–227.

to our knowledge." Here the reviewer's judgment is again at fault, for during this period we have Treatises on Children's Diseases by *Bagellardus* (*P*), Patavia, 1472; *Austrius* (*G*), Basil, 1540; *Faventius* (*L*). Lug. 1554; *Rhodion* (*E*), Francf. 1563; *Wittichius* (*J*), Leips., 1596; *Mercurialis* (*H*), Francf. 1584 and Venetii, 1615, and *Obele* (*J. G.*), Giessen, 1618, besides numerous other minor works and essays on special diseases of children and upon the construction and management of children's asylums and hospitals.

True, none of them were of *English* production, but surely this ought not to exclude them from recognition as part of the treasures of the commonwealth of medicine. At all events, they are quite as worthy of mention in a survey of the literature of the subject, as *Phayer's* "*Boke of Children*,"[1] 1544; the *Pædatrophia of Gaucher*[2] *de Saint Marthe*, 1584; *La Balia* (nurse) of *Luigi Tansilla*, 1560, and Pemell's *Treatise on Diseases of Children*, 1653 (which are all that Dr. Gee recalls for us), even if two of these four productions of seven centuries *were* of English origin. "But better things were at hand." This sleep of centuries was broken by the appearance of *Glisson's Book on Rickets*, 1650, which Dr. Gee would have us believe "holds a place like that of Vesalius in Human Anatomy, of Harvey in Physiology, of Morgagni in Morbid Anatomy, and of Laennec in Semeiology."(!) We had thought that Glisson's fame[3] rested chiefly on his anatomical contributions, especially those on the anatomy of the liver, the capsule of which still retains his name in honor of its discoverer. Haller, speaking of Glisson's work on the liver, says, "*C'est un livre excellent*," and Boerhaave, that "he (G.) was the most exact of anatomists"—and his fame was further increased, it was supposed, by being the first to attribute irritability to the muscular system, which he does in his work on the "Stomach and Intestines;" but we are all mistaken. Glisson's discovery of the Rickets is the foundation of his fame, and puts him on a par with Vesalius, Harvey, Morgagni and Laennec(?).

To establish this claim to the discovery of Rickets for Glisson, Dr. Gee finds it necessary to set aside several competitors for the same honor, viz.: Drs. Daniel Whistler[1], 1645; Theophilus de Garancieres[2], 1647, and Arnold Boot[3], 1649.

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1 The more exact title of this book, as I learn through the kindness of Dr. John S. Billings of the Surg. Gen. Med. Lib Wash. (for I have never seen it), is, "*The Regiment of life, whereunto is added a treatise of the pestilence with the Book of Children.*"

2 *Gaucher* was, as is well known, not a physician, but the Treasurer at Poictiers, under Henry III, of France, to whom he dedicated his work. His grandson, A. L. de Marthe, published a French translation of it in 1689, entitled, "*Maniere de Nourir les enfans a la Mamelle.*" Gaucher latinizes his own name, which means left-handed, into Scævola, as the latter had become left-handed by burning off his right hand. (See *D'Israeli's Curiosities of Literature*, Vol. II., p. 66.)

3 Francis Glisson was born 1597, Dorchester Co., Eng., A. B. of Camb., 1620, A. M. 1624; A. M., Oxford, 1627, and M. D. of same, 1634; Prof. Med. at Camb., 1635-9; F. Coll. Phys., 1634. Pres. of same, 1655; Lect. on Anat. at same, 1639; F. R. S., 1660; died 1676. He published

1650 (with Drs. Geo. Bate and Assuerus Regimorter and others), *De Rachitide sive Morbo Puerile, qui vulgo The Rickets dicitur, Tractatus, Lond.*

1654, *Anatomia Hepatis.*

1672, *Tractatus de Natura Substantiæ energetica, &c.*

1676, *De Ventriculo et Intestinis, &c.* (Haller puts the publication of the *De Rachitide*, 1660, and of the *De Ventriculo and Intestinis*, 1674—Bib. Med. Pract., but he must refer to second editions.)

1 Daniel Whistler was born at Walthamstowe, Essex Co., Eng. F. Oxon and Merton Coll., 1639; A. B. Oxf. 1642. He then went to Leyden and returned to Oxf. 1643-4 Then returned to Leyden, where he obtained his M.D., 19 Oct., 1645; his inaugural thesis being "*De Morbo Puerile Anglorum quam patrio sermone indigenæ vocant, The Rickets.*" (Originally in 4to, but repub. in 8vo, 1684, the year of the author's death). F. R. Coll. Phys., 1649; Gresham Prof. Geom., 1648, and resigned (on marriage) in 1657; 1653, Chief Phys. to Embassy to Sweden with Sir B. Whitelock; Harveian orator of Coll. Phys., 1659; Censor Coll. Phys., 1657-1672-'80; Registrar of same, 1674-1682; Elect. 1676; Treas. 1682 and Pres. of same, 1683; died Aug. 11, 1684 (See Roll. R. Coll. Phys., by W. Munke. Vol. I, p. 249).

2 Theophilus de Garancieres, born at Paris; M.D. of Caen Univ., 1634; Lic. R. Coll. Phys., Lond, 1656; had been domestic physician to King of France, died in poverty in London, 1676. His publications are

Angliae Flagellum seu Tabes Anglica. 24mo, London, 1647.

The Admirable vertues and wonderful effects of the Tincture of Coral, &c. 8vo, London, 1676.

Also translated "*The True Prophecies and Prognostics of Mich. Nostrademus, Phys. to Henry II., Fr. II, and Ch. IX, Kings of France.* London fol. 1672. He was also the author of *A Mite Cast in the Treasury of London, &c.* (On the Plague). London, 1668.

3. Arnold Boot, born 1606 at Gorchum in Holland; M. D. Leyden, 1620. He moved to England where his brother Gerrard was physician to King Charles I, and upon Gerrard visiting Ireland, 1630, Arnold accompanied him in the capacity of first physician to the Viceroy, Earl of Leicester. He practiced in Ireland, but owing to the civil troubles in England, he removed in 1634 to Paris, where he died. He published in 1649 his work "*Tractatus de affectibus ab aliis doctoribus omissis*," London. It treats of various diseases, but the chapter headed "*Tabes pictava absque pulmonis vitio*," is that in which he describes the rickets. This work was published with the medical observations of Peter Borelli at Francfort and at Leipsic 1676.

Garancieres' claim, Dr. Gee is able to dismiss, without much trouble, as the book '*Angliae Flagellum*,' 1647, does not treat of Rickets at all, but of some obscure form of consumption.[1]

But how does he set aside Boot's and Whistler's claim to priority? Boot's is not directly questioned, but quietly ignored under the general charge, that he was one of those who forestalled Glisson by having "the pen of a ready writer", and that, as Glisson had talked about rickets a great deal, before publishing his book, Boot had become possessed of the knowledge of the disease, and anticipated Glisson's book by his own.(?) This is nothing but special pleading and bald conjecture and leaves the priority with Boot still unshaken. In fact, Boot moved to Ireland in 1630, and obtained his knowledge of rickets while practicing there.

With Dr. Whistler's claim in his work on rickets (published in London, 1684), that it was a republication of his inaugural thesis on that disease, in 1645, Dr. Gee deals in a more summary manner. Dr. Whistler lied; he never wrote a thesis on rickets in 1645. To establish this harsh assertion, he tells us that Whistler, as president of the Royal College of Physicians, had violated his trust and defrauded the treasury, and this was the year that he republished his work on rickets (1684); i. e. he was a bad man in some respects and therefore not trustworthy in any; to add further confirmation to his assertion, Dr. Gee refers us to the fact that Haller, in his Bibliography (Pract. Med. Vol. 11, p. 706), designates the inaugural treatise as "*De Morbo Puerili*," etc., *1645*, by *Dan.* '*Whist*,' instead of *Whistler*, showing, as Dr. Gee thinks, that Haller had never seen the work in question; and, besides, "Dr. Norman Moore had made some years ago inquiries after this book at Leyden, and they knew nothing about it there." Such arguments as these evince the desperate straits to which Dr. Gee is driven to support his charge against Whistler, for which we doubt whether Glisson (if alive) would thank him. That Dr. Dan. Whistler, after having enjoyed every office in the gift of the Royal College of Physicians, from Fellow to President, committed some breach of trust is, we regret to say, for the honor of our common profession, true; but the exact character and extent of his infidelity is not, and never will be known, as his colleagues, with more delicacy than Dr. Gee, failed to fully record it, and we are assured by one who has made the history of the college a special study, that the college was reimbursed in whole or in part for whatever loss it sustained, by Sir John Cutter, who was, we believe, a near relation of Dr. Whistler, and that the latter died soon after the affair, very poor. (See Dr. Munke's Roll of the R. Coll. Physicians.)[1]

But this same authority(Dr. Wm. Munke) has no hesitation in assigning Dr. Whistler the authorship of the Thesis on Rickets of 1645, and adds, as from personal knowledge, that it was originally (1645) in 4to, but reprinted (1684) in 8vo., remarking that "it was the earliest printed account that we have of that disease, having preceded Glisson's work nearly five years." This is from one of Dr. Gee's own colleagues, and one who knew as much about the frailties of Dr. Whistler as any other F. R. C. P., Drs. Sam. Gee and N. Moore, not excepted. The failure to find a small dissertation by Dr. Moore, after the lapse of nearly 200 years, and the typographical error of Haller's Bibliography in regard to Whistler's

1. Dr. Gee was fortunate enough to get a copy of this rare work, and thus correct an error that long prevailed as to its subject. Dr. John S. Billings, of Wash., confirms Dr. Gee's statement from an examination of a copy of the work in the Surg. Gen. Lib. Dr. Gee takes the opportunity, on his discovery of the mistake, of castigating those "who have so largely quoted it, especially the *Germans*," as a work on rickets. Perhaps Dr. Gee did not know that others beside Germans were obnoxious to this rebuke. The distinguished Dr. W. Aitken (not to mention other learned English physicians) quotes "*Flagellum Angliae seu Tubes Anglica*" as a synonym for rickets, in his able article on that disease in *Reynolds' System of Med.* Vol. 1, p. 473, 1880.

1 If Dr. Gee had examined his authorities a little more carefully, he would have found that Haller's Bibliography (Pract. Med. Vol. 2, 706) records not only *Dan* Whistler's thesis on rickets, 1645; but. at p. 704, *John* Whistler's thesis on the same subject and in the same year. The title of the dissertation of the latter is "*De pacdo splanchno cace seu de Rachitide, Lond.* 1654, Monro," the '54 being evidently a careless transposition of the printer's for '45, as is proved by the Leyden Catalogue before me (Album Studiosorum Academiae Lugduno Batayiae, etc., 1875), p. 360, where he is entered under *1645*. "*July 27, Johannes Whistler, Anglus Generosus.*" From this it appears that when Dr. Gee has killed off *Daniel* Whistler (which he has not yet effected) he will have to give the *coup de grace* to *John* Whistler also, before destroying all the 'Richmonds' in the field against Glisson. That Dr. Dan. Whistler's offence was not so heinous as Dr. Gee represents, is evinced by what we learn, that his portrait still adorns the walls of the Royal College of Physicians.

name, are arguments too weak to need formal answer.

But after all this labored effort to establish the priority of Glisson's claim to the discovery of rickets, Dr. Gee virtually abandons the position by admitting that the disease was, to use Southey's phrase, among 'the things known before they are discovered', and that if rickets be due, as he thinks it is, "to common causes, 'it must' have existed so long as the present conditions of human life," a very sensible conclusion which, arrived at sooner, might have saved a great deal of useless controversy by Dr. Gee over Glisson's claims.

After mentioning Sydenham's title to having given us the first good and sufficient history of measles, he treats us to a new view of the character of the[1] modern Hippocrates. "Sydenham," it seems, according to his critic, "was prone to jesting of that grave kind which dullards misunderstand. Dr. Walter Harris fell another victim to Sydenham's naughty habit. Harris had written a book "*De Morbis Acutis Infantum;*" and showing it to Sydenham, the great man said that it was the only book which he himself would fain have written. Yet Harris' book is a poor production." Dr. Gee certainly takes a singular pleasure in trying to darken the reputation of his own colleagues. And unless he is prepared to question the veracity of Dr. Harris, as he has done that of Whistler, we can convince him that in his statement of the above transaction, he has shown as gross misunderstanding as the veriest 'dullard'[1] that he refers to. Dr. Walter Harris says in the preface to his own work (Ed. 1742): "I very frankly laid before him" (Sydenham), "a view of my practice" (in children) "which I had found successful. He, after having duly examined and *put it to trial*, was so far from disapproving of it, that he recommended it from his own experience and *urged me to draw it up in writing.* After reading my book, Sydenham said, "I never flatter any one, and I say it without any compliment, you are the first I ever envied. It is my *sincère opinion* that this little book may be of greater service to mankind than all I ever wrote." If this be 'jesting' on Sydenham's part, then we class ourselves with the 'dullards,' as we confess we don't see where the humor comes in; nor do we see that the merits of the book are so 'poor' as to justify a suspicion of Sydenham's sincerity in the praise he bestowed on it. Independent of the favorable inferences to be drawn from the numerous editions and translations it underwent, the principles of treatment that he inculcates are sound, and the simplicity of his therapeutics, a great advance on the polypharmacy of his day. "I would have all to remember," says he, "that Nature is the true physician, and we who usurp the title are only her servants." And again: "He who writes too long bills," (prescriptions) "huddled with a confused multiplicity of medicines, does it either through ignorance or to serve some selfish purpose." Again: "A perfect knowledge

1. In the Bibliog. of Rickets in *Ziemssen's Encyc.*, Vol. 16, p. 169, as well as in the text, it is asserted that *John Baptist Theodosius* gives a clear account of a case of rickets in a child 17 months old in his *Epistolae Med.*, Basil, 1554 (*Epist.* 42, p. 250), thus antedating Glisson nearly 100 years. To enable the reader to judge, we quote the case in the original. *Ejus temperamentium declinat ad frigidam et humidam, ex quo color totius cutis pallidus redditur, ita ut ad cachexiam tendere videatur, et mutae in eo ciuditates generentur. Affectus est debilitates virtutis motivae, ita ut, cum mensium jam septendecim sit, non possit ullo modo se movere nec stare, et, cum in ulnis a nutrice defertur, vix caput potest erectum tenere. Symptoma aliud omnium saevissimum est vertebrarum trium in costis notis ad exteriora declinatio, est modus gibbositatis, et in modum arcus costae etiam incurvari videntur.*" The distortion of the spine and ribs, the age, pallor and excessive debility all belong to rickets.

Old Dr. John Floyer, a cotemporary of Glisson, in his work entitled "*Psuchrolousia, or the History of Cold Bathing*," London, 1732, says: "The rickets seem a new disease, but it was probably the same which Hippocrates obscurely described, under the 'bending of the spine inwards,' 'greatness of the head,' etc., which are symptoms of rickets, and now esteemed distinct diseases. The author attributes the increase of rickets in England about Glisson's time to the disuse of cold bathing, and especially to the disuse of immersing children in baptism (op. cit. pp. 10, 11, 76, 77, 94, 162, 173, 396).

1 Walter Harris was born in Gloucestershire, Eng., 1647. Fellow Oxford and A. B. of same, 16 o; M D. of Bourges, Fr., 1675; returned to London 1676; M. D. of Cambridge, 1679; F. R. Coll. Phys. 1682; its censor, 1688, 1698, 1700 and 1714; Elect. of same, 1705; Harveian Orator, 1699, 1707, 1713 and 1726; its Treasurer 1714, '15, '16, '17, and its Counselor 1711 till his death. Lumleian Lect. 1710 till death; Physician 5 years to William III. His works were,

Pharmacologia Anti-Empirica, or a Rational Discussion of Remedies both Chemical and Galenical. London, 1683.

De Morbis Acutis Infantum. London, 1689, 1705, 1720, 1741, 1742; Amsterdam 1715, 1736; Geneva 1696; Paris by Devaux, 1730.

Observationes on the Art of Curing the Venereal Disease. Translated by Bligny. London, 1676.

Observationes Medicæ. London, 1720.

Dissertatio de Peste, etc. London, 1721.

De Inoculatione Variolarum. Lug. Bat. 1722.

Dissertatio Medica et Chirurgica habita in Amphitheatro Collegii Royalis Medicorum, London, 1725.

of medicines is a very small, nay, the least accomplishment of a skilful physician, but the right use of them in making them answer the desired intentions, is of much greater moment." He urges upon us the necessity of watching the gestures of the child as a means of diagnosis; tells us that the pulse is not to be depended on; inculcates proper diet in mother and child; attributes the green stools of children to acid; deprecates the use of the lancet and of opium in their diseases and the too free use of stimulants, which render their attacks, otherwise mild, malignant; all these were great improvements on the practice of his age, and would be considered good teaching now. And then his modesty: "I think it very far below me to put down the doctrine of others that I may triumph over their errors and establish my own, right or wrong. For I know very well how extremely difficult, nay, impossible it is, to arrive at a perfect knowledge of the truth in anything, and I know that he approaches the nearer to the truth who is only not so far wrong as his neighbors." This tone ought to have disarmed even Dr. Gee's criticisms. We are next told that the eighteenth century was especially fruitful in works on children's diseases, but that 'most of them were bad enough,' and some of them the merest 'twaddle.' That this last assertion requires modification, any one may see by a glance at the literature of that period, which includes Stahl (G. E.), Halae, 1705; Weisius (J. N.), Altorf, 1737; Wolf (J. M.), Altorf, 1738; Platner (J. G.), Leips., 1740; Lichtenberger (O. F.), Argent, 1741; Wegrecka (J. G.), Argent, 1749; Hoffman (F.) Genev., 1753; Schulze (J. S. J.), 1758; Juncker (J), 1746; Oehme (C. J.), Leips., 1773; Pockh (J), 1775; Gueney (A. J B.M.), Paris, 1777; Armstrong (Geo.), London, 1777; Rosen de Rosenstein (N), Trans. Fr. Paris, 1778—also into Swedish, Dutch, German, English and Italian. Logan, (G), Edin., 1780; Davendorf (A), Lug. Bat., 1781; Murray (T. A), Göt, 1782; Jameson (J) Ed., 1785; Underwood (M). Lond., 1784, Paris, 1786; Muller (J. H), Erlangen, 1786; Andry, Paris, 1786; Auvitz, Paris, 1790; Hamilton (Alex.), Edin., 1792; Paris, 1798; Chambour, Paris, 1799; and many others that might be named, did time permit. Perhaps the doctor's remark, however, was merely used for rhetorical effect, to give point to what he had to say about 'twaddle.'

"The first bronchotomy in croup," says Dr. Gee, "was by John Andree, on February 11, 1782, at Hertford, I believe." This belief is correct, except in three important particulars, viz: it was *not* John Andree, it was *not* in 1782, *nor* was it at Hertford that the *first* bronchotomy for croup was performed. The use of the term by the ancients in its modern sense, implies that the early Greek and Roman physicians were familiar with the operation, though the mistaken notion that prevailed then, and indeed for ages afterwards, that severed cartilages would not reunite, prevented many of them from performing this operation, even when they confessed its urgency. Hence we find Hippocrates (*De Morbis*, lib. 3, c. x. *Chartier, Tome 7*, p. 586) recommending the insertion of a tube into the windpipe to relieve suffocation from throat disease ("fistula in fauces ad maxillas intrudendas esse, quo spiritus in pulmonum trahatur"); Galen merely mentions bronchotomy as an invention of Asclepiades, but does not recommend it (*Galen, Edition Chartier, Tome* 11, p. 379): Coelius Aurelianus condemns it as a hazardous and rash invention of Asclepiades. (*Acutor Morb.* lib. 3, c. 4): Aretaeus held the same opinion, based on his belief that cartilages would not re-unite (*Curatione Morbis Acutor.*, lib. 1. c. 7); Paulus Aeginetae records the operation of Bronchotomy by Antyllus and by others before *him*, and Oribasius expresses the same views in its favor, and gives the mode of operating in detail (lib. 6. c. 33); the Arabian physicians approved of it in extreme cases, as a *dernier resort*, but give no instances of its performance by themselves. (See biographies of Rhazes, Albucasis, Avenzoar and Avicenna, by Dr. *Geo. J. Fisher in An. Anat. and Surg.*, 1882-3.)

In more modern times, we find Fabricius (*Op. de Chirurg.*, c. 46. p. 480); Heister [*Institut. Chirurg.*, Part II., Sect. III., c. 99, p. 712), and Casserius (*De Voc. Auditusque Organis*, lib. 1. c. 20. *De Laryngotomia*), advocating it strongly; but the first recorded case of its performance in modern times, is that of Antonius Musa Brassavola, of Ferara, Italy, in his work, entitled, "*Commentaria in Libros Octos, Aphorismorum Hippocrati*," &c. Bale, 1541. Casserius says of this and other similar cases by Brassavola (for we have never seen the latter's work); "*Etenim Ant. M. Brassavolus, in suis commentaria in 4. Lib. Hpp. 'de rat. victu in Acutis' testatur se propriis manibus, chirurgo quodam non audente squinantici cujusdem jam jam animam expi-*

raturi tracheam incidisse, aegrumque a mortis faucibus sanitate restitua eripuisse et nonsolum hac vice sed et alias pluries idem se felice cum successe tentasse scribit." (Casserius, *op. cit.*); M M. Arnaud and Binard of France, both performed it (*Garengeot's Traite de Chir.*, 31, p. 489 and 498); Purman, physician to the King of Prussia, and another surgeon, whom Friend does not name, also performed it, as stated by Dr. Friend (*Hist. Med.*, p.434), in these words: "*Permanus (in Chirurgica curiosa) sese operationem hanc in Aegro prestitisse narrat,cui tumor atque inflammatio vehemens guttur obsidissent et strangulationem subitam intentassent, et chi urgus quidam magnae et experientiae et fidei sese eadem rem fuisse mihi ipse affirmavit.*"

Now extending the investigation to Great Britain (for many of these cases on the Continent, and others that might be named, may have been performed for other conditions than croup—though their history is too meagre to decide), we find that Dr.Wm. Musgrave (1657-1721) wrote a communication to Dr. Sloane in advocacy of Laryngotomy, showing that, contrary to the old notion, cartilages *would* unite, and citing a case in point. This paper appears in the *Philos. Trans.* for 1699, No. 258. Following up this idea, Dr. George Martine, of St. Andrews, in a letter to Dr.Wm. Græme, communicated a case of bronchotomy in croup, which he successfully performed This case appears in the same *Transactions*, Vol. 7, 1719–1733, No. 416, page 448, and the operation was performed before 1730 He says: "A young lad was suddenly taken ill with violent trouble in his throat, in which I could see nothing wrong. The *amygdalæ* and the parts in view being to all appearances sound enough, I inferred it was an *angina* of the worst form." He operated, inserting first a lead tube, which proving too short, he substituted the silver canula used in tapping for dropsy. This proved too long, and he had to shorten it by wrapping it over its external end, to prevent its passing too far into the trachea. He speaks of the suggestion made to him by some minister, of having a *double canula*, of which Dr. Martine approves,and it is now used as our best form, and credited to Dr. Martine as the inventor, though he does not claim it. This was, as we said, in *1730*, not in 1782; by Dr. *George Martine* and *not* by Dr. Andree,* and at *St. Andrews*, and *not* at Hertford, and we hope Dr. Gee will readjust his belief as to the date of the first bronchotomy for croup in Great Britain, accordingly.† Nor was Dr. George Martine the only one of that date who had performed it, for he frankly adds at the close of his letter: "I hear now that Mr. Baxter, a Surgeon of Coupar, of Fife, not far from us, and Dr. Oliphant, of Gask, in Perthshire, did it with good success within a few years." Now what Dr. Gee may effect in endeavoring to kill off these *foreign* competitors to the claim of having performed the first bronchotomy in croup, we are not able to say, but we warn him that these Scotchmen, especially these "men of Fife," show great tenacity of life and die hard, for judging by what Tacitus tells us of their night attack on the Roman camp (*Agric.*, *xxiv*), and by what other historians say of their efficient aid to Sir William Wallace in his victory over the English in 1300 at Delcearren's Field,we fear Dr. Gee will find them equally "cannie" in the use of either claymore, catling or quill. But, jesting aside, it is an unpardonable error in a grave, deliberate address, with the abundant facilities for information enjoyed by the speaker, to assign the honor of the first bronchotomy in croup to one who had been anticipated in its performance by surgeons more than half a century before, and they his own countrymen.

We close our hasty comments on this remarkable address, to which our attention has only lately been called by its republication in this country, with the remark, that while fully conceding the benevolent intentions of our British brethren in these attempts to enlighten outside barbarians on the subject of medical literature, yet we do sincerely hope, if we are to be favored with anything more from them in this line, that, eschewing the methods of Dr. Sam. Gee, and adopting the sage advice of good old Dr Kitchener of catching the hare before cooking it, they will hereafter, by honest research, first verify the facts and statements which they publish as surveys of medical literature.

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*Andree's case is given in an inaug. thesis by Dr. Thomas White, Leyden, 1786, and cited by Dr. J. R. Farre in *Med. Chr Trans.*, III, page 335, 1812. Trousseau, speaking of this case, says: "Andree's case has been very much controverted." (See *Clin. Med. Hartshorne's Tr.*; Vol. 1, p. 419.)

† M. P. Jousset in *Archives Geuerales de Med.*, 4 ser. Tom V 1844, pp. 401-16. *De la Bronchotomie ou Tracheotomie dans le Traitment du Croup*, at p, 403, enumerates *Martine* among those who had performed tracheotomy for *croup*.

Society Reports.

PROCEEDINGS OF THE MEDICAL SOCIETY, DISTRICT OF COLUMBIA.

MEETING HELD NOVEMBER 14, 1883.

(*Specially reported for the Maryland Medical Journal.*)

The Society met with the President, DR. KING, in the chair, Dr. MCARDLE, Secretary.

Dr. W. W. Johnston presented an interesting specimen of

MYOMA OF THE UTERUS, weighing thirty-five pounds.

Dr. H. R. Bigelow then read an exhaustive paper on

POINTS IN CONNECTION WITH THE PATHOLOGY, ETIOLOGY, AND DIAGNOSIS OF MYO-FIBROMATA OF THE UTERUS.

In the discussion which followed

Dr. Lamb said in reference to the vascularity of these growths, the specimen just shown by Dr. Johnston was a good example. He had examined it thoroughly in every way, made all sorts of sections of it, steeped it in alcohol, and the blood is not yet all out of it. Still, this tumor was not the cause of any hemorrhage during the life of the patient. The entire growth was comparatively free from adhesions.

Dr. Garnett thought the specimen just presented was a sub-peritoneal tumor, and he could well understand that no matter how vascular it might be, no hemorrhage would be the consequence.

Dr. Murphy said Dr. Garnett had anticipated what he was going to say. He, too, considered this a sub-peritoneal tumor, and when it had come under his observation some years ago, he had diagnosed it a sub-peritoneal fibroid and had advised its removal. This has nothing to do with intra-mural tumors. There would be a corresponding increase in size of the cavity of the uterus by the tension of the tumor.

Dr. Reyburn observed no line of demarcation. The tumor was an outgrowth directly from the fundus of the uterus. It does not follow that the cavity should be enlarged. The tissue of a fibroid is different from that of the uterus.

Dr. Thompson said if the discussion of vascularity was in reference to surgical interference, he thought it would have but little weight in determining an operation. He had seen a great many of these tumors removed in various ways. Keith has never operated on a case where he considered it necessary to take away the uterus. His success in removing tumors is very great, indeed. Dr. Golding Bird removed a large tumor whilst Dr. Thompson was in London. The adhesions were very great, and the operator was unfortunate enough to lacerate the bladder. Although the greatest care was taken in suturing the parts, the patient died. There is nothing in tumors of this kind to exclude operation except their size. The first operation he saw Billroth perform, the adhesions to the bladder were so great that the viscus was torn into shreds. The tumor and most of the bladder were taken out. Though Billroth showed great skill in repairing the damage, he had not at first taken ordinary precautions, did not even introduce a catheter. The patient died from shock. Dr. Johnston's patient might have been operated on long ago—with a chance of recovery. Even at a late date an operation would have relieved her and prevented the strangulation of intestine, which was the cause of death. The only trouble about these operations is that one never knows what he will find on opening the abdominal cavity, but the exploratory incision, however, is perfectly justifiable. As for the mode of operating—the elastic ligature is applied, the tumor cut away and every vessel tied. The stump is sutured together nicely with deep sutures, and the apposition stops bleeding. The pedicle may be dropped into the cavity, according to Billroth, and no peritoneal wound left at all. Dr. Thompson had seen Smith, of London, open the abdominal cavity and finding the adhesions so great, removed only the ovaries. Billroth makes his diagnosis after opening the cavity. In conclusion, he would say, that no matter how vascular a tumor may be, hæmostatic means and instruments are now so perfect that a dry operation may be performed. Every vessel may be ligated before being cut, if necessary.

Dr. Schaeffer thought there would be such a close connection between the vessels of this tumor and those of the uterus, that there would exist greater danger of septic poisoning than fron an ordinary tumor, should any septic material remain. He called these tumors histoid, and regarded this as so much wasted uterine tissue. We will find as much variation between the tissue of young and old uteri as between tumors and uteri.

Dr. J. T. Johnson noticed that Dr. Bigelow in speaking of the causation of these tumors, had omitted mention of their frequency in the colored race. Many authors make mention of this frequency.

Dr. Reyburn added that from the statistics gathered by the chief physician of the Freedmen's Bureau, between one-fifth and one-quarter of the cadavers of colored females beyond the age of thirty were found to contain uterine tumors.

Drs. King and *Johnson* thought the number greater still.

Dr. Murphy asked Dr. Thompson in what class he would place this tumor.

Dr. Thompson did not know. The difference between a fibroma and a myoma is only microscopic.

Dr. Bigelow thought vascularity a grave question. The death from hemorrhage, it is true, is very small, no matter whether the operation is performed intra- or extra-peritoneal. Just now the subject is tentative, but he thought the operation of the future would be intra-peritoneal. Billroth's mortality is greater than that of any other leading surgeon in Europe.

Dr. Thompson thought it unfair to speak thus, as he operated on many cases after they had gone the rounds of Europe. He does not, in other words, select his cases. He is a careful operator, works hard and diligently. Does Dr. Bigelow know of any reason why the presence of ascites should render the removal of a tumor more hazardous?

Dr. King said it might be on account of the interference with the portal circulation and digestion.

Dr. Thompson replied that it was something worse than that. It seemed almost indicative of malignant disease.

Dr. Schaeffer said the existence of serous fluid was evidence of pre-existing inflammation, and such patients would be more liable to traumatic peritonitis.

Dr. Thompson replied, that on the contrary they seemed less liable, as they are tapped with impunity.

Dr. Bigelow said septicæmia was the most frequent cause of death.

On motion the discussion closed and the Society adjourned.

The Morning Bath.—C. E. Greenwood referring to a paper on "The Morning Bath," in the *Br. Med. Jl.*, draws attention to three points: "1. The skin is greatly benefitted by a good lather all over with yellow soap before the bath. 2. A Turkish bath blanket should always be used for drying the body, instead of towels; the operation is performed in half the time and all chill avoided. 3. Few people who lead sedentary lives can stand the shock of cold water; the results are often nausea and congestion of the liver, and a simple warm or tepid bath is not very invigorating. By far the best way is to put a pailful of water at 115° into a hip bath, stand in it, lather all over, sluice well with the hot water, and then pour a two-gallon can of quite cold water over the back and front, and rub up briskly with the blanket. The skin reacts instantly the body glows all over, and nothing gives a better appetite for breakfast."

BALTIMORE MEDICAL ASSOCIATION.

STATED MEETING HELD OCTOBER 22D, 1883.

(*Specially Reported for Maryland Med. Journal.*)

The Association was *called to order* at the usual hour, and both President and Vice-President being absent, Dr. C. H. Jones was elected Chairman *pro. tem.*

Insufflation in Chronic Pharyngitis.—*Dr. J. T. Smith* spoke of the advantages of this method of treatment in chronic pharyngitis. He uses the insufflator in nearly all his dispensary cases and gets as good results as by the use of the brush. He employs tannin, or subnitrate of bismuth, with lycopodium or starch, one part to two, three or four. The risk of infection is thus obviated. He proposed hereafter to have his patients get insufflators and use them themselves. He also uses this method in nasal troubles. By it the application may be made exactly to an isolated spot, as in affections of the tonsils. Œdema of the glottis should, however, be treated by means of the brush.

Dr. Perkins said he had used the brush for several years, and finds it best in most cases; in localized troubles, however, insufflation is of service; in dispensary practice he employs cotton on a probe, especially for specific cases; but in private practice he recommends the spray and brush.

Dr. Reinhart also objected to the method of insufflation, and related a case in which a gentleman endeavored to wash out his wife's ear with a syringe and ruptured the drum-membrane.

Recovery After Gunshot Wound of Small Intestine.—*Dr. Waters* reported a case of this nature which occurred at the battle of Gains' Mill, June 27th, 1862, and exhibited the patient, who is now a physician practicing in Baltimore.

Large Wart.—*Dr. Tiffany* exhibited a large wart which he had removed from the back of a negress at the waistband. It was an ordinary papillomatous growth, of some years' growth, and presented nothing remarkable except its extreme size.

Epilepsy with One-sided Spasm and Distinct Aura.—*Dr. Cordell* reported a case in which a young married woman had had epileptic paroxysms for 3½ years. They were limited to the right side and occurred monthly, but had no connection with her periods. The last attack had been a general one; in it she bit her tongue, and was unconscious, not having been unconscious in the previous attacks. She described an aura commencing as a "rush of blood" under her right breast, ascending to the right side of her head, then descending to her right hand and her right leg.

The attacks began shortly after confinement, but there was no evidence of pathological relation.

Dr. Smith referred to a case in which during a year a patient taking the bromide of potassium had only had two attacks, and then during a suspension of the remedy.

Dr. Ellis reported a case of a boy, aged 10 years, who ran suddenly out of the yard into the orchard and fell in a convulsion. This has been repeated from time to time during the five months that have since elapsed; he always runs and falls.

Relations of Diphtheria and True Croup.—*Dr. Ellis* related some cases occurring in his practice, illustrating the difficulties of diagnosis in these diseases. A child, 2½ years old, was taken sick with symptoms of croup, for which its parents gave it an emetic of ipecac. and alum. Dr. E. saw it the following day, when it was suffering from hoarseness and dyspnœa. It was very much prostrated. There was no deposit in fauces or pharynx, and no pneumonia. Stimulants, iron and quinine, were ordered. Afterwards a membrane appeared, of which there was a great deal, but it did not rise much above the larynx; much of it was coughed up. The case proved fatal, and the Doctor was satisfied that it was a case of membranous croup. On the same day on which this child died two older children in the same family were taken sick, and both developed plain diphtheria, with deposits in the pharynx only. It is reasonable to say the contagion came from the first case, if membranous croup and diphtheria be the same thing. How are we to distinguish between them? The pathology may be made out after death, but that is of no use in practice.

Dr. Perkins had seen the diphtheritic membrane limited to the larynx. It may be limited to the vocal cords or to the nares. The membrane extends deeper in diphtheria; the latter is also a blood poisoning, which croup is not.

Resolutions in Honor of the Late Dr. Judson Gilman.—*Dr. Waters*, Chairman of the Committee appointed at the last meeting to draft resolutions appropriate to the memory of Dr. Judson Gilman, reported the following:

"In memoriam.

"The members of the Baltimore Medical Association, recognizing the great loss they have sustained by the death of their friend and brother, *Dr. Judson Gilman*, who for so long a time was connected with the fortunes of the Association, and filled its various offices, including that of President, feel it incumbent on them to place on record a fitting tribute to his memory.

"Dr. Gilman was a man of many excellent virtues. In the responsible positions which he filled, both civic and medical, he displayed great zeal, great energy, and great intelligence. As a physician he united many superior qualities. Without any pretentions to science, he proved himself a sound and well-informed practitioner. His natural abilities were good, and he was largely endowed with common sense. He was always a safe, wise and gentle counsellor. His conduct was straightforward, his manner kind, and he was uniformly courteous to his professional brethren, consequently he secured the universal respect and friendship of all with whom he came in contact. The many services he rendered to the profession in this city entitle his name to well-deserved and lasting remembrance."

(Signed) E. G. Waters, M.D.,
John Morris, M.D.,
Thos. A. Ashby, M.D.,
Committee.

These resolutions were adopted.

The Association then adjourned.

MEETING OF THE MARYLAND STATE SANITARY CONVENTION.

HELD IN BALTIMORE, NOVEMBER 27TH AND 28TH, 1883.

The Maryland State Sanitary Convention met in the Hall of the Young Men's Christian Association, at 12.15 P. M., Tuesday, November 27th. The Convention was called to order by Prof. Richard McSherry, M.D., President, who, after expressing his high appreciation of the honor of presiding over a body of men who represent so adequately the intelligence and worth of the people of Maryland, regretted the unavoidable absence of the permanent Secretary, Dr. C. W. Chancellor, who after efficient labor in preparing materials for the action of the Convention, is suffering from a severe attack of illness, which confines him to his own domicile.

The object of the meeting was to consider some of the most momentous questions of the age. The subjects for discussion touch all interests. Ventilation, house-drainage and sewerage, disinfection and purification of water for domestic use, hygiene of public establishments, steamboat and railway cars, contagious and infectious disease, injuries to health from overflowed lands, and from mill-dams and other obstructions in water courses, school life and hygiene, cause of insanity, malaria, vaccination, and vital statistics, sale of poisons, and law regulating the practice of medicine and surgery, are the subjects to be discussed at the sessions of this Convention.

The vastness of these subjects need not appal us. The Convention would be able to bring them in such form before the community as to enlist general attention as much as party politics. Unthinking people underrate medicine when they suppose it to be merely the administration of drugs. The *materia medica* in its higher sense covers all that bears upon the physical interests of man And man's physical interests are not confined either to his digestive organs or to the development of his muscle, but immediately with his brain and nervous system are involved a sound intellect and intelligence, the *mens sana in corpore sano*. Morality is fostered and promoted by the agencies favored by medicine. Sound medicine herein corresponds with sound religion. It is not asserted that hygiene will take a man to heaven, but there is nothing equal to it in temporal order so well calculated to make "life worth living." There is a close alliance between good health and human happiness. Health is wealth, too—it is capital. Muscle, itself, is a great desideratum, though held in less esteem than brain. When brought together, they are in their combination powerful factors in success, whether in the arts of peace or the arts of war. The objcct of such conventions as this is to make men happier, healthier and wiser. It is to co-operate with medicine in its widest sense, not to supplant it.

Prevention of disease is the great aim of this as of other Sanitary Conventions. Whilst the inevitable must be accepted we must and will contest the ground step by step, and inch by inch, against all that form of evil which comes under the head of preventable disease.

After concluding his remarks, the President introduced to the Convention General F. C. Latrobe, Mayor of the City, who delivered an address welcoming gentlemen to the city who were interested in the success and work of this Convention. He expressed the opinion that beneficial results would follow from the work of the Convention. No subject is of more importance to city or State than that of hygiene. Upon it depends the happiness, prosperity and health of the people. He remarked that sanitary science was not a new science. The oldest code of laws, that drawn up by Moses, gives directions for the proper observance of sanitary laws.

The Mayor referred to the reduction of the death-rate in London as an illustration of the beneficial influence of wise sanitary laws. Here in Baltimore the health reports show a gradual reduction of death-rate, a condition which he attributes to an abundance of pure water, to the rolling landscape and admirable location of the city, and likewise to the vigilance and efficiency of the Health Department. The introduction of public baths into the tenement houses and the abolition of over 60,000 wells and sinks will have a beneficial influence upon the health of the city. The Mayor expressed the opinion that the time had come when the people of Baltimore must realize the importance of a proper system of sewerage. He believes that a city which had invested $9,000,000 in a system of water-supply would not fail to secure a proper system of sewerage and drainage when the importance of the subject was fully presented.

The President stated that every subject brought before the Convention was open for discussion, and he invited every one present to take part in the discussions.

The opening paper entitled "The Necessity for Local Boards of Health," was read by the Hon. Henry C. Hallowell, of Montgomery Co., Md. Mr. Hallowell began by stating that civilization has been defined as that condition of society in which individuals can co-operate. Nothing more marks the progress of a people than assembling for consultation upon subjects of common interest. Conventions are held to consider every imaginable topic. Apart from the immediate good derived in a practical form from the information imparted and the ideas gleaned in these assemblages, the mere coming together, the commingling of earnest minds in a common cause, has a beneficial and elevating effect. A still more enlightened state is reached when these assemblages are not to advance personal or class interests but are *pro bono publico*. This Convention has been called to consider subjects of the most vital character and upon which ignorance of the grossest character exists.

The speaker then sketched the evils which result from the neglect of sanitary laws in the erection of buildings, building of sewers and opening of streets in all large cities.

Wealth, refinement and intelligence were stated to be no safeguards against the insidious appearance of disease. In our cities occupants of residences, compared with which many of the palaces of the old world are dingy and insignificant, have, from defective plumbing, found their decorated houses but gilded graves. The speaker, turning from the city, where all the conditions were favorable to disease, to the country, asserted that rural districts are far from being the blessed abodes of health that enthusiasts suppose. Vitiated air, wretched diet, impure water, necessary toil, exposure and hardship claim their victims in the rural districts more frequently than statistics show. Country villages in particular are highly in need of sanitary improvement and regulations. As a confirmation of this statement the speaker gave several illustrations from his own county. To a single pool of

stagnant water dammed up by the embankment for a road constructed by the County Commissioners, were attributed last year several deaths and forty cases of malarial fever, These, with ten more the present season, were all within three-quarters of a mile of this same pond. In another part of the county a dilapidated fish pond was a source of malarial fever, that infected a neighboring hamlet and made life miserable to more than one. Diphtheria carried off victim after victim, one household losing four within the space of one week. Even where death has not resulted, much sickness has prevailed from want of cleanliness about the houses. In a beautiful village a family had its summer pleasure ruined by the fumes from an adjacent stable. The traveller on roads leading through beautiful scenery is suddenly assailed by smells from pig-sties and other places, from which the neighboring residents have no escape. Wells and springs are vitiated by surface and subterranean drainage, high weeds and decaying vegetable matter, neglected cellars and filthy barnyards all lower the health rate and cry loudly for correction. The speaker suggested that at present there was no remedy for this condition of things in the country. One may buy a lot in a village, beautify it and render it all that is desirable as an abode and as a refuge from smells and ills of cities, and there is no power to prevent a bone or a soap boiler or fertilizer manufacturer from entirely destroying his health and comfort by the establishment on an immediately adjacent lot of offensive works. He next suggested that if some wise law were passed organizing County Boards of Health and giving them duly guarded but necessary powers, not only would the members diffuse a vast amount of valuable information and do very much towards spreading correct and much needed knowledge, but there would be some central power to which appeals could be made for the redress of grievances, where information could be sought and given upon doubtful points, and it would be "*somebodys*" business to look after the health and consequent happiness of the community. The speaker next gave the history of the County Board of Health in his county, which during the two or three years of its existence gave unmistakable proof of how useful such bodies may become.

In conclusion, he suggested that power might be given to the County Board of Health to present as a nuisance to the judge of the Circuit Court residing in the county anything believed, on investigation, to be detrimental to the public welfare.

The next paper, entitled "*The Sanitary Requirements of Baltimore County in Relation to both City and County*," was read by Dr. Jackson Piper, of Towson, Md.

Dr. Piper began by stating that he had had occasion once to dispute the assertion that all zymotic or contagious diseases originated in the country, and were imported thence to the cities. Since then this proposition has seemed not so monstrous, since the sanitary regulations of the cities are so much better organized and enforced that these diseases are kept within bounds, whilst in towns and villages fear alone, in most instances, is the controlling element which prevents their spread.

The law enacted by the Legislature for regulating the sanitary condition of Towson, Woodberry, Waverly, and their vicinities, was referred to as being excellent as far as it goes, but it requires enlarging. Dr. Piper stated that the city is mutually concerned with the county in the passage of a sanitary law that will give protection to both. The large outlying towns that form an integral part of Baltimore have a community of interests with the city. Dr. Piper then gave an account of these towns, their population, topography, insanitary condition, and their diseases. This portion of Dr. Piper's paper covers considerable ground, and any abbreviation of his remarks would fail to convey a clear idea of the subject discussed. Those interested in his address will be able to read it in full after its publication by the Convention.

At the conclusion of his remarks, Dr. Piper read the draft of a law which the Legislature will be requested to enact as a substitute for the existing law. This law provides for the appointment of a blank number of physicians, whose duty it shall be to visit each dwelling-house, public or private school, in the county, and vaccinate or revaccinate all persons requiring it. It enacts that a record shall be kept of all such vaccinations or revaccinations.

In the discussion of Dr. Piper's paper, *Dr. Charles A. Leas*, of Baltimore County, said he had listened to the paper with much interest. He suggested that the vaccine physicians authorized by Dr. Piper's bill should likewise be invested with power to act as sanitary inspectors. He moved to refer the paper to the State Board of Health, with the request that the Legislature be asked to take action on it.

Dr. James A. Steuart, of Baltimore, whilst endorsing the excellent suggestions of Dr. Piper, thought that the scope of the bill should be broadened by including a plan for the establishment of a Board of Health for every district in every county in the State. He was of the opinion that the formation of subsidiary Boards of Health for every county in the State was the surest method of perfecting the work of the State Board of Health.

Dr. J. R. Ward, of Baltimore County, en-

dorsed Dr. Steuart's plans. In his opinion they were eminently practical suggestions.

Dr. Leas thought that if too much was asked for, nothing would be gotten. If a multiplicity of Health Boards were asked for, the Legislature would grant nothing.

Dr. McShane and *Dr. Benson*, of the City Board of Health, endorsed Dr. Steuart's plans.

Dr. Benson was opposed to the compensation of $50, the bill proposed to pay to sanitary inspectors. This sum was not large enough. Men must be well paid to do creditable work.

Dr. McShane was of the opinion that the question of compensation should not be considered by the Legislature, as this matter should be left to the County Commissioners.

Dr. St.G. W. Teackle thought that Dr. Piper's bill covered the entire ground, and that a general law, applicable to all the counties in the State, similar to the one proposed for Baltimore County, would meet the sanitary needs of the counties.

Dr. John Morris said the object of this meeting was to give strength and support to work of the State Board of Health. He thought that all matters brought before this Convention should be referred to a committee appointed by the chair, which committee could act upon the suggestions and present them to the Legislature.

Dr. J. D. Blake, in a few concise remarks, warmly advocated the opinion that the positions of sanitary inspectors should be granted only to physicians, as they only were familiar with sanitary laws and requirements.

Dr. Henkle suggested that any law presented to the Legislature should be simple. He thought local Boards of Health, as a rule, useless. He favored Dr. Piper's bill, if it was made applicable to every county in the State, and made simple in its provisions.

Dr. J. R. Ward said that in Michigan they have over 500 Local Boards of Health which are subordinate to the State Board. These Boards do efficient work and are not paid for it. Michigan is considered the banner State in sanitary science.

After a motion was carried approving of the general principles of the papers read by Dr. Piper and Mr. Hallowell, the Convention adjourned.

EVENING SESSION.

The Convention was called to order at 8 P. M., by the President.

Dr. W. Stump Forwood read the first paper of the evening session, entitled "*Canning Houses and the Public Health.*" He began by defining the term "canning," and furnished evidence to show the very recent origin of the industry. The industry was stated to have been developed in Harford County within a comparatively recent period, and to have grown to be a very large and important branch of trade. It is estimated that there are 500 canneries in this county.

Dr. Forwood next called attention to the *supposed* pathological conditions to which canning factories give rise. Whilst a variety of fruits and vegetables were canned, *tomatoes* constitute the chief staple of the industry in Harford County. It is to the effluvia arising from the offal of these articles that the origin of various diseases has been attributed. It was in near proximity to the canneries in the vicinity of Aberdeen and Perryman's that a fearful epidemic of a lingering malignant fever arose early in the autumn of 1881. This fever created a wide-spread alarm and became known throughout the county by the laity as "*Canning House Fever.*" This association of cause and effect was quite a logical inference on the part of the non-professional, and it has become a question with the medical profession whether the atmosphere thus poisoned may not generate a new disease of typhoid or malarial character, or add malignancy to those hitherto more tractable maladies. The matter was of such importance that, in 1881, a County Board of Health was organized for protection against preventable diseases.

This Board addressed a circular to the proprietors of canneries, advising them in regard to the best means of disposing of the offal accumulating from their factories. Dr. Forwood, as Secretary of this Board, had addressed letters to physicians residing near these canneries and to the proprietors of the same, urging them to state the best and most practicable means for disposing of the offal so as to avoid *nuisance*. These efforts resulted fruitlessly. Subsequently efforts were made in the same direction without satisfactory results.

In order to determine whether canning factories, as now conducted, are prejudicial to the public health, Dr. Forwood addressed a circular letter to physicians in different parts of the county, asking for information on this subject. The answers to these questions expressed views widely different. A number of observers attributed disease directly to the canning houses, and others favored the view that these canneries were not productive of disease but were only objectionable on account of the foul odors given off from them. All of them united in declaring them great nuisances, so far as foul odors are concerned. The answers received by Dr. Forwood were full and to the point, and were the results of practical observation. They leave the question practically undecided. As far as Dr. Forwood's personal observation goes, he does not feel

warranted in attributing special diseases to canning houses. He was of the opinion, however, that many of the canneries, as now managed, are greatly objectionable on the ground of nuisances, and he recommends that legislation should compel the canneries to exercise scrupulous care in the immediate removal of the offal from the canneries by water-tight carts, to receive it without allowing a particle or a drop of the liquid to fall upon the ground about the establishment. It is essential for the avoidance of odor that *all* of the offal should be carried away and scattered broadcast upon the fields where the sun dries and harmlessly dissipates the moisture from the substances.

The next paper was read by Dr. J. F. McShane, on "*Vital Statistics.*" Dr. McShane called attention to the present defective methods of collecting vital statistics, and urged the importance of legislative action which would enforce a more thorough system of registration of births, deaths and marriages.

Dr. W. Chew Van Bibber then read a lengthy address on "*Malaria,*" an abstract of which will appear at a subsequent time.

(To be continued.)

Editorial.

Insults to the Profession.—The London *Lancet*, in a recent issue, complains of the repeated insults which are offered to the profession by the manufacturers and agents of various articles of trade. "Only the other day," says the *Lancet*, "a firm of undertakers sent out a circular offering medical men a commission on funerals. That was a ghastly overture, and we were in receipt of indignant protests from members of the profession; but what could we do in the matter beyond drawing attention to the insulting proposal, which we did immediately it was brought to our knowledge? Now come letters from practitioners who are annoyed by requests to patronise a soap and a throat syringe, which the manufacturer informs the profession are recommended by the principal specialists in the country."

It appears from the foregoing that our English brethren are not exempt from the frequent annoyances and insults to which the profession in this country are exposed. We have before us a letter addressed to the profession of this city, which, no doubt, many physicians have received, which is the most brazen piece of effrontery that has ever come to our notice. With a few omissions, we give the substance of the proposition: "We have introduced the —— Whiskey to the public of Baltimore by very extensive advertising." "We now propose to change the mode of advertising heretofore followed by us, *i. e.*, in place of giving the newspapers and advertising mediums the benefit of it, we propose to extend to the medical fraternity that profit, as we consider them the true advertising medium for such an article. The whiskey is retailed at our store at $1.00 per bottle. We propose to place to your credit 25 cents for each and every bottle sold to any of your patients, when sent by you, with your card and name."

Can any man who respects his profession read this proposition without a profound contempt for the firm which is the author of such an insult? Whatever merit the article might possess, surely no physician would be willing to prescribe it for his patients when presented to his notice in this insulting manner. We know nothing regarding the article above referred to, but we must say that if it is as base as the motive which suggested the above proposition, it is vile stuff indeed, and totally unworthy of professional use for any purpose.

Suggestions Regarding the Ice Crop.—The majority of the readers of this journal are country practitioners, and by reason of their isolation from large markets must harvest their own ice-crops or depend upon their neighbors'. A few suggestions relative to the proper method of selecting an ice-pond may not be out of place in our columns at this season of the year. We are satisfied from personal observation that too little care is exercised in selecting the pond or stream from which ice is generally taken. If it is borne in mind that ice does not free itself from impurities by freezing, but takes in and imprisons organic matter and gasses which endanger health, the necessity for examining the water itself or the land it drains will be recognized. The pond, for reasons of convenience, is a common source of ice-supply in many sections of the country. There can be no objection to the use of pond-water for this purpose, so long as its water-supply is not contaminated by drainage from the barnyard or pigstye, and it is not made a receptable for decaying vegetable matter. In arranging for the harvest of ice, the source from whence it is to be taken should be carefully examined for impurities before the winter season sets in. It is more important to put the pond in proper order to collect pure water for freezing purposes, than it is to clean out the house preparatory to the storage of the ice. In small villages the ice-crop is very frequently harvested from the most convenient running stream, be it rivulet, creek, or river. The water is usually collected by a mill-dam, and from this reservoir the ice is

taken. The location of the dam is a matter of great importance. If above the village, impurities are far less likely to affect the ice than when placed down the stream, where the water-supply is influenced by the village drainage. A few hundred yards in the flow of a stream may have a very important bearing upon its value for ice-harvesting purposes. We know, from personal observation, of a village of over 1,200 souls, which is in a large measure supplied with ice, the major part of which is removed from a stream which not only receives the village drainage but the refuse of a tannery and several manufacturing establishments. It is needless to suggest that this ice-supply is filled with impurities, and that the ice harvested is not up to the highest standard for domestic purposes. The fact is, the people who use this ice undoubtedly believe that the freezing process destroys all impurities, and they feel satisfied with the good quality of their ice. Perhaps the physicians in that village hold similar opinions. If they do, their opinions are erroneous. It is important, then, that the source of the ice-supply should be such as to insure a harvest from ponds and streams free of all impurities. It should be the duty of the medical practitioners in every community to call attention to the possibility of disease originating in impure ice, and to advise with their patrons in regard to the proper method of harvesting the ice-crop.

The Maryland State Sanitary Convention.—The State Sanitary Convention, which held its sessions on Tuesday and Wednesday of the present week, attracted considerable interest, and was well attended by physicians and others especially interested in sanitary matters. A number of instructive and valuable papers were read, and the discussions following the same were for the most part earnest and animated. Whilst the contributions, with perhaps one or two exceptions, were on topics of familiar acquaintance and can not be considered to have materially widened our knowledge of these subjects, they will, nevertheless, stimulate an increased interest in the study of sanitary science, and call attention to the great practical importance of this department of knowledge. The Convention may be regarded a decided success, from which beneficial influences must sooner or later be felt. The purposes of the Convention are to be commended, and we trust that similar meetings will occur more frequently.

A Worthy Physician Dead.—In the death of Dr. J. Shelton Hill the profession of this city loses from its number one of its most diligent, earnest and influential members. Up to the time of the attack of illness which ended in death, Dr. Hill took an active and close interest in professional work. He was a hard student and an indefatigable laborer. During the few years of his professional career he had laid the foundation for an honorable and successful future. He was eminently a self-made man, and by perseverance and concentration of purpose had already attained a position of honor and esteem in the walks of science. Dr. Hill was a man of high and honorable principles. He was an open enemy to all fraud and sham, and was bold and courageous in attacking false principles. Dr. Hill will long be remembered by those who knew him best and who were able to appreciate the value of his earnest and high-toned character.

Reviews, Books and Pamphlets.

Vision: Its Optical Defects. By C. S. Fenner, M. D. Second edition, revised, with additions by the author. Philadelphia: P. Blackiston, Son & Co. 1883.

Dr. Fenner's book is certainly not one deserving of unqualified praise; indeed, after having perused with some care its 300 pages, in endeavoring to speak of it as favorably as we may, we find ourselves in much the same position as that of a very conscientious friend of ours who, when called upon by a parent to admire her very unadmirable offspring, was greatly relieved to find that, without doing violence to her conscience, she could at least praise the beauty of its ears. In a similar spirit we can commend the four pages which constitute the appendix of Dr. Fenner's book, and which contain some excellent suggestions addressed to the laity in regard to the selection of spectacles. The description, too, of the mechanism of accommodation (p. 77 et seq.) is clear and satisfactory, and is accompanied by well executed cuts of several familiar diagrams. And the advice given on pages 107 and 108 as to the importance of having spectacle and eyeglass frames carefully fitted to the wearer, especially as regards the inter-pupillary width and the height of the bridge of the nose, is excellent, and shows a more correct appreciation on the part of the author of the importance of this point than is displayed by many oculists and most opticians. On the other hand, however, the work in many respects is open to unfavorable criticism.

In the first place, and most important, the author's English is at times inexcusably bad—indeed, for infelicity of expression he is entitled to be placed in the very first rank, even

of American authors. A few examples from many that we have noted will serve to justify the assertion: On page 102, for instance, "This result is obtained by gray glasses—called neutral, or London smoke—and should ordinarily be preferred to green or blue;" and on page 112, "A part of the rays *are* absorbed by the tapetum or dark pigment of the choroid, another part *is* reflected or thrown back, and, according to the established law, *retrace* their first course."* In the description of the crystalline lens on page 180, this sentence occurs: "The latter is of an elastic, jelly-like consistency, that is constantly changing its shape, as it is acted upon by opposing forces"; and on page 206 we encounter this "stumper," "There is scarcely a teacher in any of our schools who has not one or more pupils who, after much study, particularly by artificial light, does not suffer from fatigue, with nervous and vascular irritation of the eyes, accompanied by headache, and whose annoying symptoms would vanish if permitted to wear properly adjusted convex glasses; but, owing to a want of knowledge on the part of their physician, they are doomed to a continuance of the sufferings and inconvenience of defective vision." It is hard to equal this; but the following, which occurs on page 297, and which is a form of expression repeatedly used by the author, is not far behind it:

"The rule is, the strongest pair of convex glasses with which vision is equally good with as without them, represents the degree of over-sightedness which manifests itself"; nor is this, which we find on page 173: "The refractive power of the crystalline, increased by the distinct line of separation between its layers, so marked in childhood, added to its softness and elasticity, particularly of its outer layers and peripheral portion, renders it easy for the ciliary muscle to give a high degree of convexity to its surfaces, and thus to bring *p* very near the eye."

Again, the book is arranged unsystematically, the properties of sperical lenses, for example, including even chromatic aberration, being considered before the action of prisms or the phenomena of dispersion; and the subject of spectacles, with an account of the various kinds of spectacle and eye-glass frames, being treated of in Part II, under the heading "Physiological Optics," rather than in Part III, which is devoted to the consideration of "Errors of Refraction and Defects of Accommodation."

The important subject of the *ophthalmoscope* has scarcely two pages devoted to its consideration; and in connection with the account of opthalmoscopic optometry (p. 219), the *old* form of Dr. Loring's ophthalmoscope is described and objected to on account of the inconvenience involved in changing the rotating discs which hold the eye-glasses, no mention whatever being made of his later instrument, which is not open to this objection, although it was described by its inventor in 1878, five years before the appearance of the present "revised" edition of the work under review. As other examples of imperfect revision may be mentioned, the statement which has been allowed to remain on page 289, that sulphate of atropia "has taken the place of all other remedies for dilating the pupil or paralyzing the accommodation," no account being taken of the recent important additions to our list of mydriatics—duboisia and homatropia; also the statement on page 294, that "Calabar bean, either in the form of its alcoholic extract, or of its active principle, physostigmia, is the only myotic in use," the fact being that the sulphate of eserine, and one or other of the salts of pilocarpine are the myotics now almost universally employed.

The assertion (p. 241) that "in low grades of myopia, as $\frac{1}{18}$, $\frac{1}{20}$, or less, neutralizing glasses" are "entirely unnecessary in near vision, and had better be dispensed with," because "they are liable to create a disturbance of the relations which should exist between relative association, that may give rise to progressive M," is entirely too sweeping; our own experience being that when asthenopic symptoms are present, neutralizing glasses for near vision are often of great benefit, *restoring*, instead of *disturbing the normal relation between accommodation and convergence*, and so relieving the asthenopic symptoms and favorably influencing the progress of the myopia. The same objection applies to the statement on page 211 that "the impaired sensibility of the retina" of an eye amblyopic from convergent squint "is gradually restored by use," if the fixing eye is lost, or if through tenotomy or other means the eyes are caused to act in harmony again. That this occurs in some instances is probably true. Indeed, we can not remember a single instance in which we have observed a considerable amount of amblyopia disappear after a successful operation for squint, even when binocular vision has been restored; while we can recall a number of cases, observed at intervals for a long time after operation, in which the restoration of binocular vision was *not* followed by an appreciable lessening of the amblyopia.

The book is neatly printed on tinted paper of good quality; the numerous cuts which it contains are well executed; and it is almost free from typographical errors, the following being the only ones which we have observed:

*Perhaps it would be more charitable to regard this as an error of the type-setter.

On page 102 coquailles occurs for coquilles, and on page 121 punctum cœcum for cœcum or cæcum; in the table given on page 183, showing the glasses required at different ages, the decimal period has been omitted from the denominators of the last three fractions; and in the last line of page 291 "*one* paresis" is evidently a misprint for *a* paresis. S. T.

Miscellany.

THE PREVENTION OF BLINDNESS IN CHILDREN.—The English Society for the Prevention of Blindness, has published a series of rules, giving popular directions for the prevention of that form of blindness which arises from the destructive purulent ophthalmia of newly-born infants, a disease which can be prevented and always cured. It is stated that in almost all blind-schools in England and the Continent, a third, and even more, of the children's blindness is caused by the neglect and unsuitable treatment of this disease. Several eminent oculists have stated that half the blindness in Europe is due to this inflammation of the eyes of new-born babies. The cause of the trouble is largely due to the general ignorance of mothers and to the neglect of those persons who have charge of the infants in their earliest days. As a rule, newborn babies seldom suffer from any other eye-disease, so that its first appearance is easily recognized.

The rules which have been formulated by the Society are addressed to mothers and nurses, but they contain valuable suggestions which medical practitioners should communicate to their patients immediately after attending them in child-birth.

"Immediately on the first appearance of these symptoms (referring to the redness, swelling and heat of the eyelids, and the discharge of yellow-white matter from the eyes), send for a medical man, and, until his arrival, proceed at once to keep the eyes as clean as possible by very frequently cleaning away the mattery discharge. It is the discharge which does the mischief."

The cleaning of the eye is best done as follows: 1. Separate the eyelids with the finger and thumb, and wash out the matter by allowing a gentle stream of tepid or warm water to run between them from a piece of rag held two or three inches above the eyes. 2. Then gently move the eyelids up and down, in a circular way, to bring out the matter collected under the lids; wipe it or wash it off in the same manner. This cleaning should take place every half hour or hour. 3. It must be borne in mind that sight or blindness depends entirely in these cases on the greatest care and attention to cleanliness. Small pieces of rag or cotton-wool are better than a sponge. Each rag or sponge should be used only once and then burnt. 4. A little washed lard should be smeared along the edges of the eyelids occasionally, to prevent them from itching. 5. The eyelids should not be covered up by any bandage, as the discharge is thereby prevented from escaping. 6. Fresh air and an equal temperature in the sick room are absolutely required, and the eye, while suffering from the disease, should be kept carefully from all strong lights.

It is also stated that many cases of the disease might be entirely prevented by cleanliness of the eyes, and by adopting the following suggestions: "1. Immediately after the birth of the baby, and before anything else is done, the eyelids and all parts surrounding the eyes are to be wiped with a soft, dry linen rag; afterwards the parts must be washed with tepid water before any other part is touched. 2. Avoid exposing the baby to cold air; do not take it in the open air when cold; at any rate, dress the infant warmly and cover its head, because cold is also one of the causes of this eye-disease."

PROBING GUNSHOT WOUNDS.—In a lecture on the "Treatment of Gunshot Wounds" delivered at Bellevue Hospital Medical College, by Sir William MacCormac, the following sound advice was given: "Now, another thing which I think I have learned and desire to teach you is, to avoid probing gunshot wounds altogether, as far as possible. I have seen great harm come from this practice, and the fact cannot be too strongly impressed upon you that the bullet itself is of very little importance in these cases. I know that nearly always the first thing that a patient who has been wounded will ask the surgeon is, "Where is the bullet lodged?" and then he will expect to be relieved by its removal. I think that under these circumstances the surgeon is too often apt to be so inconsiderate as to try to please the patient and accede to his wish. Any one who has had much experience with gunshot wounds knows how easy it is to fail in finding the ball, and how difficult it often is to distinguish by the probe between a piece of lead and an exposed surface of bone, or a piece of fascia or a tendon, and in such cases, if he does not succeed in finding the bullet with the probe, he is very apt to search for it with his finger; then he tries with one forceps and then another to extract it, and in this way septic matter is al-

most necessarily introduced, so that a wound of a joint which might otherwise have healed perfectly without a particle of suppuration is doomed to suppurate, and possibly the whole limb will in consequence be lost. Besides, experience shows constantly how frequently bullets become lodged in muscles, bones, or some of the viscera, and these become incapsulated, and never cause further trouble. The point I wish to insist upon is that there is infinitely more danger created by the surgeon who attempts to search for and extract a bullet than would result from leaving a half dozen bullets to take care of themselves."

LITHOLAPAXY IN PATIENTS WITH URETHRAL STRICTURE.—*G. Buckston Browne*, M.R.C.S., Eng., gives the following practical points in such cases:

1. Do not attempt such an operation if there is any false passage, or if the surgeon has not perfect confidence in his power to readily pass instruments in the particular case before him.

2. Use a lithotrite, the blades of which cannot become so separated by débris as not to be approximated before withdrawal.

3. Thoroughly break the stone into small pieces, leaving no large ones, before commencing evacuation.

4. Evacuate only with tubes provided with stylets, so that if a fragment becomes engaged in the eye of the instrument it can quickly be dislodged.—*Lancet.*

PILOCARPIN AS A HAIR TONIC.—*The Druggists' Circular and Chemical Gazette* makes the statement that after a number of doses of pilocarpin, the hair grows thicker and darker, and that in some cases the eyes also turn darker. The senior editor of the *Louisville Med. News* now offers to give fifty dollars for five authenticated cases of such color changes.

FOTHERGILL ON STEWED FRUIT FOR THE GOUTY AND DYSPEPTIC.—Dr. Milner Fothergill, in the *Lancet*, July, 1883, p. 7, recommends the use of stewed fruits in many instances of gout and dyspepsia. Sugar is undoubtedly objectionable to many, but it is by no means necessary to add sugar to stewed fruit; if the acidity be neutralized by an alkali, little or no sugar is required. Thrifty housewives have long been familiar with the fact, that the addition of a small quantity of bicarbonate of soda to stewed fruit reduces the acidity, so as to save the necessity for much sugar. If about as much bicarbonate of potash as will lie on a shilling be added to each pound of fruit, it will be found sufficient to neutralize the acidity and to bring out the natural sweetness. Milk pudding and stewed fruit are excellent for the dyspeptic, the bilious and the gouty.—*Lond. Med. Record.*

APPOINTMENT OF SURGEON-GENERAL.—*Dr. Robert Murray*, who was appointed Surgeon-General of the U. S. A. by the President, Nov. 23d, is a native of Howard County, Md. He was appointed Assistant Surgeon in 1846, was promoted to be Captain in 1851, Major in 1860, Lieutenant-Colonel 1866, Colonel 1876 and Assistant Surgeon-General 1882. Both by length of service and rank he was at the head of the medical corps at the time of his appointment. During the Mexican war he served in California. After the battle of Bull Run in 1861, he organized the field hospitals, and was then sent West, where he served with distinction as the chief medical officer of General Buell's army. Lately he has been acting as medical director of the Department of the Atlantic, being stationed at Governor's Island, New York.

BIRTHS, DEATHS AND MARRIAGES IN THE DISTRICT OF COLUMBIA FOR OCT. 1883.—The report of the Health Department of the District of Columbia for October gives some interesting facts concerning the births, deaths and marriages. During the month the births of 81 white males, 73 white females, 70 colored males and 69 colored females were reported. There were 12 white and 11 colored still births.

Marriages reported: 28 white and 37 colored—total, 65.

Deaths 284, as follows: 91 white males, 60 white females, 74 colored males and 59 colored females. The annual death rate, per 1,000, was 17.48 for the total population; 14.16 for whites, 23.83 colored. This, compared with the month of October for the past ten years, shows that the total number of deaths during October, 1883, was less than during any October except 1879. The estimated population of the District is white, 127,940; colored, 66,970. Total, 194,910.

Obituary.

JOHN SHELTON HILL, M.D.,

The Medical Faculty of Baltimore has again to deplore the loss of one of its most useful and promising members. Dr. John Shelton Hill died on the 26th ultimo, æt. 34. The deceased was born in Va., 1849. Graduated at the Univ. Md., 1871; resident physician of its hospital, 1871-2; member of Med. and Chir. Fac. of Md., Clin. Soc. of Md., East Baltimore Med. and Surg. Soc., Balt. Med. Assoc., Hospital Relief Assoc. of Md.,

Lect. in Summer Course on Patholog. Anat. Univ. Md. He contributed, among others, valuable papers—"On a New Method of Treating Eneuresis," "On Treatment of Syphilis," "Non-Union of Fractures," "Popliteal Aneurism" and "Boracic Acid in Inflammation of Genito-Urinary Tract" (April, 1880). He was fond of surgery, in which he promised to attain high rank as a bold and skillful operator. He was a man of great force of character; strong in his convictions, and, being the soul of honor himself, had no compromises to make with the want of it in others. Reserved to strangers, yet to those who enjoyed his confidence, he showed the warmest heart and most generous disposition, and none will mourn him more than those who knew him best.

——Cui pudor, et justitiæ soror
Incorrupta fides, nudaque veritas,
Quando ullum inveniem parem?
Multis ille bonis, flebilis occidit;
Nulli flebilior, quam tibi.

J. R. Q.

Society Bulletin: *Clinical Soc. of Md.* will meet Friday, Dec. 7th, 8 P. M. Dr. Chunn will read a paper on the "Removal of Uterine Appendages." Dr. J. D. Arnold will read a paper on "Glanders in the Human Subject, with Notes of Two Cases."

Medical Items.

Dr. Charles William Siemens, the well-known scientist, engineer and electrician, died in London, of rupture of the heart, Nov. 20th, æt. 63. He was a native of Prussia.=The College of Physicians and Surgeons of Baltimore requires each student to sign the matriculation register both at the beginning and end of the course. It is only after the second signing that the signature of the Dean is obtained, giving the maticulate the credit of a full course of Lectures.=Dr. John Lawrence Le Conte, the distinguished physician and scientist, died in Philadelphia, November 15th, æt. 58. He stood at the head of American entomologists.=Dr. Rochard, of Paris, who was shot in the back by a lunatic, some weeks ago, is now quite well, and feels no inconvenience from the bullet which is still lodged in his chest.=At the recent meeting of the American Public Health Association, Dr. Albert L. Gihon, Medical Director United States Navy, was elected President, and Dr. James E. Reeves, Secretary of the State Board of Health of West Virginia, and Hon. Erastus Brooks, of New York, were elected Vice Presidents for the ensuing year.=It has been announced that 293 churches in New York City have promised to take a collection on next Hospital Sunday.=It appears that much unpleasant feeling has developed between the senior and junior students of Jefferson Medical College, Philadelphia. The senior students claim that they are crowded out by the juniors from the best seats at the clinical lectures.=The committee of the Italian League of the Societies for Cremation has made a most urgent and solemn appeal to the family of the late Garibaldi to consent to the cremation of his body in fulfillment of his last will and testament, in which he ordered that his remains should be burnt as soon as possible after his death.=A new medical journal, with the title *The International Review of Medical and Surgical Technics*, will be issued in Boston, January 1st, 1884. The editors are Drs. J. H. Warren, C. E. Warren, and W. E. Smith.=The New England railroads are credited with having killed in the past year two hundred and twenty-one persons, and with having injured five hundred and thirty-five.=Dr. Charles H. Stevens died in Jefferson County, West Virginia, on the 22d, æt. 76. He was a son of the late Judge Stephens, of Annapolis, and resided in Baltimore for some years after the war.=Dr. Oliver Harrington died near Madison, Dorchester County, Md., week before last. He was a son of Judge Harrington, of the Orphans' Court.

List of Changes in the Stations and Duties of Officers Serving in the Medical Department of the United States Army, from November 19th to November 26, 1883.

Moore, John, Lieutenant Colonel—Relieved from duty as Medical Director, Department of the Columbia, Nov. 8, 1883.

Bache, Dallas, Major and Surgeon—Assigned to duty at Fort Adams, R. I., Nov. 19, 1883.

Brooke, James, Major and Surgeon—Relieved from duty at Angel Island, California, and assigned to duty as Post Surgeon, Presidio of San Francisco, California, Nov. 14, 1883.

Horton, Samuel M., Major and Surgeon—Leave of absence granted October 20, 1883. Extended three months Nov. 20, 1883.

Town, F. C., Major and Surgeon—Until further orders, to perform the duties of Medical Director, Department of the Columbia.

Williams, John H., Major and Surgeon—Granted leave of absence for one month, on Surgeon's certificate of disability, with permission to leave the limits of the Department, Nov. 12, 1883.

Munn, Curtis E., Captain and Assistant Surgeon—Assigned to duty at Fort Warren, Massachusetts, Nov. 20, 1883.

Winne, Charles K., Captain and Assistant Surgeon—Relieved from duty at Fort Winfield Scott, California, and assigned to duty as Post Surgeon, Angel Island, California, Nov. 14, 1883.

Appel, A H., First Lieutenant and Assistant Surgeon—Relieved from duty at Fort Warren, Mass., and assigned to duty at Madison Barracks, N. Y., Nov. 21, 1883.

Richard, Charles, First Lieutenant and Assistant Surgeon—Relieved from duty at Fort Adams, R. I., November 20, 1883.

Original Papers.

SUB-SPINOUS DISLOCATION OF THE RIGHT FEMUR, OCCURRING TWICE IN THE SAME PERSON WITH DEFORMITY OF KNEE OF LONG STANDING; REDUCTION.

BY L. McLANE TIFFANY, M. D.,

Professor of Surgery, University of Maryland.

Sub-spinous dislocation of the femur is not an accident of such rarity as to call for publication of a single example, yet, in the instance herewith recorded, a deformity of the knee existed and offered an exceptional complication. In reducing a hip dislocation it is usual to flex the leg upon the thigh to a right angle about, and thus obtain very great leverage the better to direct the head of the bone toward the cotyloid cavity; this manipulation was, however, denied me in the case under consideration, and for the following reason: when W. K—— (patient), was aged two years, disease of the right knee commenced and continued for many months; abscesses formed in the thigh and leg,not only in the immediate vicinity of the diseased articulation, but also at a distance; bone in quantity was discharged at different times; finally, recovery took place, and W. K——'s health became excellent. There existed the following condition, when examined after the dislocation: several deeply depressed cicatrices in the thigh, which was smaller and shorter than its fellow; several depressed cicatrices in the leg which also was shorter and smaller than its fellow of the left side, a connection of cicatricial tissue uniting tibia to femur, very lax, permitting a flail like motion in all directions; pressure on the sole of the foot (right) caused the head of the tibia to move up behind the femur whence it would emerge on traction; the femoral condyles were small and to the touch smooth. Notwithstanding the very loose joining between the tibia and femur the limb could bear weight,provided it were kept vertically beneath the trunk, in any other position it at once gave way. It will be thus seen that the usual manipulation for restoring the bone to its proper position was not possible of accomplishment in the ordinary way, for a change of position of the foot was not followed by a corresponding change of position in the head of the femur, and it became necessary to replace the lost rigidity of the knee by some device. The tissue uniting femur and tibia was so lax and feeble that I feared lest an attempt to use the leg in rotation might twist it quite away from the femur, so a plaster splint was put on the thigh embracing it tightly. Although this was well applied it did not produce rotation of the femur, but itself, the splint, turned around the thigh. It was, therefore, removed, and another one applied as follows:

A very thin stocking from which the foot had been removed, was put on and pulled up as high as the middle of the thigh; a plaster splint was then put on very tightly, strips of iron wire gauze being interwoven with the bandage. I thus obtained a splint of great strength but also elastic. As soon as the plaster had set, a strip an inch wide was cut from the whole thickness of the splint along the upper surface, and the patient left for twenty-four hours. The next day, after anæsthesia had been induced,with a bandage twisted like a rope, I wrapped the splint as strongly as I was able, almost entirely closing the gap left by the removal of the strip. The pressure was so great as to interfere with the circulation of the foot and leg, but the head of the femur could be rotated almost as well as though the knee was of normal form, and I was in condition to attempt reduction without fear of injuring a limb of which both the hip and knee joints were in a very unserviceable condition.

The case, in detail, is as follows:

March, 1883.—W. K———, strong and vigorous, female, aged 22 years, by occupation a teacher, slipped and fell, dislocating the right thigh. She thinks that her right leg, in falling, passed behind the left; she struck the ground with the right hip. The malformation of the limb has already been described. I saw the case twenty-four hours after the hurt. The head of the femur both to sight and touch was very evident; it laid between the superior and inferior spinous processes of the ilium, covered by skin and subcutaneous tissue; the thigh was everted,abducted,shortened somewhat, and the trochanter was absent from its usual situation. Two days later when the tightly-fitting splint was adjusted, I attempted to effect reduction by flexion and rotation inwards but did not succeed; the

head of the bone would not pass over the edge of the pelvis; a towel was then placed around the upper part of the thigh, and the bone drawn strongly outwards and downwards, but equally without result.

I then made traction upon the right thigh (splint) upwards slightly and outwards at an angle of about 60° with the long axis of the body. Within a few moments the thigh elongated perceptibly, the head of the bone moved from its position upon the pelvis, and the femur being rotated inward, reduction was at once effected. Recovery was rapid and without drawback.

I directed a sole-leather splint for the relaxed knee and its use gave assistance, enabling W. K—— to walk with comparative comfort.

In July, 1883, in consequence of the warmth of the weather, W. K—— laid aside the splint, and in attempting to walk rapidly, fell, producing a dislocation in all respects similar to the previous one. She also thought that in falling the right leg was carried across the body behind the left. A splint of wire gauze and plaster was applied and reduction effected at once by extension and rotation inwards, as had proved so successful in March, Recovery took place without noteworthy circumstance.

REMOVAL OF THE UTERINE APPENDAGES.

BY WM. P. CHUNN, M.D.,

Chief of the Gynecological Clinic, University of Md., Assistant Surgeon to the Woman's Hospital, etc.

As the popularity and sphere of usefulness of all capital surgical operations is determined, first, by the number of recoveries from the effects of the operation itself, and secondarily, from the number of cures so resulting, it naturally follows that the sooner the operations are put upon record and the earlier the permanency of the benefits made known, so much the more quickly will the medical profession arrive at a conclusion as to which patients are to be operated upon and as to which it were better to let alone. Desiring to see established (one way or the other) the field and limit for the operation of removal of the uterine appendages, it may not be considered amiss for me to mention two cases bearing on this subject, one recently operated on by myself (Tait's operation), and another done by Dr. Frank West, of this city, nearly four years ago, concerning which last the after effects have not been as yet appreciated. As the general applicability of a surgical procedure does not depend upon the skill and fortune attained by any one or two skilled operators, but upon the results obtained by the profession at large, it obviously behooves each one to send in his contribution, however small, in order that a just average may be reached, and a safe and proper limit be laid down for the guidance of all operating surgeons. My experience in regard to the above-mentioned operations has been limited to eight cases, only one of which occurred in my own practice. Of these eight cases, two died of peritonitis. One operation was incomplete, as it was found, after the abdomen was opened, that the ovaries were so bound down by the remains of an old cellulitis that it was impossible to get at them. The difficulty was further increased by a bleeding uterine myoma which filled up the pelvic cavity, and for the relief of which the operation was done. The abdomen was accordingly sewed up and the patient is going about enjoying her usual health. Two patients were operated on for bleeding myoma out of the eight cases, and the ovaries removed in both. One of them, I have since learned, has been greatly benefitted, the other I have not heard from. It is in regard to the case of Dr. West I wish to speak more particularly.

This last case I have within the last few days questioned most carefully, and as it has now been nearly four years since the operation was done, I am in a position to say positively whether she was benefitted or not. Here both ovaries were taken out by the vaginal method. The patient was married and had two children, the last born six years before treatment was first begun. She was about 27 years of age. In the last labor the forceps was used and great force applied, so that one of the blades was bent or broken. The woman then remained in bed some time, probably with inflammatory trouble in the pelvis, and from that time onward for six years had the most agonizing pains at every monthly period. Slight paralysis came on in the right arm and leg so that locomotion was impossible without a crutch. During these six years persistent amenorrhœa was present and lasted in spite of treatment. A lacerated cervix was sewn up in order to leave nothing undone. The trouble still continuing, an operation was decided upon and the ovaries were removed four years ago January next, 1884, by the vaginal method, the tubes being left behind. The patient recovered from the operation and went on to improve rapidly. Her amenorrhœa continued, and up to the present time she has had no flow of blood from the uterus. For the three succeeding monthly periods she was entirely free

from pain or pelvic uneasiness, but complained of a feeling of fulness in the head. At the present time she is vastly improved, having no monthly distress whatever, and says with the utmost thankfulness that she would most willingly undergo again, if necessary, the dangers and hardships of the operation for the sake of the relief it has conferred. The ovaries seemed nearly normal, one having a small cyst about to burst.

At this time the patient is able to walk about the house without crutches, attends to her household duties and is growing very large and fat. A spasmodic asthma troubles her at times, for which she takes a hypodermic injection of morphia, a habit contracted in former years when her menstrual period was attended with such terrible pain. To those who declare the operation unjustifiable I cite this case, as one of many, to the contrary.

In regard to the case operated on by myself I shall speak briefly. The patient presented the usual symptoms indicative of chronic ovarian trouble, which the surgeon, until within the past ten or fifteen years, was entirely unable to alleviate. The usual terrific monthly pains were present, entirely unfitting the woman to work for her daily bread, and lasting from eight to ten days out of the month. She also was further distressed by epileptic fits coming on at the periods.

The patient was 28 years of age and was married, with no children, but had had two miscarriages, the last having occurred six years ago. From that time forth dysmenorrhœa persisted. In course of time amenorrhœa also added another symptom, and remained constant for as much as four years before treatment was begun. I saw the patient off and on for about ten months and tried various expedients to make her menstruate, hoping that if I could bring on the menstrual flow the dysmenorrhœa would cease. At different times I made use of hot hip baths, mustard to the lower abdomen as well as tonics, permanganate of potash and iron internally. In addition, intra-uterine irritation was applied in the shape of a galvanic stem, and the uterine sound was introduced at regular intervals. All these methods of treatment were without avail. The vagina and uterus were in their normal condition, the uterus being in place with the canal open. It was found impossible to palpate the ovaries by bimanual palpation. The patient was most anxious for an operation, and, indeed, it has seldom been my lot to see a patient who seemed to suffer more. I have frequently seen her come begging for relief with the tears streaming down her cheeks and crying that her menstrual period was killing her. Surely such a case as this should be given the chances of an operation.

In September last I attended the meeting of the Gynecological Society in Philadelphia, and while there took advantage of the opportunity to ask Dr. Battey himself what he did in this class of cases. He told me in such a case he would remove the ovaries. Dr. T. Gaillard Thomas also told me to operate. Dr. Sutton, of Pittsburg, recently returned from England, where he had assisted Lawson Tait in many of these operations, advised that the uterine appendages be removed—adding, that if I did not kill the patient I would cure her; meaning, of course, that if she recovered from the effects of the operation she would thenceforth be relieved of her perodical pains.

On my return home the dangers of the operation were honestly represented to the patient and she was informed that the mortality in this country was at present about one in five. Being just as eager as ever for the trial, she was gotten ready and etherized by Dr. C. O'Donavan, Jr., at the Woman's Hospital, October 18th. Just before giving the anæsthetic, a Sims' uterine redresser was introduced into the uterus and held in position by an assistant. The usual incision was made in the middle line, but did not exactly strike the linea alba and as it was considered best not to waste time looking for it, the cut was continued through the margin of the right rectus muscle. The muscular system was exceedingly well developed and the abdominal wall very thick, so that to get working space the wound through the skin and muscle was three inches and a-half in length, while through the peritoneum itself it measured only two inches. On getting through this membrane one finger was introduced into the abdominal cavity, and it was then with great satisfaction that with the help of Sims' redresser in the uterus I could make sure of the presence of that organ at once, and not attempt to lay hold of the uterus and pull it out for an enlarged ovary as has been done. The middle and index fingers of the left hand being now introduced into the pelvis, the left ovary and tube were speedily brought up, and still holding them in the left hand the pedicle was quickly transfixed with a double-threaded needle; the thread was then crossed, tied, cut short and the pedicle dropped back into the abdominal cavity. The same thing was then done with the right tube and ovary, and no blood being found in Douglas's cul-de-sac, the wound was sewed up with seven silk sutures and the patient put to bed, the whole operation being done inside of an hour.

The night succeeding the operation was passed in great pain, as the opium given was insufficient, the patient being accustomed to the use of it. Shortly after the operation the pulse stood at 82, temperature 99°; about

noon of the second day the pulse went up to 125, temperature 100°. On the third day peritonitis set in, with its usual signs, and continued for five or six days, placing the life of the patient in jeopardy.

The pain being very great it was necessary to give opium in large doses, and I frequently gave at one time, in suppository-form, as much as 8 grs. of aqueous extract by the rectum, equaling 16 grs. of crude opium. On the fourth and fifth days the temperature mounted up to 102⅘° with the pulse beating 140 to the minute and getting weaker. The following medication was then adopted:

Fifteen drops of tr. digitalis, half an ounce of whiskey and three ounces of milk or beef tea were given every two or three hours as the symptoms required. This treatment was all the patient got for three days, after which time improvement began, and she rapidly recovered.

One fact gave encouragement from the beginning, and that was the entire absence of vomiting and sick stomach. While the temperature was high (102⅘°), the nurse was instructed to give a sponge bath every two hours, night and day. If this failed to bring down the temperature I frequently gave a hypodermic injection of a solution of the muriate of quinia and urea (5 grs. to 20 m.) which seemed to aid effectually in reducing the hyperpyrexia. If these means did not succeed in producing the desired effect, I tried the following experiment:

Taking an ordinary atomizer and filling the vial with a solution of equal parts of water and sulphuric ether, I projected a steady spray all over the abdomen, the chest, neck and arms, for ten or fifteen minutes at a time. The thermometer being in the vagina, indicated almost invariably a fall of from one degree to a degree and a-half inside of half an hour. This expedient I shall certainly try again if other means fail in reducing the bodily temperature.

From this time onward my patient improved steadily, and has now already passed over two menstrual periods without any return whatever of the old trouble. Of course I am pleased with the result, but before advising others to go and do likewise, I would beg them to make sure of the diagnosis and not to sacrifice healthy tubes and ovaries, if the cause of the trouble can be found elsewhere. In the majority of such cases of course the tubes or ovaries are found diseased, but not in all.

The question to be decided is not so much whether the tubes or ovaries are diseased, but rather will their removal result in a cure. The most important preliminary to be settled before operative interference is instituted, is whether or not the patient has had inflammatory trouble in the pelvis or whether it does not exist in a chronic form at the time. If vaginal touch shows cellulitis or pelvic peritonitis, I think the operation should be put off if possible, for in such condition the ovaries are hard to find and still harder to bring up through an abdominal incision. The field for the operation in the future may be more limited than some indications at present seem to show, for from what I have learned I am inclined to think that the cases which will be most benefitted are those where the ovaries can be felt enlarged and exquisitely tender to the touch and where the tubes are distended and full of blood and pus; in short, where there are physical signs as well as vital symptoms. As far as I know there is but one author who is inclined to regard an exploratory incision as being without danger, and that is Lawson Tait, of Birmingham, England. His success has been exceptional, and is far beyond anything hitherto accomplished in this country. At times the operation is performed without much difficulty, but frequently it is just the reverse.

Dr. Sims recently upon one occasion had hemorrhage to occur low down in the pelvis after the ovaries had been removed, and in order to get at the seat of trouble he had to cut the abdomen open from the sternum to the pubes, rolled up the intestestines on the outside of the chest, held them in a warm towel and proceeded to ligate the bleeding vessel.

Dr. Thomas, in September last, had performed some twelve operations and had lost one-fourth of his patients.

The question to be settled at present is whether we can reduce the mortality in this country to the low rate it has reached abroad, and last, but not least, can we become so expert as to give a positively favorable prognosis in cases where there are only subjective symptoms.

PHOSPHATE OF CODEIN.— The *Wiener Med. Blætter*, for Aug 16, contains the mention of a new drug, the phosphate of codein, which has been prepared by Merck, of Darmstadt, under the direction of Professor Hegar, of Freiburg. It is intended for hypodermic injection, for which neither the sulphate nor the chlorate are suitable, being nearly insoluble in water. The new salt is soluble in four parts of water, and contains 70 per cent. of codein. It crystallises in four-sided columns and is similar to morphia in action, with the advantage of having less tendency to excite toxic symptoms. It is peculiarly suitable for sensitive patients.— Alice Ker in *London Med. Record*.

Lectures.

MUNICIPAL HYGIENE.

(Abstract of Lectures Delivered by Dr. John S. Billings, Surgeon, U. S. A., in Hopkins Hall, Johns Hopkins University.)

IV.

WATER SUPPLY; IMPURE WATER; WATER ANALYSIS; FILTRATION; WASTE OF WATER.*

One of the most important factors affecting the health of a city is its water supply; first, because upon its quantity, etc., depends the cleanliness of the city and its inhabitants; second, because it may be the medium for the conveyance of the causes of disease. Rain water is not a pure water, being contaminated by the organic matter of the atmosphere, and usually by the roof-washings. There are arrangements, however, by which the first washings of the roof may be turned into the gutter, and the after-comparatively-clean-water into the cistern, and such measures should be employed much more generally than they are, even if the water be used only for washing purposes (See National Board of Health Report, 1880, page 442). The Roman aqueducts, the Chicago tunnel under Lake Michigan, and the works in progress in Baltimore, New York and Liverpool, were cited as instances of engineering feats originating in the desire to secure a satisfactory water-supply for cities. This object is not secured without much inconvenience and even loss to the inhabitants living along the streams furnishing the supply, and many lawsuits are the result. It is practically impossible to preserve wells unpolluted in a large city, and in most cases it cannot be done in a small one. The supposed sulphur springs discovered a few years ago in Baltimore and Washington were cited to show that the contamination is by no means only occasional and of small moment. One of the most interesting questions to sanitarians at the present time is the pollution of water-supply. Polluted water does not always cause disease; moderately dilute sewage has been drunk with impunity. On the other hand, typhoid fever, diarrhœa, etc., have been so often caused thus that it is prudent to consider all such water as dangerous. The danger is not in proportion to the pollution nor to the effects upon the special senses. Nor is chemical analysis to be relied on, since the chemist cannot tell with certainty the amount of organic matter present, nor how much is vegetable and how much animal, nor whether it is living or dead. Yet there is much reason to believe that the danger of a water depends to a great extent upon the living organisms or germs. Dead organic matter is not in itself dangerous; on the contrary, it is a food, but the organisms are found wherever dead organic matter is, feeding on it and breaking it up into simpler forms. The chemist is unable to determine the presence of living forms, and also the specific character of these. The biologist must determine these by culture and inoculation. The conveyance of typhoid fever by milk from cans which have been washed with water contaminated with typhoid excreta has been verified many times. The lecturer then described a quantitative investigation which Koch had applied to the water of Berlin, alleged to be polluted by drainage from the sewerage farms. A cubic centimetre of pure distilled water is estimated to contain from four to six such organisms derived from the air. The same quantity in water taken direct from a sewer contains thirty-eight millions, and so on. Such an examination shows nothing as to the specific properties of the organisms.

The lecturer then spoke of water analysis, the main object of which is generally to determine the amount and character of the organic matter present. The ammonia method for ascertaining the quantity of nitrogen is most commonly used; by this can be distinguished that which is in the form of ammonia, and which can be driven off by simple distillation after the water has been made alkaline, from that which is in more permanent combination, requiring the action of chemicals, as caustic soda and permanganate of potash, to decompose the organic matters containing it, when by further distillation it is driven off

*Dr. Billings' third lecture was devoted to the Causes of Disease, and contained an admirable review of the relations of germs and disease, so far as developed at this present time. We regret that we have been unable to procure a satisfactory abstract of this lecture.—EDITORS.

as additional ammonia, known as "albuminoid ammonia," not because it necessarily or even probably arises from dissolved albumen, but because albumen will give it off when thus treated. The conclusions of Professors Mallet and Ripley Nichols were quoted to the effect that chemical examination alone is impotent to determine the value of a water. In view of this, the chemist should have personal knowledge of the source and surroundings of a water, and not merely have a sample sent him for examination.

Upon the question of pollution of streams, the lecturer said that the legal remedy here was in the common law principle that every person or corporation owning land on a stream in which the tide does not ebb and flow, owns also the right to use the water flowing in front of his property, and also has the right to have the water come to him in its natural state, both as to quality and quantity. A "prescriptive" right to pollute a stream may be acquired by twenty years' usage, hence the importance of guarding against it in time. In order to make out a case for injunction or damages it is necessary that the evidence should be satisfactory that a right has been invaded, a nuisance created. The lecturer quoted authorities who maintained—upon the basis of experimental analysis—that natural causes are sufficient to purify a flowing stream when polluted, a satisfactory degree of purity being apparently obtained after a flow of a few miles. Water pollution is of less interest to Baltimore than most cities, becauses the sources of our supply are unusually free from danger of contamination. Yet a small degree of danger exists, and the authorities must see that it do not increase, and no prescriptive right to discharge refuse into the Gunpowder and its tributaries be established, for no matter how clear the law, there will be difficulties in removing a factory or drain when once established. The trouble is that the city has no jurisdiction over the greater part of the territory from which its supply is obtained. An appeal for protection to the last Legislature, howevcr, failed, the interests of forty persons outweighing those of 400,000. Offensiveness may originate from other causes than sewage pollution, as from algæ, decaying sponge, etc. The musty, fishy, etc., tastes are due to these causes.

Can a suspicious water-supply, employed from necessity, be improved so as to remove the danger? The lecturer thought the *possibility* of this proven, especially by the experience of Antwerp, where the turbid, polluted water of the Nethe "is rendered colorless, bright, palatable, and fit for dietetic and domestic uses," by filtration through spongy iron. Professor Frankland is of the opinion that specific living germs are destroyed by this process. Koch's method, above referred to, may be used in testing the efficacy of such filters.

Quantity of water-supply is a question of great practical importance at this time in most American cities. With it that of water-waste has become a prominent topic of conversation among engineers. The popular idea is that the escape of water cleanses the soil pipes; trickling has no such effect, which is attained only by sudden flushing. The great cause of water-waste is leaky fittings. The means adopted by some large English cities to prevent this waste, *i. e.*, the stamping and testing of house-fittings, and requiring these to be of certain approved patterns, were described. The lecturer presumed that over half the fittings in this city would fail to pass these tests.

One of the first cases in which impure ice was shown to have caused disease was at Rye Beach, in 1875, when three hundred guests of a hotel had fever and diarrhœa. These symptoms were traced to the ice which had been obtained from a foul pond, and when melted was found to contain decaying organic matter. Other cases have since occurred, and the danger is real, although it has been much exaggerated. In freezing, water purifies itself to a very considerable extent, at all events as regards dead organic matter. To what extent it frees itself from living organisms is unknown, but some of the ordinary bacteria of putrefaction preserve their vitality enclosed in ice, and, by analogy, specific germs may do the same. Dry cold, even below zero, does not destroy the life of bacteria, the anthrax or vaccine species for example. Yellow fever is almost the only disease which we are fairly certain has its powers destroyed permanently by frost.

When the supply of water is limited, it may be supplemented by impure water for cleansing purposes, as is done in Paris.

Clinical Lectures.

CLINICAL LECTURE, DELIVERED AT PROVIDENCE HOSPITAL, WASHINGTON, D. C., NOV. 25, 1883.

BY ETHELBERT CARROLL MORGAN, A.B., M.D.,

Surgeon-in-Charge of Diseases of the Throat, Eye and Ear, and Fellow of the American Laryngological Association.

(*Stenographically Reported especially for the Maryland Medical Journal.*)

LARYNGEAL FIBROMA.

The first case, gentlemen, to which I desire to call your attention this morning, is of considerable interest and rarity, as it is seldom we encounter a laryngeal polypus in this city.

The tumor in this case is, as well as I can judge, from a laryngoscopic examination, of the fibroid variety, and is about the size of a large pea. It is only the second case I have encountered in this hospital during the last three years, and the ninth which has occurred in my combined hospital, dispensary and private practice during the past five years. You can readily imagine from the foregoing statement the interest which this case presents to us as medical observers.

This tumor is situated partly beneath and partly between the vocal bands, and in their anterior commissure, preventing the complete closure of the larynx during phonation, and causing great dysphonia, as you will notice upon his endeavoring to speak.

What is a laryngeal polypus? This question will at once be made plain by an examination of the drawings of the tumor I herewith present.

As I have before observed, the growth appears to be a fibroma; but this will be definitely ascertained by microscopic examination to be performed after its extraction.

You will notice upon laryngoscopic examination that the tumor fills a large portion of the glottic orifice, and what is of greater interest is the fact that it is sub-glottic in origin; and, instead of being upon the borders of the vocal bands, is beneath them. During ordinary inspiration this growth falls entirely below the vocal bands, but on phonation it is lifted partially above them.

In considering the etiology of this disease we are struck by two important factors, namely, simple inflammation of the larynx and violent and prolonged use of the voice, such as is met with in auctioneers, street venders, etc. This man tells us that he made violent use of his voice during many months in calling the watch on shipboard, and has frequently suffered with acute attacks of laryngitis. I would say here, that according to the best authorities, and according to my personal experience in the nine cases I have had, syphilis and phthisis exercise no influence in causing laryngeal growths; on the contrary, they appear to prevent their formation.

The principal varieties of these tumors are, respectively, the papilloma, or mulberry growth, the fibroma and the myxoma, or that variety in which the mucous tissue predominates. I must add, however, that the myxoma is extremely rare, only a few cases of it having been recorded in laryngological literature. The papilloma is encountered oftener than any other laryngeal tumor.

This case was in the hospital nearly eleven months ago and I then had him trained, but for some reason he left and I lost the case; however, he has come back, and is now willing to submit to operative procedure, but it will be a matter of some weeks before I can educate his larynx sufficiently to properly undergo operation. In similar cases to this the symptoms would be: change of voice, cough, and embarrassment of respiration; there is usually no pain, and where the tumor is small there is very little cough. So far as vocal changes are concerned, they are dependent upon the position of the growths; when situated upon the superior bands they may cause no disturbance whatever, when at the commissures they may cause complete obliteration of the voice, and that is just why you notice so much dysphonia in this patient.

Restoration of voice takes place in the majority of cases after operation, but full recovery depends very much upon the size and seat of the tumor; still, it is safe to assert, that in 75 per cent. of cases of ordinary laryngeal tumors the voice is fully restored after removal. I refer to the method developed since the discovery of the laryngoscope, which has taken the place of the old, heroic methods of external operation, the performing of tracheotomy, laryngotomy, etc.

The tumor in the drawing before you, which represents my first case, that of a boy 19 years of age, is situated in nearly the same locality as that in the patient under treatment now. The boy was operated upon five years ago, the papilloma was completely extracted, his voice entirely restored, and to this day there is not the slightest sign of a recurrence. He pursues his regular business in the Centre Market, and I have no doubt many of you remember him for I exhibited his tumor in this amphitheatre and at the Georgetown Medical College.

There are many methods of treatment utilized in this class of disorders, but suffice it to

mention this morning the employment of astringents by spray and by the brush, and the direct application to the tumor of silver nitrate, chromic acid, etc. The above means are attended with varied success; oftener, I think, by failure.

Most of us in case of a large tumor, like the one under consideration, use laryngeal forceps, laryngeal guillotines, etc., in its removal. The forceps I prefer are those of Fauvel (the instrument I have used in performing operations in all my cases); they are of medium size, well constructed for the purpose, and there is no danger of harming any portion of the larynx in their use. So far as the guillotines are concerned, they work upon universal handles, and the blades are changeable.

I shall close by introducing the forceps into the larynx. As yet, this man is not sufficiently trained to undergo operation, and the examination which he is able to go through now is due to 60 grains of bromide of potassium, ad-administered since seven o'clock this morning.

I now insert these forceps into the laryngeal cavity, and will show you the mode of operation up to the point of removal. In the first place, the patient grasps his tongue with his right hand—the forceps and mirror always being warmed previous to their introduction within the cavity, the former being held in the right and the latter in the left hand of the operator. In this case I shall pass the forceps beneath the vocal chords, and, I might say, that when using said forceps in the operation there is no danger of extracting anything but the tumor, for it is usually devoid of sensibility and does not cause the pain which would be at once experienced should I seize the normal tissue.

This is a department of surgery, and owes its development to the discovery and application of the laryngoscope. Certainty has taken the place of speculation and darkness has become light; that is to say, affections of the larynx are at the present time scientifically examined, classified and treated.

Now that we see these tumors, we are enabled to appreciate their size, character, position, etc., and not only that, we are able to guide instruments to the point of growth and remove the tumor, thus dispensing with those bloody and dangerous practices known as laryngotomy, tracheotomy, etc., such as were followed before the discovery of the laryngoscope. To-day, gentlemen, it is only justifiable to perform the operation of laryngotomy after it has been demonstrated that the removal of a laryngeal neoplasm through the natural passages is an impossibility. The laryngoscope enables us to discover tumors which were formerly not recognized, and furnishes a safe and ready means for their removal through the natural passages. Hundreds of voices have thus been restored to perfect usefulness by this safe, and I may say complete method of operation.

When I tell you that the first laryngeal polypus was removed through the natural passages in 1862, and that since that date hundreds and hundreds of cases of removal have been recorded, what other commentary is necessary to substantiate the value of this department of surgery?

SECOND CASE.—RELAXED PHARANX.—The second case, gentlemen, to which I shall ask your attention is one of relaxed pharyngitis, or in other words, relaxation of the pharyngeal and palatal mucous membrane, in this patient the immediate result of subacute inflammation.

The point to which I desire particularly to direct your observation is the prolapsus uvulae, or what is known by the laity as "falling of the palate." You will readily appreciate the ambiguity of this expression, "falling of the palate," for the term is generic, and applies equally to the hard or soft palate. Our patient is in good general health, but is constantly harrassed by a tickling, irritative cough and a desire to swallow or clear the throat.

On examination you will find that there is relaxation of the mucous membrane and submucous tissue of the uvula, and in practice after having exerted all the means of relieving this morbid condition by the use of astringent sprays, gargarisms, caustic applications, etc., we are compelled to remove the superfluous portion of the uvula. In the majority of instances where this operation is performed it is unattended with danger; in fact, so little trouble is ever apprehended that it becomes a matter of small consideration.

Years ago uvulotomy was practiced largely, and was regarded as the sovereign remedy for all nasal, pharyngeal and laryngeal affections. It was, in other words, abused; but in this stage of advancement in diseases of the upper air passages, matters have been changed. Of late years the removal of relaxed uvulae is of comparatively rare occurrence, and I may safely say, that in my practice I do not excise ten uvulae a year.

There is one point in regard to this operation upon which I desire to lay especial stress, and that is, if you are called upon to clip the uvula—shorten it—never take away any but the relaxed portion. If you cut near the base, where it is inserted in the soft palate, you of course divide the azygos muscle, and may, in a singer or public speaker cause him much annoyance in future professional life. Therefore, take off only the relaxed portion; but you may ask how are we to know or recognize this part? I will illustrate:

When the tip of the uvula is gently grasped by a pair of long forceps and moderate traction exercised, the relaxed portion of the uvula will be drawn downward, as a glove is slipped from the finger, leaving the muscular tissue and azygos muscle undisturbed. By now passing a pair of delicate scissors above the forceps the prolapsed portion of the uvula can be readily removed. Hemorrhage resulting from the operation is rare, but on some occasions considerable soreness follows; this, however, usually passes off without any serious consequences. In ordinary practice I prefer to cut the prolapsed portion of the uvula in an oblique direction; this results in a tapering uvula, such as exists normally.

There have been many instruments devised for performing operations upon the uvula, variously known as "uvulatomes," "uvula scissors," etc., but I much prefer the forceps and scissors, for they enable me to exert a greater or less traction, as may be required by the exigencies of a given case. In many instances ordinary shears, such as are used for cutting paper will answer. I have here uvula scissors with toothed forceps under either blade; theoretically this instrument is a success, and will prevent the falling of the excised portion of the uvula into the lower pharynx or larynx; but I shall slip the toothed forceps to one side in operating this morning and use the instrument simply as a pair of scissors.

I wish you to examine this case carefully before I operate. I now take hold of the prolapsed portion of the uvula with my forceps and cut that, and only that, off—the direction of my scissors being oblique. It is not necessary to operate by aid of the frontal reflector, but we become accustomed to its use, and I prefer it to direct sunlight.

Usually there is very little pain at the time of cutting the uvula, but during the next day or two you may have some odynphagia. When there is much pain following the operation, prescribe a gargarism composed of aq. ext. opii, gr. v., glycerite of borax, orange flower water, aa. f. ʒ ij; teaspoonful in wine glass of water when needed.

Correspondence.

LETTER FROM VIENNA.

VIENNA, Nov. 8th, 1883.

In beginning the post-graduate study of medicine in Vienna, two difficulties present themselves. One is, what course to take out of the large number given at the hospital, so that they shall not conflict; the other is, how to find one's way about the hospital and grounds. These two obstacles overcome, the pleasure of study has begun.

Every department of medicine is so well represented that there is really no weak point in the hospital. The strong point, however, is in obstetrics. In this department the material is abundant, the facilities great, and the teachers capable and efficient. In fact, the whole management is very systematic and pleasing.

The women, on entering, are first brought into a large ward, where they remain until the time of expected confinement. They are then transferred from this "stock-room" to the lying-in wards, and it is here that aspirant obstetricians may be found at all hours of the day and night. In the "touch" courses under the professor's assistants, four students are instructed at a time. Each one is given a case for diagnosis and then is asked what he has found. The diagnosis of teacher and pupil does not always agree at first, but this constant practice of examining so many each day soon sharpens the sight of that eye which we are told is situated at the end of the index finger. By paying a small fee (about $4.40), the student can examine women during the semester (October to March), assist at all confinements of cases assigned to him and apply the forceps under the assistant's direction.

The manner of treating placenta prævia is very effective. Last week, on examining a woman in one of the wards, the os tincæ was found open for two or three fingers and the cervix obliterated. Within was felt that peculiar velvety substance which could be nothing but the uterine surface of the placenta. When the woman had been sufficiently anæsthetised, the operator inserted his hand into the vagina, worked one finger around the edge of the placenta, and gradually his hand and then his arm until he reached a foot, which he brought down, and left the rest to nature, assisted by a midwife. Of course there was hæmorrhage, but not a great deal, for while his hand was in the uterus, his arm acted as a plug, and when he withdrew his arm the child's leg stopped further bleeding.

There was an interesting post-mortem to-day with the following history: A rachitic woman, with small pelvis and pregnant for the fifth time, was brought into the hospital. It was found out that in her pre-

vious pregnancies the fœtus had always been artificially expelled in the 4th or 5th month on account of the size of her pelvis. On examination the child was supposed to be dead, and the woman being much exhaus ted, died the next day. An autopsy revealed an extra-uterine pregnancy, the fœtus lying immediately sub-peritoneal in the first position, with the breech presenting, not at the neck of the uterus, but at an opening in the posterior cul-de-sac of the vagina. The cord and membranes were also in the abdominal cavity, but normal in appearance. The uterus was about three times the size of an unimpregnated uterus and its walls were about two to three c. m. thick.

The pathological building, just finished, is a well-built and well-lighted building. The rooms are used for general pathological work, autopsies, dissecting and operations on the cadaver, in surgery, gynæcology and obstetrics. The amphitheatre is a remarkably bright room, although all the operating rooms have a fine horizontal light which could not fail to please the most fastidious gynæcologist.

The department of skin diseases seems to have an inexhaustable supply of cases with fine opportunities for examining them and seeing their progress from day to day. It is very rich in syphilitic eruptions, which are alone worth coming to Vienna to see. The professor of dermatology (Kaposi) is a most careless speaker and unsystematic teacher, but the material is good and abundant enough to make up for all deficiencies.

The most distressing sight is to see the men who have postponed learning German until they arrived. The usual large number of Americans is present. Boston is well represented. Baltimore is represented by Dr. C. C. Shippen, Dr. Wilmer Brinton and your correspondent. W. B. C.

Editors Maryland Medical Journal:

I take this late opportunity of fulfilling my promise to inform you in regard to the obstetrical practice in the Vienna Hospital. The best facilities of the university are un doubtedly to be found in the obstetric department. There are three regular clinics: two under Professors Carl Braun and Spæth for physicians and students, the third under Professor Gustav Braun for midwives. Ten thousand children are born annually in these clinics, the large majority being illegitimate. The patients are distributed equally to each clinic, in regular order. Usually the patients are not admitted until the period of gestation is nearly completed, in fact many of those who live in the city are only received when labor has actually set in; but as many come from distant parts of the empire, there are always a large number of pregnant women residing at the hospital. It is a curious and somewhat interesting sight to one passing through the 7th, 8th and 9th courtyards, to notice the immense number of pregnant women strolling through the grounds, and taking air, exercise and sunshine. The regular clinics are held five times a week, and women in every stage of labor are exhibited to the class; and frequently delivery by instrumental and operative means is performed in the amphitheatre. But the daily clinic is the smallest portion of the obstetrical instruction that is to be obtained. The students are required to practice practical obstetrics in the wards, and physicians can do so at a moderate cost. Those who enter for practical work are called practicants, and are divided into groups, which are assigned cases in their regular order; but the opportunities offered in Spæth's wards are much superior to those in Braun's, owing to the fact that practicants are allowed to have as many patients as they can manage in the one, whilst in the other they are limited to one case at a time; and if the patient should have a slight fever after delivery, the attendant is not allowed to have another case for twenty-four hours. In order to gain the very greatest possible advantages, many of the American students matriculate in both departments and secure a room in the hospital, which can usually be rented from some of the officials who reside in the building. By combining the practice of the two clinics, the very amplest opportunities are afforded for becoming practically acquainted with the obstetric art. Besides the enormous number of normal labors, there are a large proportion of instrumental cases, and of those requiring operative measures; thus not long since, in one week, there occurred in Braun's wards a case of rupture of the uterus, one of central rupture of the perineum, one requiring version and another craniotomy. During the past six months Cæsarian section has been performed several times for contracted pelvis.

Before a student is allowed to practice in the wards he is expected to have taken a course upon operative obstetrics and a touch course. These courses are conducted by the assistants on the clinics, and are of great practical value. The operative courses consist of exercises upon the cadaver or manikin with the forceps, version, craniotomy, etc. When the cadaver is used all the pelvic viscera are removed, the orifice of the vagina enlarged, and a fœtus is placed in the woman's abdomen, and all the procedures are conducted as if in life. It is, however, a dirty and disagreeable ordeal, especially in July and August, and the more so as the subjects are not preserved, and in many instances are in an advanced stage of decomposition, and it does not seem to offer many advantages over practice upon the manikin, except to the impecunious teacher who obtains subjects for nothing, but would have to pay $75 for a good manikin. The touch courses are of four weeks duration, and are limited to classes of four persons. Four women in various stages of pregnancy are examined at each lesson, and the student is taught to determine the position of the child by both external and internal manipulation; the stage of pregnancy, the measurements of the pelvis, the condition of the hard and soft parts, and the presence or absence of complications, are all noted; the instructor, in the meanwhile, gives a condensed summary of all that is most important in midwifery. These touch courses are the most expensive of any of the private courses which are given at Vienna, but they amply repay for the outlay. The methods of delivery are somewhat different than with us, and indeed each clinic differs in some particulars from the others. In Carl Braun's wards everything is rigidly antiseptic; even in examining women who are not in labor, everyone is required to thoroughly wash his hands with carbolized water and soft soap, and then to soak them in solution of potass. permanganat, and to use carbolized vaseline for lubrication of the fingers. Previous to delivery the vagina is thoroughly washed out with carbolized solution. In normal labors delivery is usually effected upon the side, but the dorsal position is maintained for forceps operations. The women are encouraged to assist by bearing down until the head impinges upon the perineum, when they are forbidden to make voluntary efforts, and the head is forcibly held back by the palm of the hand applied against the perineum until the vaginal orifice is sufficiently dilated, when the accoucheur attempts to effect the delivery in the interval between the pains by introducing two fingers into the anus and lifting the head, whilst the perineum is retracted over the child's face with the other hand. If a rupture of the perineum seems to be inevitable, a slight incision is made just above the posterior commissure, on both sides, which relaxes the perineal body sufficiently to allow the head to protrude without further damage. The small incisions are united either with suture or by serrefines, and are healed in a few days. Ergot is not used except when hemorrhage is present. The placenta is expressed after the manner of Credé, and no abdominal bandage is used. After the delivery of the placenta the uterus is thoroughly irrigated with 2½ per cent. carbolized solution, and a suppository of iodoform is introduced into its cavity, whilst the vulva is freely dusted with the same drug.

Spæth does not believe in the germ theory, or at least he does not practice such a rigid antiseptic system, and his results are said to be equally as good. Gustav Braun's clinic is designed for midwives, hence is not accessible to male students, but affords beautiful opportunities to female graduates, which are availed of by a few. I believe the university does not matriculate ladies, but many of the private courses are open to them, and this summer several have been in attendance, amongst whom was Mrs. Murray, wife of the Rev. "Adirondack."

Instruction in gynecology can be obtained from the docents and assistants on the obstetrical clinics, but the courses of Bandl at the Poliklinic are perhaps the most popular with American students. His clinic is, however, exclusively an out-patient service, and, of course, only the milder cases of uterine disease can be exhibited. At the regular obstetrical clinics many severe operations are performed. I saw Carl Braun perform three ovariotomies within a few days of each other, two of which proved fatal. Similar operations are also frequently performed in the surgical wards.

Yours, R. WINSLOW.

201 W. Biddle street.

BALTIMORE, *Nov. 29*, 1883.

Society Reports.

BALTIMORE MEDICAL ASSOCIATION.

STATED MEETING HELD NOVEMBER 12, 1883.

(*Specially Reported for Maryland Med. Journal.*)

The association was called to order at the usual hour, V. P. Dr. John Morris in the chair.

Specimen of Tape Worm.—*Dr. Michael* exhibited the specimen, which was passed by a dental student who had suffered from the symptoms due to it for six months. He first became aware of its presence by the passage of segments; there were no other symptoms. Ten days after having taken ʒ ss ol terebinth. and ʒ ss ol. ricini, without effect, he came under the care of Dr. Michael, who then ordered for him ʒ iss oleoresinæ filicis in three doses, the first given at night, the others on rising and at 9 A. M. the following morning; also on the same morning an emulsion of kousso ʒ ss, to be followed by ʒ ss ol. ricini and ol. terebinth. Three hours after he began to have frequent and watery stools, when the specimen was passed. This seems to consist of the greater part if not all of the worm, although the head cannot be made out. Dr. M. spoke of the peculiarity of the segments in the upper part of the worm near the head, viz: in being greater in width than length, this being reversed near the tail; also of the want of adhesiveness of the upper segments, which accounts perhaps for the segments being passed so freely in cases of tapeworm. He adverted also to the lack of symptoms, and stated that he had dieted the patient from the midday meal on Saturday.

Dr. Morris said that the late Dr. O'Donnell had administered ʒ ij of turpentine in milk to a patient suffering with tapeworm with relief and without bad symptoms supervening.

Dr. Michael referred to a case where in ʒ j it had produced a great deal of hæmaturia, pain and strangury, and passage of water every hour for a week.

Dr. Waters referred to the case of a soldier wounded in the abdomen in the Crimean war, in which the surgeon perceived a glistening object in the wound, and succeeded in removing by means of a fillet a tapeworm.

The Vice-President spoke of the tendency of worms to leave a dying child.

Dr. Friedenwald had operated on an emaciated and decrepit old lady for cataract. As a result of taking chloroform she had much vomiting, which continued beyond control for twenty-four hours. On the third day a living worm passed from her mouth. She died three or four weeks afterwards of exhaustion.

Dr. Ellis referred to the case of a child *nine months* old who had a spasm. She shortly after vomited a round worm, after which she had no further spasm. The worm was apparently the cause of the spasm.

Paraplegia Apparently Benefitted by Strychnia.—*Dr. J. T. Smith* recalled the case of paraplegia in a negro man, which he had mentioned once before to the society. His symptoms were pains in the palms and soles, a sense of constriction of the abdomen, numbness and tingling of the fingers, and wrist-drop. The symptoms pointed to locomoter ataxy. As some of the symptoms suggested specific trouble, mercury was employed, but without apparent benefit. Strychnia was then tried, and the improvement under it has been marked, especially during the last four months.

Dr. Chambers said syphilis of the cord is extremely rare. The absence of trouble with the sphincters shows that it is not a general spinal trouble. He thought it probably a pollio-myelitis, or an affection of the anterior horns (such as occurs in children—infantile spinal paralysis), or else a general neuritis. He would attribute the benefit observed more to time than to the remedies.

Dr. Smith replied that the patient had been ten years under treatment before he had seen him, and that before he gave the strychnia there was no evidence of improvement, but the reverse. He agreed with Dr. C. in regarding it as not a destruction of the ertire cord. His mind was clear. He had a hoarseness, but only at times, and a peculiar gait, with short steps, and planting his foot down all at once; there had been no reply to electricity.

Dr. Morris said he had had a case under care similar in all particulars to Dr. Smith's, in which recovery had taken place. Electricity had been used without effect. Dr. Miles had diagnosed anterior pollio-myelitis.

Dr. Steuart referred to the case of a man under his care who had gotten wet, and next morning found that he had complete paraplegia. After being eighteen months under care he recovered. This patient was unable to feel even the prick of a pin. Dr. S. saw him two years later walking about the street; had also seen him since, and he was well. He was inclined to think that time had more to do with the result than remedies.

Attacks of "Constriction of the Larynx."—*Dr. Gibbons* related the case of a child who from birth to five or six weeks of age had had attacks indicating some constriction of the larynx. These were repeated from time to time, and were very alarming. He advised that the child be taken to a laryngologist, who did nothing more than make an examination of the throat; nevertheless the child slept well

that night (for the first time) and had no further attacks.

Dr. Michael suggested that in making the examination, the laryngologist may have broken up adhesions about the base of the tongue.

DANGER FROM THE ELECTRIC WIRE.—*Dr. Chambers* referred to an accident which occurred whilst some men were putting up a telephonic wire, by which three men and a horse were knocked down and rendered unconscious. The accident resulted from the telephonic wire coming in contact with a Brush electric light wire, from which the current passed into the former. The case teaches the importance of having such wires isolated.

LAPAROTOMY FOR INTUSSUSCEPTION IN AN INFANT.—*Dr. Tiffany* reported the case, which has been published in full.

Dr. Steuart referred to a case of a gentleman, æt. 50, seen 10 years ago, in whom the nature of the difficulty was diagnosed within three or four hours. He asked for consultation next morning, and three or four physicians saw the case with him. Air and water were injected into the rectum through a long tube without effect. He then urged laparotomy, of which Dr. Neftel had had one successful case. The other physicians, however, opposed an operation. The case terminated fatally. P. M. revealed an invagination of the ileo-cæcal valve; the parts were glued together and there was complete sphacelus of the invaginated part. There were also the evidences of peritonitis.

Dr. Chambers was in favor of cutting down at once or giving opium and waiting; hadn't much confidence in injections of air and water. There is not one case in one thousand where inverting the patient or injecting does any good.

Dr. Waters reported a case of supposed invagination, in which 20 grains of calomel every two hours gave relief and re-established alvine evacuations. Injections had previously failed.

Dr. Tiffany said intussusception of the colon may be relieved by injections, but probably not that of the ileo-cæcal valve. There are a sufficient number of successes from laparotomy in such cases to warrant it. Until a year ago it was considered murder to do it before one year. All the books were against it. Since Sands' case (which was in an infant six months old) it is considered allowable. It should not be delayed beyond 12 to 18 hours. The society then adjourned.

THE tercentenary celebration of Edinburgh University will be held on the 16th, 17th, and 18th of April, 1884. The event will cause a wide spread interest in the profession, as the University has medical graduates in every part of the civilized and uncivilized globe.

MEETING OF THE MARYLAND STATE SANITARY CONVENTION.

HELD IN BALTIMORE, NOVEMBER 27TH AND 28TH, 1883.

(Concluded).

Dr. W. Chew Van Bibber read a paper, entitled, "Malaria-Bad-Air," He began by stating that the subject of malaria was an extensive one and that he would discuss the subject under two forms, malaria which is found in dwellings showing its effect on domestic life and malaria which spreads over wide districts and shows its effects among the inhabitants of those districts. The meaning of the word malaria has recently undergone some change; whereas, formerly, the word was kept within the meaning of its derivatives, now it is used as a name for what is called the fashionable disease of the day. At the present day there are cases of malaria found in every locality throughout the State. This was not so twenty years ago. Dr. Van Bibber drew a distinction between malaria due to contaminated air and that form of malaria which originates under different influences. Malaria found in houses or public buildings, called more properly contaminated air, and which shows its effects in domestic life has many sources. Cesspools, improper ventilation, houses without fire places, wet, damp and unclean cellars, are some of the most important sources of this trouble.

These sources of indoor malaria should be remedied by attention to and removal of the sources. Dr. Van Bibber referred to certain public buildings which demonstrate that imperfect ventilation is not a necessity. That form of malaria which has its origin outside of dwellings, Dr. Van Bibber divided into two classes: 1st. That peculiar to cities and large towns; 2nd. That which spreads over wider districts. In the city the air is contaminated by various agencies, all of which are sources of malaria. The remedy for this deterioration of air can be applied if the attempt is made. The planting of trees and cultivation of gardens on tops of back buildings Dr. Van Bibber recommends to lessen the deterioration of the air from heat radiation. Cleanliness is another important agent. This can only be secured by educating the public how to be clean. Baltimore, Dr. Van Bibber thinks, is admirably located, and should be healthy; yet, notwithstanding its natural advantages compared with other cities, it is not, he says, exceptionally healthy. He asks, "Why is this so?" His answer appears in the following: "I believe that besides the sources of malaria already mentioned, there are two others that are worse

than all the rest combined. I mean the malaria emanating from cesspools and the sewers." He estimates that there are 60,000 sinks in this city which pollute the air and soil. The remedy for overcoming the present system of polluting air and soil in this city Dr. Van Bibber thinks will only be found in a system which provides for the daily removal of all excreta.

The last source of malaria considered by Dr. Van Bibber is that which affects the inhabitants of the cretaceous, the tertiary, and the post-tertiary lands of this State. The evil effects of this disease are well understood. Whether the disease originates from a malaria over the land or from germs in the water the best means Dr. Van Bibber knows to prevent the disease, are these:

"Temperance in eating and drinking, and avoiding entire suits of linen as a summer wear; drying the air of sleeping room by fire, night and morning; building dwelling houses above the earth in order to give an air circulation between the earth and the house; avoiding the night air out of doors in certain places; filtering and boiling drinking water, cleanliness about houses and yards, drainage from the premises, high trimming of trees around houses on sides facing healthy localities, and the removal of all stagnant water from the neighborhood of dwellings."*

Reviews, Books and Pamphlets.

The Principles and Practice of Surgery, etc., by D. Hayes Agnew, M.D., LL.D., Prof. of Surgery, University of Pennsylvania. Vol. III. J. B. Lippincott & Co. 1883.

"With the completion of this volume terminates a task which has occupied, for more than five years, whatever moments of leisure have been at my command." So commences the preface, and we venture to think that much more than moments of leisure have been given to the production of so very excellent a work, as is indeed only right and proper, for the experience of a lifetime should be laid before the profession with due consideration, that those following may be guided. Under Surgical Affections of the Larynx and Trachea, the identity of croup and diphtheria is negatived with no uncertain sound: "I believe that diphtheria and croup are two distinct diseases, and this opinion is based not so much on anatomical as on clinical evidence." After which follows a table of symptoms showing the clinical agreement between the two diseases, and then the symptoms in which they clinically differ, but here the diseases are called idiopathic croup and diphtheritic croup—an unfortunate change in view of the quotation above given, and which tends to confuse the reader. This tendency is not diminished by a still further distinction between true and false croup, which is to be found on the next page but one in the same article. We cannot avoid thinking that the word croup should be used as a clinical term, if used at all, while diphtheria, membranous laryngitis, and spasmodic or catarrhal laryngitis are to be used to indicate the diseases under discussion.

Tracheotomy is discussed dispassionately and wisely, and is, we are told, occasionally needed, but scarcely with the expectation of obtaining results as favorable as have been reported by some writers. We are a good deal surprised to learn that it is no uncommon occurrence for a canula, instead of entering the trachea, to pass between the latter and the loose connective tissue with which it is invested.

Under the caption of Diseases and Injuries of the Nose, the old double canula, with wire, is advised for removing polypi, but no mention is made of Jarvis' Snare, at present an instrument of primary importance. Epithelioma and rodent ulcer are considered as distinct, although "the difficulty of distinguishing between the two affections is confessedly great, at least in their early history." An opinion which will not be disputed. Fibrous polyps of the naso-pharynx are well described, and Langenbeck's osteoplastic operations referred to. Cheever's unsuccessful depression of both upper jaws is mentioned, but a similar successful case is omitted. Under the term "Sereatus," a neurosis is described and believed to depend upon an ulceration situated at the posterior portion of the inferior turbinated bone. The name used is not to be commended for a "hawking," which is the meaning of sereatus, is a symptom common to many troubles of of the naso-pharynx. It would be useful to know if the ulceration mentioned was actually seen or only inferred, the text not being clear on this point. In view of the much sought for "reflex area" in the nose, the above affection is interesting. The chapter on Malformations and Deformities is very excellent indeed, showing throughout a master's hand. The descriptions are clear, anatomy exact, illustrations numerous and good.

The chapter on Surgical Affections of the

* Dr. Van Bibber's paper elicited a lengthy and animated discussion, but owing to the limited space at our disposal we are barred from reporting the many excellent remarks made by those who took part. The full report of this Convention we have learned will be published at an early date, in consequence of which we will discontinue our report with the present number, but will take occasion to present brief extracts of such papers as may be of interest to the profession at large, which have not been noticed in our columns.

Nerves contains one of those mines of wealth—a good tabulated list of nerve stretchings, nearly 400 in number. A certain saying is usually attributed to an Asiatic, that European success was largely due to the power of storing up experience, and in no branch of learning is this quality of more value than in medicine; especially is it seen in the large surgical works of which the last fifteen years have been prolific, among which facile princeps are the Surgeon-General's publications. A strong opinion is expressed that erysipelas does not go hand-in-hand with pyæmia and gangrene, contrary to the very general idea of the day, and evidence from many sources is adduced in support of the same. Throughout the whole volume there is abundant evidence that our author founds his opinions on his own work, while thoroughly conversant with the experience of others.

Under the head of Syphilis, two opinions are worth quoting, one that the marriage of a syphilitic male is not to be sanctioned, lest the issue during gestation poison the mother; the other that prostitution should be subject to legal regulation: "At one time I was disposed to take sides with the opponents of prostitution laws; but on a more comprehensive and careful study of the subject * * * I am forced to believe that the evil is one which comes legitimately within the province of civil law." The judgment of authors founded on further experience and study carries weight even though the reader be of the opposition.

Enough has been noticed to show the general tenor of the book. It is emphatically written by a surgeon—one who knows and can act. It bears strong marks of originality, tempered by experience and study, and while one may not always agree with the writer, it is plain that his opinions are maturely formed, and should receive due consideration. The preface informs us that illustrations, when borrowed, "are credited to their proper sources when these could be ascertained." As we notice a number of familiar cuts not credited to any source, and therefore liable to be considered original, we think a little more diligence of research in the future might avoid mistakes on the part of the reader. In general, the illustrations are very good, although a small error may occasionally creep in, as figure 1950, which shows a concave, while the text describes a convex instrument. Not the least enjoyable part of the book is an excellent index, which greatly increases the usefulness of a work worthy of its eminent author.

L. M. T.

Elements of Surgical Pathology. By Augustus J. Pepper, M. S. M. B. Lond. F.R.C. S., Eng., Fellow of University College, London, etc. Philadelphia, Henry C. Lea's Sons & Co. 1883. Pp. 494.

Surgical Applied Anatomy. By Frederick Treves, F.R.C.S., Asssistant Surgeon to and Senior Demonstrator of Anatomy at the London Hospital, etc. Philadelphia, Henry C. Lea's Sons & Co. 1883. Pp. 515.

Principles of Theoretical Chemistry with Special Reference to the Constitution of Chemical Compounds. By Ira Remsen, Professor of Chemistry in the Johns Hopkins University. Second edition, thoroughly revised and enlarged. Philadelphia, Henry C. Lea's Sons & Co. 1883. Pp. 238.

Clinical Chemistry—A Manual for Students. By Charles Henry Ralfe, M.A., M. D. Cantab. Fellow of the Royal College of Physicians, London, etc. Philadelphia, Henry C. Lea's Sons & Co. 1883. Pp. 298.

Sepulture—Its History, Methods and Sanitary Requisites. By Stephen Wickes, A.M., M.D. Philadelphia, P. Blackiston, Son & Co. 1884. Pp. 149.

Twentieth Annual Report of Providence Hospital. Washington, D. C., 1882. 8vo. Pp. 24.

Cystic Tumor of Epiglottis. By E. C. Morgan, A.B., M.D. Reprint from Va. Medical Monthly. 8vo. Pp. 4.

A Contribution to the Study of Laryngeal Syphilis, By E. C. Morgan, A.B., M.D. Reprint. 8vo. Pp. 17.

Editorial.

A Preparatory Medical School.—A new departure for England in medical teaching consists in the establishment in connection with the West London Hospital, an institution situated in the suburbs of London, and containing 101 beds, of a preparatory school of medicine. The objects aimed at in its foundation are stated to be: 1. To give, in a more complete and systematic manner than has heretofore ever been attempted, all the advantages of a year's pupilage at a first-class provincial infirmary or county hospital. 2. To give thorough and practical instruction in natural science, such to be carried out to the standard of the preliminary scientific (M. B.) examination of the London University. 3. To give intending medical students an early insight into medical work, so that every student may, without needless loss of time or money, be able to judge whether or not he has chosen the profession most suited to his own abilities. The courses on osteology, materia medica and the sciences, will be full and comprehensive, whilst on more advanced subjects, as medicine and surgery, they will be purely

elementary. The subjects taught in the science department will embrace mechanical philosophy, physics, chemistry, botany, zoology and drawing. The scheme deserves hearty commendation and extensive imitation. As a substitute for the preliminary training medical students have habitually received heretofore through preceptors, it must be regarded as a decided step in advance. We should be prepared to welcome every measure which secures for those about to enter upon the important and difficult study of medicine better fitness for the work. If some of our medical colleges on this side the water could be converted into preparatory schools for the preliminary training of medical students, in place of attempting to give them the qualifications necessary for active professional work, there is no doubt that the country, and more especially the profession, would be vastly better off.

THE ANTIQUITY OF TREPHINING.—A writer in the *Lancet* refers to the antiquity of the operation of trephining,or trepanning as it was formerly called. Evidence has been adduced to show that the human skull was trephined at least several thousand years ago. Professor Broca, who has given much study to the subject, has shown that the practice was connected with the superstitious views of the people of that age, and had for its object to provide a *viaticum*, or way of escape for the demon which had taken possession of the epileptic or insane subject. The operation was performed with sharpened flints, the only tools accessible at that day. It began with a V or T-shaped incision through the scalp; the flaps being then turned aside the bone was scraped until an opening was made which exposed the brain and its membranes. It is remarkable to learn that success almost always followed this rude procedure. Of twenty skulls, all trephined during life, in the possession of Dr. Prunieres, nineteen show indubitable evidence of having recovered from the operation, as evinced by the edge of the bone "having become smooth in consequence of the cells of the diploe having become covered by the newly-formed bony tissue. It is added that the bone thus removed was regarded as of priceless value on account of its supposed talismanic power, and that it was buried with the original possessor on his death in order to preserve him in the future world from the evil spirits which had tormented him in this. The practical conclusion that may be elicited from the above is that the operation, as has been stated elsewhere, is not in itself a dangerous one, and if suitable conditions demanding its performance be present may be undertaken without hesitation.

THE NEED OF MORE AMPLE ACCOMMODATIONS FOR THE LIBRARY OF THE MEDICAL AND CHIRURGICAL FACULTY.—There can be no more gratifying evidence of the prosperity of the Medical and Chirurgical Faculty of Maryland than the constantly increasing value and importance of its library. Ever since the reorganization of this department the Faculty has steadily advanced towards the realization of the hopes of those who have its interests most deeply at heart. The Library has become the citadel of the Faculty, and were all the other strongholds overthrown, it alone would suffice to preserve the life and vigor of the organization. It is not a luxury, but a necessity. It is, therefore, with feelings of great satisfaction that we learn that the present quarters are no longer ample enough to properly accommodate the ever-increasing hoard of books, and that a petition, signed by all the members of the Library Committee and by a large number of the members, is to be presented to the Executive Committee, asking for more commodious apartments. There is not sufficient shelf-room for the books and journals, and it has been found necessary to pack in boxes many books that could not be otherwise cared for and to crowd into every crook and cranny piles of bound and unbound volumes. Clearly, it has become impossible to conduct the affairs of the Library in the present quarters.

If we may make a suggestion, we would propose that in the future more than one hall be secured. In a well ordered library and reading-room it is essential to preserve order and silence; at the same time it is desirable that members should have opportunities of the interchange of opinions, that committees should have rooms for consultation, and for bodies such as is the Faculty, halls should be provided for meetings. We think, therefore, that there is needed a hall for the Library proper, which may also serve as a meeting room, a reading room and a conversation or social room, at least three apartments. We are informed that a number of suitable suites of rooms, centrally located, are offered at reasonable rates. At this time, when an "Exposition building" seems to be a thing of the near future, it occurs to us that those having the construction of the building in charge, might think it worth while to provide in their plans quarters especially designed for the use of the Faculty, could they have the guarantee of a profitable lease—say, for ten years. No situation in the city could be more central or convenient than that of the proposed Exposition building. We trust that the Executive Committee of the Faculty will, in any event, secure the larger accommodations that are, unquestionably, demanded.

MAKING A PATIENT'S WILL.—A case was recently tried in the English courts (*Br. Med. Jl.*) which illustrates several points of medico-legal interest. A physician was called upon to attend a patient who kept a beer house, and whom he found suffering from chronic alcoholism. He had been only ten days in attendance when he was informed that his patient was anxious to make her will, and he was requested by her to buy for her a six-penny form of a will. He did so; and subsequently, both his patient and her nurse spoke to him several times about a will. Up to this time the physician had no idea that he was to be the object of the testatrix's bounty. Subsequently the patient gave instructions to the physician, in accordance with which he drew up the will. In it, besides other legacies, he was left one hundred pounds, *i. e.*, about one-third of the property, a pony-cart and harness. To his two sons, one of whom the testatrix had never seen, and the other but once, was bequeathed any "balance of cash" that might be found on the beer-house premises. No third party was present when the will was drawn up by the physician; it was soon after attested by two women, one of whom was a patient of the doctor. The testatrix died the same night, having been in perfect possession of her senses until within three minutes of her death. A previous will was set up in opposition to this last one.

When the case came up for trial, the President of the Court took occasion to comment in plain language upon the conduct of the physician in writing and witnessing a will drawn up in his favor. He observed that the circumstances gave rise to the most serious suspicions, and he disproved of the course taken by the medical attendant. He suggested that the proper and natural course for him to have adopted when the testatrix directed him to put in the legacy in his own favour, would have been to lay down the pen, and say:

"Since you propose that I shall take so large a benefit under your will, there ought to be some other person here." Whilst the physician's conduct was improper, the evidence of other witnesses was in his favor. The Court pronounced for the will drawn up by him but gave all the parties their costs out of the estate, which greatly reduced the legacy.

Whilst the honor of the physician was vindicated, the case serves as a practical warning to all physicians who may be placed in similar circumstances.

It is, indeed, seldom that medical men are so kindly remembered by their dying patients as in the instance related. It is unfortunate for the physician in this case that he failed to exercise that prudence which should govern every practitioner in dealing with legal questions. We do not think it advisable for a physician to draw up or witness a patient's will, under any circumstances, if it be possible to procure a lawyer or any other competent person.

Miscellany.

HEMORRHAGIC MALARIAL FEVER—THE INFLUENCE OF QUININE IN THE TREATMENT OF THE DISEASE.—Dr. E. D. McDaniel, of Camden, Ala., has recently published a condensed tabular report of 178 cases of Hemorrhagic Malarial Fever (*Med. News*, Nov. 24), which shows the influence of quinine in the treatment of this disease. This report is presented as a supplement to a report made last July, in which the author presented the following conclusions:

"1st. That the black race is less susceptible to the disease than the white man is, but is not exempt.

2nd. That the susceptibility of the sexes is about equal—the greater number of cases occurring among males being due to greater exposure.

3rd. That no particular age is protected inherently.

4th. That quinine is not only not the only effective and reliable remedy as is now widely taught, believed and practiced, but that it is, on the contrary, an uncertain, and even a dangerous agent in this disease, and often seems to determine an unfavorable result."

This fourth proposition, as the author anticipated, has been controverted. In order to establish the correctness of his previous assertions, he now presents a tabular statement made up of cases observed by himself and five physicians practicing in Alabama.

Of these 178 cases—
126, or 71 per cent., recovered.
52, or 29 per cent., died.
85, or 48 per cent., took quinine.
93, or 52 per cent., did not take quinine.

Of the 85 cases with quinine—
50, or 59 per cent., recovered.
35, or 41 per cent., died.

Of the 93 cases without quinine—
76, or 82 per cent., recovered.
16, or 18 per cent., died.

"That the death-rate in the cases with quinine is 23 per cent. heavier than those without quinine, an excess greater than the entire death-rate in the cases without quinine. Taking these rates as a basis, if the whole 178 cases had been treated with quinine, there would have been lost 21 more lives than actually were lost under the divided treatment, and 41 more than would have been lost had all been treated without quinine. And, on the

same basis, if the whole 178 cases had been treated without quinine, there would have been saved 20 lives more than were saved under the divided treatment, and 41 more than would have been saved if quinine had been used in all."

INHERITABILITY OF CONGENITAL CATARACT.—Dr. P. D. Keyser, of Philadelphia, in an interesting paper published in the Transactions of the Medical Society of Pennsylvania, for 1883, gives an account of a family in which there occurred nine cases of congenital cataract, extending through four generations, as follows :

Great-grandfather—(Cataract.)
Grandfather—(Cataract.)
Son—(Cataract) { Nine children, four with cataract.
Son—(Cataract) { One child. Cataract.
Daughter—(Cataract) { Four children, one with cataract.

He had at different times operated for cataract on five of the children. S. T.

OVARIOTOMY IN OLD AGE.—Dr. J. E. Janvrin presented to the New York Obstetrical Society (*N. Y. Med. Jl.*, Dec. 1st), a monocyst removed in June last from a woman seventy-seven years of age. Except for the influence of the rapid growth of the tumor, the patient was in good health. The operation was very simple, there being no adhesions and the tumor being removed through an incision only two inches long. She made an excellent recovery. Dr. Janvrin believed this to be the oldest patient upon whom successful ovariotomy had been performed in this country, and perhaps in the world.

CAUSES OF PUERPERAL ECLAMPSIA.—Dr. Henry Corby, physician to the Cork Maternity, discusses (*Lancet*, Nov. 17th) the various causes of puerperal convulsions and offers the following theory to account for this condition. He holds that the uterus owing to adhesions or through some other defect, cannot expand upwards, and then it presses unduly in every other direction, amongst others backwards. Pressure is thus exerted on the large vessels behind the uterus, and the blood is delayed in its passage through the kidneys. Albuminuria results just as it does in ordinary cases of dilated heart. All this time the fœtus is growing, becomes unduly large for the uterus and acts as a foreign and irritating body. Convulsions result from the irritation just as they do when there are worms in the intestine, and just as they do in a case of traumatic tetanus. Dr. Corby believes that for the production of puerperal eclampsia there are two causes operating, either separately or together, namely retained excrementitious urinary products, and the irritation of the proportionately large fœtus in the uterus. If this view be correct, he says, it explains several of the phenomena in connection with the disease.

A LEECH IN THE LARYNX.—It seems remarkable that a leech should establish itself at the base of the epiglottis and be perched upon the arytenoid cartilage without a warning note to arouse the unwilling host. We infer, however, that in the instance recently observed by M. Vieusse, such lack of knowledge on the part of the sufferer must have been the case from reading that the laryngoscope was employed to make clear what was the cause of the incessant hæmoptysis, dysphagia and dyspnœa in the case recorded. The mirror revealed the blood-sucker in the situation already indicated. It is satisfactory to know that the patient was relieved of his symptoms and of the leech by means of a pair of Cusco's forceps.—*Lancet.*

GLYCERINE IN FEVER—Dr. Semmola recommends the following mixture as a good remedy in the denutrition of fever patients: Pure glycerine thirty, citric acid two, and distilled water five hundred grammes; one or two tablespoonsful every hour. Glycerine, which is an economizing agent (*agent de pargne*), and a succedaneum of cod-liver oil, may, according to Semmola, be employed with great advantage in the treatment of fevers of prolonged duration, such as typhoid, in order to diminish febrile consumption. Its employment is especially indicated where there is reason to fear that alcohol, used so much at the present time, may cause excitement of the nervous centres capable of aggravating the disease.—*Med. Times and Gaz.*

DEATH FROM VACCINATION.—An inquest was held recently at Cornard, Sudbury, Suffolk, on the body of an infant aged 18 weeks, who died shortly after being vaccinated. The medical certificate attributed death to erysipelas. The deceased and another child were vaccinated from an infant at Cornard, and all three died. Dr. Mason, the operator, stated that the lymph was procured from a healthy child at Sudbury, and was used for other children successfully. The grandfather of the infant, from whom the lymph was taken, suffered from erysipelas, and the witness believed the child caught the infection, which was communicated to the other deceased children by vaccination. A verdict was returned: "That the deceased died from erysipelas, conveyed by vaccination from a person suffering from erysipelas. *Br. Med. Jl.*

ON THE PROPERTIES OF ANTISEPTICS AND OF THE VOLATILE PRODUCTS OF PUTREFACTION.—M. Gustave Le Bon has recently been carrying on investigations upon the action of antiseptics, the results of which have led him to the following conclusions:

1. The disinfectant power of any antiseptic is the more feeble as the putrefaction is the more advanced. If for a normal liquid there be taken an aqueous solution, containing a tenth of its weight of minced meat, this solution will exhale during the first stages of putrefaction an extremely fetid odor, which, however, can be destroyed by a comparatively small amount of antiseptic. At the end of about two months, new bodies, with a special odor will be developed, which, contrary to what might be supposed, can only be destroyed by quantities of the same antiseptic, at least twice as great as at first.

2. If the power of antiseptics be measured by taking as a means of comparison their disinfectant properties upon a given weight of the normal solution mentioned above, it will be seen that the most powerful disinfectants are potassium permanganate, "chloride of lime," sulphate of iron acidified with acetic acid, phenol, and the glyceroborates of sodium and potassium. To disinfect, for example, 10 c.c. of the normal solution will require 500 c.c. of a saturated aqueous solution of salicylic acid, 80 c.c. of a saturated solution of phenol, 80 c.c. of a ten per cent. solution of glyceroborate of sodium, and only a few drops of a one per cent. solution of potassium permanganate.

3. There is no parallelism between the disinfectant action of an antiseptic and its action upon microbes. Potassium permanganate, which is one of the most powerful disinfectants, exercises no appreciable action upon microbes. Alcohol, which, on the contrary, checks their development, exerts only a very feeble disinfectant action upon the products of putrefaction.

4. There is likewise no parallelism between the power of preventing putrefaction and that of checking it when it has begun. Phenol and alcohol, which are excellent preservative agents, have but a slight action upon putrefaction when it has begun, and if phenol is so useful in surgery, it is solely as a preventive agent.

5. With the exception of a very few substances which are powerful toxic agents, such as mercuric chloride, the greater number of antiseptics, and notably phenol, have only a very feeble action upon bacteria. If 10 c.c. of the normal solution mentioned above, be mixed with 50 or even 100 c.c. of a saturated aqueous solution of phenol, the larger bacteria are made motionless, but the smaller remain in full activity, and may be perfectly reproduced by cultures. M. Le Bon even considers phenol as one of the best liquids that can be employed to preserve living bacteria for a long time.

6. The experiments made upon cadaver alkaloids cannot serve to decide the question as to whether the volatile alkaloids, which give to putrefaction its odor, are poisonous, for such experiments have generally been made by introducing into the system putrefaction products containing bacteria, to which the effect observed may be attributable. The method of experimenting adopted by M. Le Bon has been simply to place frogs in jars, in the bottom of which there is a very thin layer of the normal liquid already mentioned. Under these conditions it was noticed that at the beginning of putrefaction the liquid, although rich in sulphuretted hydrogen, possessing an extremely fetid odor, swarming with bacteria, and, as is known, very virulent if injected under the skin, had no appreciable effect upon the animals placed in the jar. On the other hand, the same liquid, two months old, and, as is also known, no longer having virulent properties, kills in a few minutes the animals which breathe its exhalations. There is, then, no parallelism between the virulent power of a body in putrefaction and the toxic power of the volatile compounds which it gives off. These two properties even seem to be in inverse ratio to each other.

7. The extremely minute quantity of the products of advanced putrefaction necessary to kill an animal by simple mixture with the air which it breathes, shows that these volatile alkaloids are extremely poisonous, and experiments involuntarily made upon himself by M Le Bon during the course of his investigations, indicate that they are equally poisonous to man. M. Le Bon states that he knows of very few bodies such as nicotine, prussic acid, and the new alkaloid extracted by him from tobacco, which are equally poisonous.

8. The preceding experiments explain

the accidents which have accompanied the exhumation of bodies interred for a long time, and prove that the atmosphere of cemeteries may, contrary to what has been stated, judging by its freedom from microbes, be very dangerous.—(*Comptes Rendus*, 95, 259.) R. D. C.

HISTORICAL NOTE ON CONVALLARIA MAJALIS.—Dr. Edward Drummond, of Rome, referring to the recent addition of convallaria majalis to the materia medica, writes to the *Br. Med. Jl.* that he has lately met with an account of the use of this drug, in cordiac disease, as far back as the commencement of the 17th century. It occurs in an old Italian book, published in Venice in 1621. The writer says: "The Germans use lily of the valley to strengthen the heart, the brain, and spiritual parts, and also give it in palpitation, vertigo, epilepsy and apoplexy; also as a remedy for the bites and stings of poisonous animals; to quicken parturition, and for inflammation of the eyes."

NAVAL HOSPITALS.—Surg. Genl. Wales of the Navy, recommends the sale of the hospitals at Chelsea, Brooklyn and Philadelphia, and the establishment of station hospitals at convenient points for acute cases only, chronic cases to be treated at a convenient central point, as Norfolk, to which he would also remove the distributing and manufacturing laboratory from New York.

Medical Items.

The friends and admirers of Mr. Jonathan Hutchinson, F.R.S., of the London Hospital, have subscribed a fund for the foundation of a Hutchinson prize essay for Clinical Surgery, to be awarded every three years to members of the hospital of not more than ten years standing from entrance.=A Royal Society Medal has been presented to Professor J. S. Burdon-Sanderson, M.D., F.R.S., for his eminent services to physiology and pathology, especially his investigations on the relations of the micro-organisms to disease, and of the electric phenomena of plants.=Prof. Redfern has withdrawn his resignation of the Chair of Anatomy at Belfast College.=On October 28th, the Twenty-fifth Annual Hospital Sunday Collection was made in Manchester. The amount obtained was over $22,000.=A large sum has been subscribed for the erection of a statue of the illustrious French physician, Bouillaud.=Dr. Fordyce Parker, President, in alluding to the death of Dr. Sims spoke of his numerous and striking points of resemblance to Dr. James Y. Simpson; the former, he said, added more to scientific literature; the latter, to the practice of his art. The President appointed Dr. T. Addis Emmet to read a memoir of Dr. Sims.=The *Sanitarian* will resume the monthly issue in octavo form January 1, 1884. It has been published weekly during the past year.=One-half milligram doses of sulphate of atropine in pill form are highly recommended in acute coryza, characterized by profuse secretion.=The subnitrate of bismuth is recommended for offensive sweating of the feet.=Dr. B. Robinson presented to the New York Pathological Society a heart removed from a man about six feet four or five inches tall, which weighed about fifty-five ounces.=In Meath Hospital, Dublin, Sir George Porter recently removed a cancer from the breast of a girl, aged 13 years. The case is interesting in consequence of the youth of the patient.=Dr. Dudley S. Reynolds, after founding and successfully editing the Louisville *Medical Herald* for five years, has sold this journal "for a good sum in cash," and severed his connection with it. The *Herald* will be edited by Drs. W. H. Galt and Edward Miller.

CHANGES IN THE MEDICAL CORPS OF THE NAVY during fortnight ending Dec. 1, 1883:

Medical Inspector D. Kindleberger—To be relieved from duty on the Retiring Board on the 9th of December.

Medical Inspector Stephen D. Kennedy—Dismissed the service by sentence of a general Court Martial.

CHANGES IN THE STATIONS AND DUTIES OF THE OFFICERS SERVING IN THE MEDICAL DEPARTMENT U. S. ARMY, from Nov. 26th to Dec. 3d, 1883:

Wolverton, William D., Major and Surgeon—Assigned to duty as Post Surgeon at Washington Barracks, D C., Nov. 27, 1883.

Brown, Paul R., Captain and Assistant Surgeon—Assigned to duty in the Department of Arizona, Nov. 28, 1883.

Carter, W. F., Captain and Assistant Surgeon—Relieved from duty at Washington Barracks, D. C., to take effect at the expiration of his present leave of absence, and assigned to duty at Little Rock Barracks, Arkansas, Nov. 30, 1883.

Merrill, James C., Captain and Assistant Surgeon—Relieved from duty in the Department of the East, and assigned to duty at Columbus Barracks, Ohio, Nov. 24, 1883.

Shufeldt, R. W., Captain and Assistant Surgeon—Now on sick leave, relieved from duty at Jackson Barracks, New Orleans, La., Nov. 30, 1883.

Appel, H. H., First Lieutenant and Assistant Surgeon—Relieved from duty at Fort Warren, Massachusetts, and assigned to duty at Madison Barracks, N. Y., Nov. 21, 1883.

Brewster, William B., First Lieutenant and Assistant Surgeon—Extension of leave of absence granted September 15, 1883, further extended two months, Nov. 26, 1883.

Maddox, Thomas J. C., First Lieutenant and Assistant Surgeon—Granted leave of absence for two months, Nov. 24, 1883.

Richard, Charles, First Lieutenant and Assistant Surgeon—Assigned to duty at Jackson Barracks, New Orleans, La., Nov. 30, 1883.)

Original Papers.

REPORT OF CASE OF HODGKIN'S DISEASE.

BY J. S. BEALE, WASHINGTON, D. C.

(Read before Medical Society of District of Columbia.)

Clarence Albert Ballenger, aged 7 years and 3 months, red hair, fair complexion, a vigorous, healthy-looking boy. His family history is good. Never knew a day's sickness until August 26, 1880, when he fell while swinging on a rail fence, fracturing his left clavicle about junction of middle and inner third. He was not seen for three days, when a physician was called, who recognizing the fracture, adjusted the bones, which united readily. About three weeks after, the mother discovered a small lump near the lower jaw on the left side, which was red and tender. About a week after, the redness and tenderness disappeared, but the lump gradually increased, until at the expiration of six months it was the size of a hickory nut; it was movable and not inflamed. About fifteen months after fracture, his parents first noticed the appearance of several small lumps around the original one, which was rather in front of sterno-mastoid muscle. During the next six months these glands appeared to increase in size rapidly, disfiguring the boy, and causing him to be greatly disturbed during his sleep, talking and screaming, and sometimes walking about the room half conscious apparently. He would frequently come in from play at any time of the day, and complain of feeling sleepy; he would throw himself on the bed, sofa, floor, or anywhere, and almost immediately go to sleep, sleeping three or four hours and waking fretful and crying. During the last month the boy would frequently come in from play, sit down in the house, and suddenly grow very pale, have nausea, and large drops of perspiration would roll off his head. He never complained of his neck hurting, nor would he admit any tenderness. Three weeks before the operation he commenced to have croupy attacks in his sleep, and on three occasions his mother feared he would choke to death. I first saw the boy August 10, 1883, and found an immense mass of enlarged glands, varying in size from hen's egg to size of pea, very movable and apparently easily separated from each other, soft to touch, extending in front and behind sterno-mastoid, resting on clavicle and reaching round under chin and pressing upon trachea to such an extent that upon using laryngoscopic mirror could see a velvety appearance of mucous membrane on left side, caused by pressure, no doubt, and which in part accounted for the fits of coughing he had. One of the glands under chin appeared so soft and fluctuating I thought it contained pus, and passed a sharp-pointed bistoury into its centre without, however, any result other than slight hemorrhage. The symptoms being urgent, I advised the immediate removal of the mass, and on August 13, 1883, operated in the presence of, and ably assisted by, Drs. Lincoln, McKim and Ober. The incision, about six inches, extended obliquely across the sterno-mastoid muscle, and after the extirpation of the superficial chain of glands, was obliged to sever that muscle in order to get at the mass of tumors which seemed innumerable beneath, and extending behind and below the clavicle, around to back of the neck, up to angle of lower jaw, and along that bone to chin under the tongue. Feeling obliged to proceed cautiously so near the carotid, considerable time was consumed, and the hemorrhage troublesome, but not large, necessitated the placing of ligature upon the facial and occipital arteries. Meanwhile, the boy ceased breathing, and through the timely interference of Dr. Ober, who resorted at once to artificial respiration, and by the injection of brandy hypodermically, and other treatment of three-quarters of an hour's duration, the boy breathed again, much to my relief. The operation was a most tedious and complicated one, owing to the deep location of many of the tumors, and being held in such tight embrace by the deep cervical fascia, and requiring so much care to avoid injuring the important structures met with in the superior carotid triangle, that two and a half hours elapsed before the patient was put to bed.

Saw patient three hours after operation, and found him suffering from some shock, with feeble pulse and imperfect sighing respiration; warmth and circulation were restored by proper measures.

Saw patient ten hours after operation. Temperature 99.2°; pulse 110; patient restless and complaining of much pain. Mc-

Munn's Elixir ordered and wet cloths to wound, which was dry and hot.

Twenty-four hours after operation. Temperature 102,°pulse 130;ordered carbolized dressings, and quinine in five-grain doses every four hours.

Aug. 15, 1883, 8 A. M. Temperature 102.8,° pulse 120. Ordered quinine, five grains every two hours till 3 ss is taken.

Aug. 16, 8 A. M. Temperature 100° Pulse 112. Wound looks well. Normal amount of discharge. Patient taking beef tea and milk in sufficient quantities.

Aug. 17, 5 P. M. Temperature 99.8° Pulse 110. Patient restless. Wound looks swollen. Removed tent, which closed counter opening (which was made at time of operation for drainage), and a great quantity of healthy pus flowed and patient seemed much relieved.

Aug. 18, 12 M. Temperature 99.6°, pulse 108. Patient allows some motion to be made of the head by turning back and forth on the pillow without much pain.

Aug. 19. Temperature 99.6,° pulse 100 Removed the ligatures. Wound looks healthy. Union nearly complete. Small discharge through counter-opening. From this time he rapidly progressed towards convalescence, with comparatively slight drawback, except an abscess on the fleshy part of the left fore-arm, caused by the hypodermic injection of brandy, which sloughing out exposed a foul, deep ulcer, interfering to some extent with the movement of the left arm.

Lymphadenoma,with coincident enlargement of the spleen, seems to have been recognized as far back as 1669 by Malpighi and also in 1752 by Morgagni, although the nature of the glandular change was first carefully described by Craigie in 1828, and the general clinical history of the affection was pointed out by Hodgkin in 1832, also by Willis in 1856. Important subsequent observations were made by Virchow in 1864; Wilkes,1865; Trousseau,1865; Wunderlich, 1866, and Murchison in 1870.

W. R. Gowers, in an article recently published, writing of the nature of the enlargement of the lymphatic glands in Hodgkin's disease, says they seem to consist at first of mere hyperplasia, and subsequently of fibroid induration A few glands only may suffer, or every gland in the body may be enlarged. The former cases have the character of a local growth; the latter is distinctly a general disease; for which the term lymphadenosis seems the most exact. In writing of the ætiology of the disease he says: In two-thirds of the cases of lymphadenoma no cause can be traced, and the ascertainable antecedents of the disease in most of the remaining cases evidently constitute only a small part of the influences to which it is due. Hereditary transmission has not been distinctly proved. It is three times as frequent in males as in females. It occurs, but not especially frequently, in children under ten years. Many writers say it is doubtful whether the disease has any relation to constitutional syphilis. Most frequent cause is local irritation.

Morris Longstreth M. D., in his revision of Sir James Paget's article onTumors in the last edition of Holmes' Surgery, says: The lymphomata have their origin from lymphoid or adenoid tissue, similar to that of the lymphatic glands. These growths most commonly occur in situations in which lymphatic glands are present normally; lymphomatous growths occurring in other places were formerly regarded as of heterologous origin, until investigation showed that lymphatic or adenoid tissue is far more widely distributed in the parenchyma of the various organs than was previously known. Such growths, in fact nearly every lymphomatous growth, must now be looked upon as of homologous origin. Two varieties of lymphomata may be described:

1st. Those consisting of hyperplastic or hypertrophied glands.

2d. Independent growths which, arising from glands or other lymphatic tissues, proceed more or less continuously to a great development, which frequently have as a cause or accompaniment a dyscrasic condition of the blood; and which, either from themselves or from the dyscrasia, terminate fatally. All grades of these growths are found within the limits of these two varieties, in respect to their cause, course, size and malignancy.

Tubercle, scrofula and syphilis are especially frequent causes of such glandular enlargements. There is a form, which, attacking a collective group of glands, for example the cervical, develops into a lobulated tumor of firm consistency of slow growth, so slow as to appear nearly stationary. Each lobule of the mass corresponds to one of the original normal glands,

which become intimately matted together, and also with the nerves and vessels of the part, so that the complete removal of the growth is a matter of difficulty, if not impossible. This form of tumor, if not interfered with, exhibits at least for a long period a very low degree of malignancy. It is often a difficult matter to distinguish it from scrofulous disease, and it is sometimes impossible. Unless subsequent to an operation, the growth returns with rapidity, accompanied by malignant phenomena.

Green, in his Introduction to Pathology and Morbid Anatomy, page 124, says of the development of lymphomata, that they originate for the most part from lymphatic tissue, being simply overgrowths of pre-existing lymphatic structures, mainly of the lymphatic glands. They are, therefore, usually homologous; they may, however, be heterologous, either owing to the new tissue extending considerably beyond the confines of the old, or to its growth in situations where it is normally almost entirely wanting. This latter condition obtains in Hodgkin's disease, and in certain forms of lymphoma, which are malignant. In considering the development of these growths, it must be borne in mind that enlargements of lymphatic structures are most frequently of an inflammatory nature, being due to some injury; and histologically, as already indicated, there is but little difference between these inflammatory growths and lymphomatous tumors. The inflammatory growths, however, tend to subside, the tumors continuously to increase. Further, the development of the tumors may, like that of the inflammatory growths, be determined by some injury, the injury producing, perhaps, some inflammation and enlargement of the gland, but this, instead of subsiding, continues more or less rapidly to increase. He says, further, of the secondary changes, the lymphomata do not undergo marked retrograde changes. There is no fatty degeneration, caseation, or softening, such as occurs in scrofulous glands. Of the clinical characters of lymphomata, Green says they sometimes exhibit malignant properties. This is especially the case in those richly cellular, soft, rapidly growing forms which are sometimes met with. Such growths may rapidly infiltrate the surrounding structures, involve the neighboring lymphatic glands, and even infect distant parts. They correspond with Virchow's lympho-sarcoma.

Green says of the Hodgkin's disease, there is a diminution in the number of red corpuscles in the blood, and that the new growths are precisely similar, histologically, to lymphoma. This new growth of lymphatic tissue extends beyond the confines of lymphatic glands. In the spleen, new growth originates in the Malpighian bodies, and so gives rise to disseminated nodules. In addition to these, wedge-shaped infarctions, surrounded by a zone of hyperæmia are sometimes met with, similar to those which are often seen in leukæmia.

With regard to the pathology of the disease, it is undoubtedly obscure. The development of the new growth cannot, in most cases, be regarded as the result of infection from a primary centre, as the process is, for the most part, confined to the lymphatic structures, and many and widely distant groups are often simultaneously involved. The disease appears to occupy a different pathological position to that of the malignant tumors. It is possible that there is some special weakness of the lymphatic structures generally which renders them prone to undergo these active developmental changes, the process being determined by some constitutional state or by some local injury to the glands. The progressive anæmia, which accompanies but does not precede the gland affection, is due to the progressive implication of the lymphatic structures and to the consequent interference with the formation of the blood corpuscles.

REPORT OF MICROSCOPICAL EXAMINATION OF THE GLAND IN HODGKIN'S DISEASE, FROM DR. BEALE, SEPTEMBER 29, 1883.

The gland, of which preparations were made, was about three-quarters of an inch long by five-eighths of an inch in its shorter diameter; in which direction the sections were cut. It was surrounded by an investment of fibrous tissue, very slightly if at all altered from the normal appearance, and about one-half the area of the section showed the normal structure of a lymphatic gland, while the remaining area was occupied by detached foci of cell-aggregation, and the stroma also was altered. While traces of the gland-structure were

still apparent in these spots, the shape and arrangement of the cells indicate a new growth closely allied to cancer, and one liable to recurrence.

EDWARD M. SCHAEFFER, M.D.

QUARANTINE.

BY WALTER WYMAN, M. D,

Surgeon U. S. Marine Hospital Service.

(*Synopsis of a Paper read before the Maryland Sanitary Convention, November* 28.)

The object of this paper, as stated by the writer, was to give a review of the Quarantine situation during the season just ended; to explain the facilities possessed by the Treasury Department for managing National Quarantine, and the relation at present existing between the General Government and local authorities in regard to Quarantine matters.

Cholera was epidemic in China, Syria and Egypt, and threatened an inroad into the United States, especially from Egypt, through the importation of rags, 6,000 tons of which are annually imported for use as paper stock. But a more serious danger was from yellow fever, which prevailed in the cities of the Spanish main and infected the shipping to a greater degree than usual—particularly at Vera Cruz and Havana. The epidemic was especially severe in certain cities of Mexico, and from these various nidi of infection, vessels with the disease on board appeared at all the principal ports of the United States from New York to San Francisco, but were prevented from infecting the various cities by rigid quarantine. In fact, it is asserted that at no period in the history of the United States had so many ports been threatened with the inroad of yellow fever, and it is claimed that at no time had the management of infected vessels been more successful.

The danger has been greater than the immunity we enjoyed permits us to realize.

At one point only in the United States did yellow fever gain a footing, viz.: at the Pensacola Naval Reservation. Its origin here is still a matter of doubt. In the Navy Yard proper there were 15 cases and six deaths, while in the villages of the Naval Reservation there were 152 cases and 27 deaths—the total of cases being 167 and total deaths 33 in a population of 1,338. A fitting tribute was paid to the memory of U. S. Naval Surgeon Owen, who, together with his wife, was a victim of the disease.

To meet these dangers, Congress had appropriated $100,000, and its expenditure under the Treasury Department had been entrusted to the Marine Hospital Service, which had maintained maritime quarantines at Ship Island (Gulf Quarantine Station), Pensacola, Sapelo Sound and Cape Charles, and had also, in conjunction with the Pensacola Board of Health, maintained a sanitary cordon of 45 guards around the Pensacola Naval Reservation, which succeeded in preventing the disease getting through its lines.

Then followed a description of the Cape Charles Quarantine, established after a consultation between Dr. Hamilton, Surgeon General, the Marine Hospital Service and the health authorities of Baltimore, Washington, Richmond, Petersburg, Ocean View, Hampton, Portsmouth, Newport-News and Norfolk, and a statement of the advantages possessed by the present station at Fisherman's Island, adjoing Cape Charles, which the Government has leased, and for which an appropriation is asked of $50,000.

The paper then enumerated the various organized resources which the Treasury Department, as one responsible head, has at its command for national quarantine work:

First. The Collectors of Customs, who may be relied on for immediate information, and who have by law the power of detention and search of vessels.

Second. The Revenue Cutter Service, at all times, under the immediate command of the Secretary of the Treasury, possessing some forty odd vessels, mostly steamers, plying along the coast from Maine to Alaska. To illustrate the value of this service it was mentioned that when, in 1882, the epidemic at Brownsville, Texas, caused that city to be closed to access by ordinary lines of travel, the Revenue Cutter McLean, at Galveston, carried without delay medical supplies, nurses and surgeon to the infected city.

Third. The Marine Hospital Service, to whose surgeon-general is confided the conception and execution of national quarantine measures. Its physi-

cians, 160 in all, are in all the important ports of the United States and immediately available for quarantine duty.

Fourth. The Coast Survey, which furnishes accurate charts to enable vessels to approach, without danger, any of the quarantine stations.

Fifth. The Light-house Establishment, with its vessels and facilities for buoying channels and furnishing signal lights.

All the above-named establishments are bureaus of the Treasury Department, and instances were given illustrating the assistance actually rendered during the past season by each bureau.

The latter part of the paper was devoted to the consideration of the relation between State or local authorities and the Central Government, in matters of quarantine, and gave a historical sketch of national legislation on this subject, and tracing the growth of national interference.

In the colonial days or early days of the Union, national assistance was not thought of. The first effort to obtain it was made by the merchants of Baltimore in 1790, and in 1796, after a resolution by Hon. Samuel Smith, of Maryland, a quarantine law was enacted, and another one afterward in 1799.

For 74 years no further Congressional enactment was made, but the subject was discussed in the Sanitary Conventions held at Philadelphia, Baltimore, New York and Boston in 1857-8-9 and '60, and after the war in the meetings of the American Public Health Association.

The history of the growth of public sentiment is then further traced until the passage of the act of 1878 by Congress, giving to the surgeon-general of the Marine Hospital Service the power of its enforcement. The following year the National Board of Health was established, and the power given to the surgeon-general was repealed.

But the powers of the National Board of Health expired by limitation June 3d, 1883, Congress having failed to renew them.

For the last two years national quarantines have been maintained by authority of the acts of appropriation and have been managed by the Marine Hospital Service.

At the present time the Government acts only as a powerful ally, and in the absence of local quarantine, assumes the jurisdiction and accepts the responsibility, leaving municipal sanitation to the States and cities themselves.

THE LIERNUR SYSTEM OF SEWERAGE. A REFUTATION OF THE CRITICISMS OF COLONEL WARING AND DR. BILLINGS.

BY C. W. CHANCELLOR, M. D.,
Secretary of State Board of Health of Maryland.

During a recent visit to Europe, I made it my chief study to examine into the merits of various systems of sewerage which seemed to be adapted to the needs and habits of the American people; and on my return home I prepared and read before the Medical and Chirurgical Faculty of Maryland a paper describing in detail "The Liernur Pneumatic System of Sewerage," solely with the object of inviting attention to its importance, both in an economic and sanitary point of view. For venturing to speak approvingly of this system, I have been assailed by Col. George E. Waring and the partisans of his system, in terms of severe criticism, the accuracy of my statements being flatly denied.

The zeal manifested by Colonel Waring in attempting to discredit the Liernur system of sewerage is scarcely to be wondered at. He has a system of his own to maintain, and under the law of "self-preservation" would naturally regard with a jealous eye all other competing systems. But it must be a matter of surprise to all fair-minded men that Dr. John S. Billings, a gentleman of scientific attainments and a sanitarian of acknowledged ability, should have assumed the *role* of a partisan in publicly discussing the various sewerage systems.

In a lecture delivered in this city on the evening of the 21st of November, under the favor and auspices of a great scientific and literary institution, Dr. Billings, of the U. S. Army, in speaking of "municipal hygiene," elaborately described and earnestly advocated what is known as the "Waring small pipe system of sewerage," apparently with the view of influencing the adoption of that particular system by this city, as it is alleged that "after the lecture was concluded, *Dr. Billings expressed to Mayor Latrobe the hope that he would push the project.*" (Report Baltimore *American*, Nov. 22, '83). It is possibly natural that this distinguished army officer should be wedded to the Waring system, as he stands committed to it by

virtue of having, as a member of the National Board of Health, advocated its application to the city of Memphis, but it is quite inexplicable why he should have gone out of his way to single out another system of sewerage but little known and nowhere applied in this country, for severe criticism and animadversion.

He is reported (Baltimore *American*, Nov. 22) to have said of the Liernur system: "It is very costly, both for construction and maintenance, and is condemned by the leading engineers of England, France, Germany and America. It removes but a very small part of the polluted house water, and the closets themselves are very liable to be offensive, and would not be tolerated in the better classes of houses in this country." Continuing, he said: "I have myself examined the closets in Amsterdam, and should strongly advise against the use of the system in any city of this country, both on sanitary and economic grounds."

If Dr. Billings has been correctly reported, he is certainly deplorably ignorant as to the real merits of the Liernur system of sewerage. I do not know when he made the examination upon which he bases his conclusions and recommendations, but it must have been many years ago, when Captain Liernur's first works were designed only for *testing* the possibility of removing without water, and by a single "main," fæcal matter in a far more concentrated state than common sewage. Certain it is, nothing could be further from the truth than the statements of Dr. Billings, *if applied to the present pneumatic system of Liernur.*

Under the guidance of M. de Bruyn Kops, chief engineer officer of Amsterdam, I personally examined this system in August last, and I assert that which is susceptible of proof, when I say that the system is not only economical in point of construction and maintenance, as compared with other systems, but is, moreover, cleanly and applicable to all the conditions of American life. This statement, so diametrically opposed to the assertions of Dr. Billings, I can, fortunately, substantiate by documents in my possession.

1st. I find that at Berlin there has been, as late as December, 1880, a thorough investigation of the system by a sewerage commission of scientific men, and the report of this commission, signed by the chairman, Dr. A. Scnultz, says: "Liernur's water sewers are free from dangerous gases, cannot pollute the soil with fæcal matter, as they do not receive such; they do not require attendance, and *are far cheaper of construction than the water carriage plan*, not only on account of being much smaller in size, but also on account of not needing the expensive structures for entering, ventilating and cleansing. How much is saved appears from the fact that the average cost of the water-carriage sewers here has been £3=$15 per metre, while those of Liernur cost only £1. 5s=$6.25 per metre."

Of the "fæcal sewers," the report says: "The fæcal matter being collected in the reservoirs is by means of a pneumatic main dispatched without delay to the central station in order to be converted into poudrette; the gases pumped out of the pipes are burned in the furnaces of the engine, and are thereby rendered inoffensive. Water-closets, like those used in the water-carriage plan, may be applied, and the dilution due to this not only does not prevent the substance being converted into a dry powder, but *this is done so cheaply that its market value is sufficient to cover the cost of working the system, and to pay interest on the capital cost of construction.*" In further discussing the cost of the system, the report says: "In a quarter of Amsterdam, of about 94 acres, the net work of fæcal sewers, with engine-house or air-pump station, and everything belonging to it complete, has cost for construction £2,991=$14,955. The total cost of working expenses in this quarter for fuel, oil, wages and repairs, amounts to £178=$890. This sum divided among the population, viz., 13,860, of the quarter sewered, makes about 3d, =6 cents per head per annum."

"Taking it altogether," continues the report, "the great advantage of Captain Liernur's plan consists in this, that towns can get rid of their refuse with less building capital and without the trouble and expense of irrigation fields (or without the pollution of streams), whilst the material produced can be stored by farmers until the time arrives for using it profitably in the customary process of agriculture."

So much for the opinion of the Berlin Sewerage Commission and their general observations on the Liernur system of sewerage, which in itself is sufficient to refute Dr. Billings' sweeping denunciation of the system; but I propose to lay before your

readers and the public some extracts from a recent official report of the mayor and aldermen of Amsterdam in reply to a series of questions addressed to them by the city authorities of Berlin, which will still further contradict Dr. Billings' statements. It is unnecessary to give the questions, because the answers will fairly indicate their nature.

1. "Whenever automatic barometric traps are used, instead of valves for locking the branch pipes from the street pipes, the pneumatic removal takes place simultaneously in all the branch pipes of the same street pipe, whatever their number or the length of the street pipe may be. *The good working of the automatic barometric arrangement is fully acknowledged.*"

2. "Experience shows that no stoppages due to the fæcal matter itself ever occur, either in the pipes or in the privies."

3. "Stoppages in the pipes occur but seldom, and the cost of removing them is insignificant, much less, according to our experience, than with brick sewers or earthenware sewer pipes."

4. "Experience shows that it makes no difference in the pneumatic removal whether the pipes receive the fæcal matter in its natural state or greatly diluted."

5. "The pipes keep themselves free from all excremental incrustations or sedimentary deposit. Cleaning with brushes or otherwise has never been required."

6. "In the houses and streets where the works have been executed in conformity with Captain Liernur's plans, there have been, with few exceptions, no complaints. *Nuisance from bad smells and obstructions was only experienced during the experimental state of the system, owing to the provisional nature of the apparatus or to positive abuse, and had nothing whatever to do with the system.*"

7. "The high working expenses *at first* experienced were not attributable to the system but to the circumstance that the system was applied to various small parts of the city, lying far apart from each other, and without comprehensive plan. It stands to reason that these expenses will be greatly reduced after the completion of the works now resolved upon, when the various districts will be joined by a common pneumatic main, and thus the vacuum power be concentrated in one engine house."*

This report is dated September 11, 1880, and is signed by Van Tinehoven, mayor, and De Neufille, secretary. A copy of the original can be obtained from the publishers Wiegandt, Hempel and Parey.

In regard to the closets which Dr. Billings says he found so offensive, Mr. W. A. Power, in an official report to the vice-president of the local government board of Ireland, writes: "I visited several of the pneumatic closets; in some cases they were *slightly* offensive, in others, especially the better classes of houses, they were *free from smell and extremely clean.*"

Dr. Billings asserts that the system is condemned by the leading engineers of England, France, Germany and America. The system is very little known in this country, and was probably never discussed in professional circles until this time, so that it is quite impossible to say that "the leading engineers of America" condemn it. There is abundant evidence however that some of the most distinguished and "leading" engineers of Europe have given it their hearty approval.

Dr. Eulenberg, chief privy counsellor on sanitary affairs to the Prussian government, writes: "The pollution of streams through the English water-carriage system and other faulty systems of sewerage had long been the subject of serious consideration with this government, until it at length, in conjunction with the proposal to seek relief in the application of the Liernur system, attracted the attention of one of *the most eminent engineering firms of this country.*

"This firm proceeded to make the Liernur system the subject of a most careful investigation, and submitted to me an exhaustive communication, dated 22d March, 1881, relating to a scheme to introduce the system under governmental sanction in the German towns generally. In this communication the engineering firm writes: 'An attentive study of the various writings on the Liernur system, in connection with a professional scrutiny of the inventor's drawings, and a personal inspection of the works executed by him, has convinced us that it satisfies *all claims whatever relating to the*

*The city of Amsterdam had last summer nearly completed a new central or pumping station for working the system and manufacturing the poudrette at a cost of 400,000 florins, which indicates at least that this city has entire confidence in the system.

question of sewerage; that it is applicable to cities of every variety of local peculiarity in regard to formation of ground, extension of area and number of inhabitants, and *that it is in a high degree distinguished for ease of technical execution.* It allows equally well the use of water closets and of privies without movable parts, and *permits in both cases all water needed for cleanliness.* It prevents positively every pollution of the town air with sewer gases and the soil with sewage. Finally it is cheaper to build than the water-carriage system, and converts the fæcal matter by a *cheap* and *scentless* process into a dry manure powder of the quality of the best fertilizers in the market, enabling cities (without polluting rivers) to rid themselves of their refuse under conditions at once favorable to their own finances and the agricultural interests of the country.'"

I have probably already produced enough testimony to convince any unprejudiced mind that the criticisms of Colonel Waring and Dr. Billings are thoroughly unjust and without foundation in truth, but I cannot forego giving a few quotations from a letter of Dr. Alexander Müller, the distinguished professor of agricultural chemistry at Berlin, to James W. Southern, member of the sanitary board and city council of Manchester, England, under date of the 15th September, 1882.

Dr. Müller says: "In regard to the cost of constructing the system (Liernur's) I cannot for myself speak authoritatively, but I am free to state that an *engineering firm of high eminence and unquestionable experience* has, after a careful professional investigation of the whole subject in all its details, reported to the Prussian government that it cost *less* to build than the water-carriage system."

Dr. Müller concludes his long and interesting letter, which treats principally of the value of the poudrette manufactured by the Liernur method, as follows: "Summing up, I am bound to declare that for *large* cities I do not know any system of sewerage which *better* than Captain Liernur's answers all the demands of public health together with comfort and economy, both communal and national."

In placing the foregoing facts before the public, I bear fully in mind the contemptuous manner in which I have been alluded to by *The Sanitary Engineer* of the 29th November in an elaborate article under the caption "Amateur Sanitary Engineering in Baltimore," wherein COL. WARING AND HIS SYSTEM may be easily read between the lines. The statement that the paper read by me before the State Medical Society of Maryland in April last, had for "its object the recommendation of the Liernur system for the city of Baltimore" is positively false. I have never recommended its application to this or any other city. It is proverbially unwise for men to prophesy before they know, and equally unwise for a sanitary journal, seeking light and truth, to draw its inspiration from an *interested party.*

Hospital Reports.

PRESBYTERIAN EYE, EAR AND THROAT CHARITY HOSPITAL.

MONTHLY REPORT FOR NOVEMBER,

BY HERBERT HARLAN, M.D.,

Attending Surgeon.

The attendance at this Dispensary for the month has been 2,414, a daily average of 92. There were 321 new cases and 63 operations, among which were five enucleations, four cataracts, and six for crossed eyes.

There were two cases of ophthalmia neonatorum, which are suggestive as showing the results of proper and improper treatment. The first was that of a female child of eight weeks of age, brought to the hospital by the parents because there were spots on the eyes and she did not seem to see. The history was to the effect that on the third day after birth the eyelids became swollen and matter began to exude. The attention of the family physician was called to them and he ordered some drops, to be used three times a day. The discharge continued, the doctor remarking that it would "come all right." During the fourth week the swelling subsided and the discharge lessened and finally stopped, which was regarded as a verification of the doctor's prognosis.

Still a week or two later the family came to the conclusion that all was not right. On examination, it was found that both corneæ had ulcerated; in both eyes there

was anterior staphyloma; both eyes were irretrievably lost.

The second case was of a child a week old, whose eyes, the nurse said, had been running ever since the second day. When brought to the hospital there was a profuse purulent discharge and the lids were much swollen. In this case the eyes were carefully cleansed with a soft sponge and tepid water, the lids being held open by a retractor. The corneæ were found intact, and a favorable prognosis was made. Strict injunctions were given to clean the eyes every half hour and the method of doing it shown. A simple astringent solution of borax, containing gr. x—℥j was used five or six times a day at home, and a five grain solution of nitrate of silver was used for four or five days at the daily visit to the hospital. After that borax and cleanliness alone were used, and now, at the end of the second week, the eyes are practically well.

This happy result was brought about merely by proper and care attention, and the unfortunate result in the first case was due to a carelessness and neglect, that, if the facts are correctly given, were surely inexcusable.

In the treatment of ophthalmia in the new-born *cleanliness* is of the highest importance. When this is properly attended to, I believe there are few cases that any of the simple astringents alone, frequently applied, will not cure.

In the worst cases, however, those probably of gonorrhœal origin, it is necessary to use some additional remedy. Of these, I prefer, at present, iodoform and next, nitrate of silver. A very weak solution of corrosive sublimate gave good results in two cases and was not perfectly satisfactory in a third. It is a remedy, however, which I think is deserving of a more thorough trial.

Pilocarpine in Severe Hiccough.—In a case of severe and persistent hiccough a Dr. Rubdorfer (*Br. Med. Jl.*, Nov. 17), injected a solution of pilocarpine hydrochlorate (three centigrammes in a gramme of water; gr. ½—minims xv). The hiccough was cured at once and did not return. This was tried after the failure of a large number of drugs, including morphia, quinine, chloroform, ether, zinc, bismuth, belladonna, tincture of valerian, etc.

Society Reports.

PROCEEDINGS OF THE MEDICAL SOCIETY, DISTRICT OF COLUMBIA.

MEETING HELD NOVEMBER 28, 1883.

(*Specially reported for the Maryland Medical Journal.*)

The Society met with the President, Dr. A. F. A. King, in the chair; Dr. T. E. McArdle, Secretary.

Dr. L. Friederich presented a

Tumor obtained from a Subject in the Dissecting Room.

It was referred to the Committee on Microscopy.

Dr. J. S. Beale read a paper on

A Case of Hodgkin's Disease.

He also presented the specimen and the patient.

In the discussion which followed

Dr. C. E. Hagner asked what was the condition of the child which demanded surgical interference? Was dyspnœa caused by pressure on the larynx and trachea or by nerve pressure, and was this the reason of the operation?

Dr. Beale replied that the tumor pressed on the trachea and the nerves, causing croupy symptoms.

Dr. Hagner said the case was interesting, and we should congratulate Dr. Beale on getting the tumor out of such a position. He was reminded of a case seen some years ago with Dr. W. P. Johnston. The trachea was flattened out, and the pressure on the nerve so great that symptoms simulating laryngismus stridulus prevailed. With the laryngoscope he discovered the tumor bulging in the trachea below the vocal chords. He gave it as his opinion that the tumor could not be removed; but this was before Billroth had removed the larynx. He thought that as she was suffering only from pressure on the recurrent laryngeal, the patient might live a long time. She was taken to Boston, operated on and died upon the table.

Dr. Schaeffer said the only case like this he had seen was one reported to this Society by Dr. Triplett. In that case he had been struck by the freedom from cachectic appearances, though the white corpuscles were found to be largely in excess upon a microscopical examination.

Dr. King thought it was interesting to observe that a fractured clavicle seemed to be the starting point. A slight enlargement of the glands followed soon after. It was contended by some that the marrow of bones has the function of blood making, the same

as is usually ascribed to the spleen. In Burlington, Vermont, he had assisted at the removal from an old lady of sixty, of a tumor which dipped down below the clavicle, and at the bottom of the wound the pleura could be distinctly seen to flap at each act of respiration. The patient recovered.

Dr. Beale had not been able to find the co-incident enlargement of the spleen. The exciting cause, he thought, must have been the fracture.

Dr. Prentiss saw a case about 18 years ago where Dr. Lincoln was obliged to tear the tumor away from the large vessels of the neck. The patient is now walking about. Saw a child three years old with a tumor over the parotid. It spread downwards until it finally compressed the trachea and interfered with respiration. Tracheotomy was performed, as the child was in a condition akin to the last stage of membranous croup. It lived for six weeks, though death was finally caused by extension of the disease to the brain, through the orbit, he thought.

Dr. Thompson thought it very questionable if the cases just mentioned were examples of Hodgkin's Disease. Many large tumors in the cervical region have a different pathology. The case of Dr. Beale would seem to be a true one, though the patient was young Its tendency to return is in favor of the doctor's diagnosis. This disease is supposed to be a deposition of tubercle in the lymph cells. Had seen a number of cases die after an operation. It is now considered useless to operate except to relieve urgent symptoms, as Dr. Beale did. Only a few years ago he operated on a man for this disease, but it returned afterwards in the abdominal cavity, and he died. The large glands of the mesentery and the dulctess glands are sometimes the seat of disease. Indeed, the deposit sometimes occurs where there is no gland. There are a few cases reported where a single tumor existed. These, however, are of doubtful diagnosis.

The discussion closed.

The discussion on *Dr. W. W. Johnston's* CASE OF MYOMA OF THE UTERUS was begun by

Dr. J. J. Murphy, who said that though he had differed from Dr. Johnston at the last meeting, he had, in the meantime, come to the conclusion that that gentleman was correct in his diagnosis. Dr. Bigelow had stated in his paper that the diagnosis of these tumors was easy. Dr. Murphy did not think so. He recollected that not very long ago a young lady came under his observation, in whom not a single symptom of pregnancy was wanting but the fœtal heart beat. Upon consultation with a leading physician of this city, he told the mother of the girl that she was pregnant. The family were indignant. He became the subject of the grossest vituperation. The case fell into the hands of another practitioner, and after the nine months had passed, it was pronounced a case of fibro-cystic disease of the uterus.

Such a case as that presented by Dr. Johnston could be mistaken for pregnancy and vice versa. The complications are so great that it is sometimes almost impossible to differentiate. It is on this point that he wished to speak. He desired to elicit in this discussion some means of discriminating positively between the presence of a tumor and pregnancy. He had found this a great bug-bear. When the patient whose tumor had been presented by Dr. Johnston went to Columbia Hospital, the tumor was separable from the uterus, though its character was not conclusively made out. He advised removal, and the consulting board agreed with him. The friends of the patient were not willing and she left the hospital. After death the line of demarcation between the tumor and the uterus was so slight that the tumor seemed an expansion of the fundus itself. What change had taken place? Was there any agent which would have rendered this woman's life less miserable, for she had not a single comfortable day? If the tumor had been removed she might have died, but then she probably would have lived. These tentative operations seem not to meet with approval in this District, and hence patients go to other cities to be operated upon.

Another question he would like to ask was whether or not the removal of the ovaries will not prevent hemorrhage in uterine tumors? It is maintained that the removal of the ovaries stops menstruation and relieves the pain and travail experienced at that time. In fibroids, hemorrhage will persist no matter what you try. In the case recently reported by Dr. Taber Johnson no attempt was made to relieve the malposition of the uterus or the prolapse of the ovaries. It is considered justifiable to remove the ovaries to relieve various neuroses. Why, then, should it not be justifiable to remove them to prevent hemorrhage in fibroids? He had his own ideas about spaying women, but if there be any relief for a woman with a tumor we are derelict and reprehensible for not using it.

Dr. Thompson said extirpation of the woman's ovaries would probably have saved her life. The surgeon cannot determine what he will do until he opens the abdominal cavity. If he finds a fibroid with a pedicle, the case is plain and easy. The next best thing is the removal of the ovaries. It is simply necessary to know that the woman menstruates. If then, the ovaries be removed, the tumor will, in all probability, shrink in size, and the pa-

tient be practically cured. Many are allowed to die who could thus be relieved. Scarcely two per cent of patients die from the spaying operation. The exploratory incision is a comparatively simple matter, and by its aid the surgeon reduces his cases down to where it is necessary to extirpate the entire uterus. This question is not fully decided. But unless there be adhesions to the rectum and the adjoining parts; if the tumor can be brought to the abdominal wound; if an ecraseur or ligature can be applied, then Dr. Thompson would favor removal. To him this was clear, and he was glad to see all surgeons falling in line; for hundreds of women would thus be saved.

Dr. Prentiss was glad that Dr. Thompson had thus so clearly expressed his views on this subject. He had now under observation a patient who had a uterine tumor on the left side. It had been about the size of a fœtal head but was now growing smaller. About four months ago, another tumor made its appearance on the right side. The woman suffers no particular pain but is greatly troubled with menorrhagia, being free from flow for eight or ten days in a month. Would Dr. Thompson consider this a proper case for operation?

Dr. Thompson thought the age of the patient would have some determining influence. If she was near the menopause he would wait, otherwise he would operate.

Dr. King said it would be interesting to know whether the presence of these tumors would not defer the menopause.

Dr. Murphy said his observations led him to believe they would.

Dr. Prentiss was using ergot internally. Hildebrand had reported favorable results from the hypodermic use of ergot. He, himself, had by the use of ergot kept a tumor in abeyance for five years, always controlling the hemorrhage. He thought it fair to give a trial to ergot before opening the abdominal cavity.

Dr. King suggested whether a pasty or sticky condition of the vagina, recognized by digital examination, were characteristic as an early sign of pregnancy, and requested observations on this point.

Dr. Thompson asked Dr. Murphy his opinion of the case in Rockville.

Dr. Murphy said his diagnosis had been malignant disease, but the length of time which had since elapsed would seem to contradict that. He was not now prepared to say it was malignant, though she had been tapped several times and a chocolate-colored fluid drawn off. After each tapping hard masses could be plainly distinguishable. He had not tapped the tumor.

A lady recently came to the hospital from Virginia, with a letter from her physician saying she had an ovarian tumor. Dr. Murphy drew off sixteen or seventeen pints of ascitic fluid. Several months afterward she died from malignant disease. In his opinion, when ascites accompanies the growth the patient is not a fit subject for operation.

The Society then adjourned, pending a motion to continue the discussion.

Reviews, Books and Pamphlets.

A Treatise on Diseases of the Eye. By J. Sœlberg Wells, F.R.C.S., etc. Fourth American, from the third English edition, with copious additions. Edited by Charles Stedman Bull, A.M., M.D., etc. 8vo. pp. 846, with 257 illustrations on wood and six colored plates. Philadelphia: Henry C. Lea's Son & Co., 1883.

This very admirable work, the first edition of which appeared in England in 1868, is too well known to require extended notice. The present edition shows careful revision and contains much new matter which has been added by the able writer, Dr. Chas. S. Bull, of New York. In the chapter on diseases of the conjunctiva, the section on the purulent conjunctivitis of new-born children is entirely new, as is also that on membranous conjunctivitis. Large additions have also been made to the sections on diphtheritic and on chronic granular conjunctivitis. The views of Mooren, Alt and others, as to the optic nerve being the route by which sympathetic ophthalmia is transmitted from one eye to the other have been added to the chapter upon sympathetic inflammation, though the editor thinks that "for this idea to become a working hypothesis, we must have new observations" (p. 339), an opinion which we are quite ready to endorse. In the same connection the modern operation of optico-ciliary neurotomy is discussed at some length, and is held to be still upon its trial, reference being made to the fact that "the reports of the results of this operation, both as a prophylactic against sympathetic inflammation, and as a means of quelling pain in the injured eye, are very contradictory" (p. 345).

Much new and valuable matter has been added by the editor to the sections upon tumors of the conjunctiva, cornea, choroid and retina; and throughout the work are to be found many paragraphs in which he has elucidated the pathology of the diseases under consideration. The observations of Risby and others upon the comparative action of the several mydriatics introduced recently into ophthalmic practice are given in the chapter upon diseases of the iris and ciliary body, and the

myotics, eserine and pilocarpine, receive the notice which their importance as valuable additions to ophthalmic therapeutics demands.

A more liberal use of the *scissors* by the editor of the present edition might have been resorted to occasionally, we think, with advantage. As for instance, on pages 66 and 67 where a long note, in which Dr. Hays (the editor of the previous edition), maintains that it is not usually necessary to divide the canaliculus in order to dilate strictures of the lachrymal passages, is retained, to be followed by a brief one by the present editor, in which directly opposite advice—that "it is not advisable to introduce a probe into the sac without first slitting up the canaliculus"—is given. We are surprised to find that the author's suggestion, that after enucleation of the eye the conjunctival wound should be closed by a suture, has been allowed to stand without comment by the editor, as this procedure is regarded as at least, superfluous, if not actually mischievous.

On pages 233 and 234, we find two paragraphs, together in the original English edition, and the sense of which does not permit them to be separated, which have, in some way, been placed upon different pages. They relate to the use of setons in obstinate ulcers of the cornea, and the fact that we are indebted to Mr. Critchett for introducing this mode of treatment. A few typographical errors, such as the substitution of the figure 1 for 2 in the second paragraph on page 340, the misspelling of Giraud-Teuton's name (*Girard*-Teuton),on page 346,and the use of a *c* for an *o*, changing *out* into *cut* in the third line of the second paragraph of page 805, occur here and there; but, as a whole, the book is exceptionally free from printers' errors, and its general "make-up" does credit to the well-known house by which it is published. S. T.

A New Operation for the Reduction of Chronic Inversion of the Uterus. By B. Bernard Browne, M.D., Professor of Diseases of Women in Woman's Medical College of Baltimore. Reprint from *N. Y. Med. Jl.*, Nov. 24, 1883.=An Answer to "A Protest Against the Use of the Metric System in Prescribing." By D. Webster Prentiss, M.D.,Washington, D. C. Reprint. pp. 10.=Deflection of the Nasal Septum and its Treatment." By John N. Mackenzie, M.D., Baltimore. Md. Reprint from Transactions of Medical Society of Va., 1883. pp. 16.=Transactions of American Dermatological Association, at 7th annual meeting, held at Lake George, N. Y., Agust 29, 30 and 31, 1883. Official Report of Proceedings by Secretary, Dr. A. Van Harlingen. Baltimore, 1883. 8vo, pp. 48.

ERRATUM.—In Dr. E. C. Morgan's Clinical Lecture, published in our last number, the following typographical error occurred: At the head of the article "Surgeon-in-Charge of Diseases of the Throat, *Eye* and Ear" should read Surgeon-in Charge of Diseases of the *Throat* and *Ear*.

Editorial.

THE FRENCH CHOLERA MISSION TO EGYPT.—Dr. Strauss, of the French cholera mission to Egypt gave, at the last meeting of the Société de Biologie, an account of the work performed by the mission under the written instructions of M. Pasteur, from which the following facts are taken. Investigations were first directed to the intestinal apparatus and its contents, to the rice like stools and to the matter vomited. It was ascertained that the rice-like matter consisted of epithelial granulations, and presented all the characters of that special form of gangrene, to which the name of "nècrose du coagulation" has been given.

Microbes were found in such abundance in the intestines, and in such great variety, that it was impossible to single out among these micro-organisms the cause of cholera. In a portion of the small intestine preserved during twenty-four hours in solutions of methylene blue, innumerable microbes were easily seen in the thickness of the mucous membrane; they were bacteria and micrococci· they were long bacteria resembling the microbe of tuberculosis, but much smaller. The microbe, the same as that of glanders, was also found, which same, according to Prof. Koch, is the micro-organism of cholera. This fact is considered doubtful because this microbe is found elsewhere than in the intestines, and because its presence is far from being constant. The examination of the mesenteric glands, the liver and the kidneys, gave only negative results. The blood was black and ill-coagulated. The red globules fell to the bottom of the vase, and above was a clear serum, which coagulated badly. Microscopic examination showed that the red globules were spread out, and the white corpuscles were granular and increased in number.

The commission found in the blood elongated corpuscles, resembling the micro-organisms of the "rouget," but much smaller. It was therefore necessary to have a double proof, the first founded on the coloring reagents, the second on culture. There was a failure to obtain a distinct tint, and the culture completely failed. In those rapid cases in which patients died asphyxiated without presenting any symptoms of diarrhœa, it is difficult to admit that the cause of cholera resides exclusively in the intestines.

Numerous experiments were made on different animals, all without any result. Pigs were fed with the rice-water stools of the patients, but they continued to be as well as ever.

The commission asserts that it has obtained no solution of the problem, but only some

simple documents, which may be of some utility.

A comparison of the results of the German and French commissions, both of which have now been made known, shows wide differences in their results, and offer no satisfactory explanation of the cause of the disease investigated.

ADVERTISING DOCTORS.—Our excellent contemporary, the *Medical News* (Dec. 8), presents its readers with a just and practical editorial on "advertising doctors," which expresses views we would like to see widely disseminated. The *News* draws a proper distinction between the doctor who advertises outright and prides himself on the honesty of his pretentions and the doctor who takes every opportunity to get an advantage by indirect assertions of the superiority of his claims as a practitioner. The former doctor is derisively called the "quack," whilst the latter thrives on the shrewdness of his methods, and glories in the notoriety of his superiority and skill. It is remarkable how few of the honest "quacks" there are in comparison with the so-called indirect advertisers. Doctors, as a rule, are proud of their ethical relations, and very few have the courage, even if they possess the inclination, to break loose from time-honored professional conventionalities. Hence, very few will brave the odium of direct advertising methods. It is to be regretted that a higher *esprit de corps* does not exist in regard to the indirect methods too frequently employed by men who value their professional as well as social positions. Men of high professional and social positions are often guilty of indirect advertising methods which would utterly ruin the standing of a physician of less influence. They do such things either because they know full well that their actions will be tolerated by the profession, or because they feel independent upon all matters relating to professional conduct. Illustrations now and then occur of forms of indirect advertising, which cannot do otherwise than lower the influence of medicine with the general public. We refer to the reports of remarkable surgical operations, or cures which now and then find their way into the daily press. Formerly such advertisements were more frequent in Baltimore than at the present day. We are glad to see that newspaper applause has nearly lost its fascination in this community.

We cannot close our remarks more appropriately than by quoting the following from the *News*: "In this eager striving for notoriety rather than the just honors of the medical profession, do we not discern the need of maintaining a high standard of ethical requirements. Abate in any respect our regard for the proprieties of professional life, and see the consequences Remove one stone, and the whole edifice tumbles about our ears. Allow these forms of advertising to obtain a footing of the slightest tolerance, and the newspapers will not have space enough to accommodate the multitudes eager to display their wares. What, then, will be the position of the medical profession?"

MEDICAL LEGISLATION IN MARYLAND AND VIRGINIA.—The States of Maryland and Virginia, so closely allied by ties of blood, friendship and community of interests, are each laboring under the burden of inefficient laws for the regulation of the practice of medicine within their respective territories.

The interests of the profession in these two States are poorly protected in comparison with the border States of North Carolina and West Virginia, which not only possess competent and efficient health boards, but statutory laws which enforce a careful system of registration and examination before the right to practice medicine is granted. It is a matter of considerable difficulty, if not an impossibility, for an ignorant physician, or charlatan, to practice medicine in West Virginia. Whilst the requirements are less stringent in North Carolina, they are sufficiently exacting to afford great protection to the profession and people of that State. In Maryland and Virginia any quack or pretender has ample protection under the laws of these States, and is free to conduct his business upon any terms agreeable to himself.

In respect to the State boards of health, both Maryland and Virginia have, for some years past, possessed these useful organizations. In Virginia, however, the law which calls the health board into existence has made no provision for defraying the ordinary expenses of the board. Practically speaking, this board is so hampered by the want of money that it amounts to but little as an organized body. We are not aware that it has done any sanitary work worthy of mention. This is no fault however, of the members of the board. A State board of health cannot do a useful work, however efficient and willing it may be, unless funds are provided by the State for this purpose.

In Maryland, the State Board of Health exists in a practical and healthful state of organization, yet the operations of this board are so limited by reason of the small appropriation made by the legislature for its support, that it can do but little creditable or efficient sanitary work. The States of Maryland and Virginia have large areas of territory, which are made almost useless by their notably unhealthy and defective sanitary conditions. These States lose annually a large revenue from these districts, simply from the fact that the soil is un-

productive and the climate too unhealthy to support a working population. It has been shown that thousands of acres of valuable land could be redeemed in lower Maryland and in tide-water sections of Virginia by a reasonable appropriation of money for this purpose. The methods of reclaiming land and of populating an unhealthy section of territory fall within the province of the State boards of health.

If this work is to be carried out in Maryland and Virginia, it must fall under the jurisdiction of their respective health boards. The importance then of liberally providing for the furtherance of the work of the State boards of health in these States should be recognized by the profession and by an intelligent public.

It is stated that the Virginia legislature will at its present session be urged to pass a law regulating the practice of medicine in that State. It is probable, however, that this body will be too busily occupied in looking after General Mahone and his party to give needed attention to medical and sanitary interests. The effort should, however, be made to secure a better quality of medical legislation than at present exists in the "Old Dominion." We trust the profession at large throughout the State will use their influence in this direction through their respective representatives at done by our legislature to regulate the Richmond.

In our State we long to see something practice of medicine in Maryland, and to establish the State Board upon a more effective basis. Yet we fail to see at present the slightest prospect of a reform in this direction. We feel satisfied nothing can be accomplished until the profession unites, and as a body of intelligent citizens, representing a large and varied interest, demands the right of protection by the enactment of proper laws.

TEMPERANCE AND PEDESTRIANISM.—It is stated by the *Lancet* (Nov. 24), that Weston, the pedestrian commenced his long-announced walking tour on the morning of Nov. 21, soon after midnight. His start was witnessed by many friends of the temperance cause including Drs. B.W. Richardson and Norman Kerr. At starting, his temperature was 99.2°, pulse 84, and his weight 10 st. 6 lb. His intention is to walk 50 miles a day for 100 days, excluding Christmas day and Sundays, and to give lectures at the various towns through which he will pass in covering 5,000 miles. The object of this performance is to test his power of endurance and to demonstrate the sustained staying power conferred by total abstinence. The feat is, to say the least, a most difficult one, and every one will wish the pedestrian success. The experiment seems to be a useless one, and even though fulfilled, will not, in our opinion, demonstrate any new fact.

Miscellany.

LAWSON TAIT ON PYO-SALPINX.—Mr. Lawson Tait recently read before the Obstetrical Society of London, a paper on "Three Cases of Pyo-salpinx" (*Lancet*, Nov. 24), in which he related three cases of acute peritonitis due to this disease, cured by abdominal section, removal of the diseased appendages, cleansing and drainage of the peritoneum. The first case was one of chronic pyo-salpinx, made acute by a stem pessary. The tube burst and acute peritonitis followed. Abdominal section was promptly performed and the patient saved. Mr. Tait quoted the remarks of the gentleman who sent the case to him as to the effect of mechanical treatment in causing the disease, the difficulty in discriminating the cases suitable for treatment by stem pessaries and the dangers of these instruments. The second case had already been published, and was brought forward for the purpose of recording the subsequent history, which was that all the symptoms had vanished and the patient was now perfectly well. The third case was one of purulent peritonitis, arising from rupture of a suppurating Fallopian tube. The pyo-salpinx was due to gonorrhœal infection. The left ovary was removed. The patient recovered completely. Mr. Tait has now operated on sixty-five cases of occlusion and distension of the Fallopian tube without death. In only one had there been a failure to completely relieve the patient's sufferings. Six cases had been lost sight of, and two had died since the operation from causes independent of it. Mr. Tait claimed that these cases could not be relieved by anything short of the removal of the diseased organs.

A NEW TREATMENT FOR NEURALGIA.—The latest agent introduced for the relief of neuralgia is a 1 per cent. solution of hyperosmic acid, administered by subcutaneous injection. It has been employed in Billroth's clinic in a few cases. One of the cases had been a martyr to sciatica for years, and had tried innumerable remedies, including the application of electricity no fewer than 200 times, whilst for a whole year he had adopted vegetarianism. Billroth injected the above remedy between the tuber ischii and trochanter, and within a day or two the pain was greatly relieved, and eventually quite disappeared. It would be rash to conclude too much from these results, in the face of the intractability of neuralgia to medication, but if it really prove to be efficacious as considered, hyperosmic acid will be a therapeutic agent of no mean value.—*Lancet*, Nov. 24, 1883.

THE DUKE OF CAMBRIDGE ON CHARITY.—At the opening of a soup-kitchen the Duke of Cambridge suggested the very humane sentiment that we should not be hindered in relieving people less fortunate and comfortable than ourselves because our charity will be abused by the undeserving. He thinks it better to err a little in the wrong direction than not do good to those in want from no fault of their own. The *Lancet* heartily endorses these views of the Duke, and says, "When it is so much the fashion to apply a microscope to the merits of the applicants for charity, richer people might well question how many of their mercies they owe to their own merit."

A NOTE ON THE TREATMENT OF CARDIAC DROPSY.—*Dr. James Braithwaite* says (*Lancet*, Nov. 17), although the diuretic action of digitalis in cardiac disease with dropsy is perfectly well known, it is very rarely indeed prescribed in that form in which its diuretic action is most marked. He relates the following case: A man with extreme anasarca from cardiac disease, but without as yet the appearance of the skin or the legs indicative of threatened dermatitis with sloughing, passed several days and nights sitting on the edge of the bed, suffering from extreme dyspnœa. The patient was ordered to drink freely of freshly prepared but weak infusion of digitalis. This caused a very copious secretion of urine, which continued until the dropsy had entirely disappeared, and the man actually resumed his occupation of traveling for orders in some business. From this time on Dr. Braithwaite has invariably used this treatment. He generally orders half a small or medium-sized leaf to be infused with the addition of a little black tea, in about twelve ounces of boiling water, and taken daily. By this means, he claims, we get the full diuretic effect of the drug, in addition to its action on the muscle of the heart. He says, "The action of the ordinary tincture and of the powder given in pill is, as a diuretic, hardly noticeable, and the usual combination with squills, solution of acetate of ammonia and spirit of nitric ether is much inferior to the infusion."

MACEWEN ON FRACTURE OF PATELLA.—*Prof. Wm. Macewen*, of Glasgow (*Lancet* Nov. 17), formulates the following conclusions on this subject: 1. The chief cause of non-osseous union in cases of transverse fractures is the interposition of fibrous and aponeurotic structures between the fractured surfaces. 2. If osseous union be desired in transverse fractures, it is requisite, in the first instance, to elevate all the tissues which lie over the fractured surfaces, and which prevent them from coming into intimate contact. 3. From the ease with which the two fragments in many instances may be maintained in position, it is probable that bony union could be obtained without suturing, provided these soft tissues were first elevated. Practically, however, suturing ought to be adopted, as it is the easiest way of securing accurate apposition, and adds no risk to the operation. 4. The operation of elevating the soft structures between the fragments, and of suturing the bone, ought to be undertaken within the first 48 hours after injury. 5. In order to lengthen a muscle, a series of V-shaped incisions made into its substance in a transverse row will effect the purpose while not diminishing its strength as transverse incisions do.

LARGE CALCULUS IN A WOMAN.—*Surgeon Major G. Y. Hunter*, of the Bombay Army (*Lancet*, Nov. 17), reports the case of a Mussulman woman, æt. 30, who entered the hospital with symptoms of stone in the bladder. The urethra was dilated for a week with metallic dilators and bougies, when the finger could be passed easily into the bladder. A closed lithotomy forceps was then introduced and the stone seized, but it was found to be too bulky for extraction. The urethra was accordingly incised with a probe pointed bistoury for half an inch, when a phosphatic calculus, measuring over four inches in circumference and weighing 760 grains, was removed. The patient was discharged two weeks after quite well and with no incontinence.

CROUPOUS PNEUMONIA TREATED BY COLD SPONGING.—In the *Br. Med. Jl.* (Nov. 17, 1883), O. Bowen, F. R. C. S., reports the following case: "On October 22d I was called to a man, aged 21, who was perfectly well up to the previous afternoon, when he had a rigor, and almost immediately afterwards a pain in his right side. He was delirious, and had a dry, brown tongue, and sordes on his teeth, the skin was hot and dry, and a slight pleuritic rub existed where he had complained of pain. I diagnosed "probably pneumonia," and ordered a diaphoretic mixture, a mustard poultice on his side, and a Dover's powder. In the evening his skin still felt hot and dry, and he remained delirious. His temperature was between 102° and 103°. I now told his wife to sponge his body and limbs with cold water, and to apply linseed poultices to the side, which had the effect of lessening the delirium and making his skin act freely."

"October 23.—He had a rather restless night, wandered a good deal, was feverish, and on auscultation over the base of the right lung, the breath-sounds were weak, but there was no crepitus."

"October 24.—There was fine crepitation, with scanty rusty expectoration. Temperature, 103°. He was sponged well two or three times."

"October 25, 11.30 A. M.—Temperature 104°. The usual signs of consolidation were present, and there was delirium. Cold sponging was again recommended every hour, which had the effect of reducing the temperature in a few hours to 101.8°. He now expressed himself as feeling much better, and the delirium had ceased."

"October 26.—Redux crepitation was heard. Temperature 101.6°. It was improving."

"October 29.—He had been steadily getting better. The temperature was normal: The breath sounds were nearly normal."

"The brief account of this case helps to prove that the external application of cold water in pneumonia, pure and simple, may be apparently, fearlessly and beneficially resorted to. The good result from its use on the 25th was, to my mind, very marked."

"Antiseptics and House Surgeons."—While an increased faith in the efficacy of strict antiseptic precautions must of necessity follow the brilliant results obtained by Professor Lister in his treatment of fractured patella, the remarks made by him at the last meeting of the Clinical Society on the subject of attention to the details of dressing should be seriously taken to heart when dangerous operations are undertaken. The suggestions thrown out by one surgeon that the septic condition of a wound hitherto aseptic might have been due to the absence of the regular house surgeon upon his holiday, and by another that similar want of success might have been the result of a little assistance rendered during the operation by a colleague with unwashed hands are instructive. Much of the opprobrium of failure of antiseptic precautions in hospital cases must of necessity fall upon the house surgeon or dresser. if, as in some large hospitals, the latter is placed in responsible charge of his cases. If a house surgeon is to be thoroughly versed in all the details of antiseptic dressing, so as to be equal to the emergency practice of a large hospital, he must have been brought up, as it were, in an antiseptic or Listerian atmosphere, and his mind must be imbued with a persistent enmity towards all sorts and conditions of germs, and accustomed to regard the homely poultices as a barbaric contrivance of a by gone age. But house surgeons and dressers must in their turn, enter upon the general practice of surgery and be prepared to treat cases and to operate under circumstances where antiseptic cannot be applied. Here their knowledge of the manners and customs of disease germs and their contempt for the efficacy of the poultice will avail them but little, and patients may suffer in order that their medical attendants may theorise. Until the day predicted by Professor Lister arrives, when rigid antiseptic rules shall be universally applied, the custom of restricting the student to the practice of one surgeon only will be followed as it frequently is at present by the unsatisfactory conseqence that the general experience of surgical practice has to be learned at last instead of at first. But Mr. Lister insists that the success of antiseptic treatment depends largely upon the antiseptic training of those who have to carry it out. Perhaps the best way out of the difficulty is that suggested by himself, viz: that surgeons should attend daily and see to their dressings themselves. (*Med. Times and Gazette*, Nov. 17.)

Sulphate of Soda in Carbolic Acid Poisoning.—Dr. John Reid reports the following instructive case (*Br. Med. Jl.*, Nov. 17): "Mrs. W., aged 35, drank, with suicidal intention, somewhat less than four fluid ounces of crude carbolic acid, when near half an hour afterwards she was comatose, the pupils were contracted, and cornea-reflex was absent; the pulse at the wrist could with difficulty be felt; the first sound of the heart was almost inaudible; whitening of the lips and mouth were not present, yet the breath smelt of carbolic acid; the pump was not used, but about an hour after taking the poison, four drachms of sulphate of soda dissolved in five ounces of water were injected into the stomach through a catheter; two hours later, three-quarters of an ounce of the salt in five ounces of water. After each injection the patient appeared to be somewhat relieved in breathing; four hours after this, or about seven after taking the poison, cornea-reflex had returned, the patient groaned somewhat, and the pulse had slightly improved. Three-quarters of an ounce of sulphate of soda in five ounces of water was now injected, after which the patient appeared to be easier. She died in about forty minutes.

Ether was injected at the end of the first, third and fifth hours, and probably the result would have been different had an injection been given at 2 P. M., after which I had to leave somewhat suddenly. The patient had been ailing for some time. Sulphate of soda has succeeded in the case of animals, and if this drug has not been used in man, the case may be of interest."

A Simple Operation for Facial Neuralgia.—Dr. J F. Heustis, of Alabama, describes a simple operation for the relief of tic douloureux (*Med. News*, Dec. 8th), which is worthy of further trial. Discarding Carnochan's operation of trephining the antrum and

following up the nerve beneath the orbit and removing it, and Langenbeck's slighter one of dividing the nerve far back in the orbit with a tenotome and drawing it out through the infra-orbital foramen, Dr. Heustis cut down upon the infra-orbital foramen, and with a fine steel drill, such as dentists use, improvised of piano-wire, drilled out the nerve in its entire length, as far back as the spheno-maxillary fissure. The immediate effect of this operation was to abolish all sensation in the previous by sensitive parts, and to enable the patient to use the jaws without suffering the darting pains formerly experienced.

Nævus Treated Successfully by Local Application of Liquor Arsenicalis.—W. J. Beathe, L. R. C. P., says in the *Br. Med. Jl.* (Nov. 24): "The ordinary treatment of nævus appears so severe, that mothers naturally object to it. I was, therefore, led to try what arsenic would do as a local remedy, and in my hands it has succeeded admirably, my last eight cases having been cured perfectly and painlessly by the local application of this remedy. The preparation I use is the ordinary liquor arsenicalis of the *Pharmacopœia*, with which the nævus is to be painted night and morning until ulceration takes place, and I find that the cure is effected in from three to five weeks."

Pyo-salpinx.—Lawson Tait sends the following to the *Br. Med. Jl.* (Nov. 17th): "Will you kindly permit me to publish the following extract from a letter just received from Dr. Lusk, Professor of Surgery at the New York Hospital: 'As the first-fruit of my visit to Birmingham, I have to report the removal of a tube distended with pus to such a degree that at first I could hardly believe it was not a portion of the large intestine. It was over two inches in diameter, and I was obliged to enlarge the abdominal wound to five inches before I could extract it. The operation was performed two weeks ago, and the patient appears to be relieved of a source of a great deal of suffering.' "

"This letter goes to prove the points upon which I laid some stress at the last meeting of the Obstetrical Society, that these cases are not at all rare, that the patients are in constant danger of their lives, and that the disease can be dealt with only by abdominal section."

Death of Dr. Doerksen.—Dr. J. Leight Doerksen died Sunday, Dec. 9th, at his father's residence, 19 South Fulton Street, Baltimore, after a short illness, aged 25 years. He was a graduate of Maryland University, class of 1880, and was a physician of much promise. He was unmarried. Dr. Doerksen was a member of the Medical and Chirurgical Faculty and Microscopical Association, attendant physician at the Presbyterian Eye and Ear Charity Hospital, and a member of the faculty of the Baltimore Medical College. He was a man of decided literary tastes and studious habits, and possessed more than ordinary ability.

Acute Intussusception Successfully Treated by Injection of Air and Inversion.—M. E. Biggs, of London, reports the following interesting case (*Br. Med. Jl.* Nov. 24): A little girl, between three and four years old, had been ill for about forty-eight hours with vomiting and diarrhœa. On visiting the patient, she was found both very pale and prostrated. The symptoms had come on suddenly, and consisted of constant vomiting, so that no nourishment could be kept on the stomach.

She had tenesmus, accompanied by bloody discharge of mucus, and no stool had been passed since the commencement of the illness. Examination of the abdomen revealed no tumour; but, on introducing the finger into the rectum, the usual sausage-shaped tumour was most distinctly felt. Having nothing at hand but a Higginson's syringe, I attempted to inflate the bowel with this, but did not meet with much success, as the air kept escaping.

I therefore suddenly raised the child by the heels and kept her inverted for a moment. Examination, per rectum, immediately afterwards, could detect nothing abnormal, the previous tumour having disappeared.

The next day, on calling, the mother informed me that the child had been quite well since I left; had eaten and retained the food; and that all the symptoms had been in abeyance ever since what she called the "operation." The child is now quite well, some months after the illness recorded above.

The diagnosis, says the reporter, admits of no doubt.

French Brandy.—Dr. A. W. Miller, of Philadelphia (*N. Y. Med. Jl.*, Dec. 8th, 1883), gives some interesting facts concerning "French Brandy," which are well worthy of consideration by those who use this article as a drink or prescribe it as a medicine for their patients. Dr. Miller says: "An announcement recently made by the American Consul at La Rochelle, in the wine-producing district of France, will no doubt sorely distress those who are disposed to follow the behests of our standard authority. This official document publicly proclaims the fact that French brandies are very generally falsified, and that large quantities of these sophisticated liquors are

sent to this country. The term 'brandy' seems to be no longer applied to a spirit produced by the fermentation of grapes, but to a complex mixture, the alcohol of which is derived from grain, potatoes, or, worst of all, from the refuse of beet-sugar refineries."

"It would seem to be fairly impossible at present to purchase a pure Cognac, as each individual proprietor of a vineyard has become distiller and compounder. He has acquired the art of imitating any special flavor or vintage of brandy that may be called for. Potato spirits and beet alcohols, the most deleterious and obnoxious of all the varieties of spirits, are sent from Germany into France in vast quantities. They are flavored, colored, and branded or labeled to meet the wishes of American connoisseurs."

Dr. Miller says physicians themselves frequently strengthen this hallucination in favor of imported spirits by giving the most stringent orders to their patients to procure genuine French cognac, even though it may command ten-fold the price of an absolutely pure spirit of domestic production.

He asks the very pertinent question: "Under the best circumstances, what is there to be gained by the use of French brandy in preference to *pure*, domestic spirit?"

The new pharmacopœia gives a comprehensive description of the physical properties of brandy, from which it appears that it is a very complex and indefinite compound, each specimen of which differs from every other, not only in alcoholic strength, but also in the preparation of every one of its component parts. "It seems," says Dr. Miller, "to be uniform only in the one fact of perpetual adulteration."

"It appears," he says, "somewhat anomalous that the indefinite liquors—brandy and whiskey—have not been expunged and replaced by a pure spirit of definite alcoholic strength, This becomes the more remarkable when an article of almost chemical purity can be so readily obtained at a mere fraction of the cost of the flavored liquors."

Dr. Miller regards the substance, for which the title *spiritus maydis rectificatus* would seem to be appropriate, as a pure alcoholic stimulant, free from many of the objections which may be urged against other forms. He regrets that this article has not been made official in the new pharmacopœia in place of the impure forms which have there found recognition.

Fracture of Patella Treated Antiseptically with Metallic Suture.—*Mr. G. R. Turner* gave a resumé before the Clinical Society of London (*Lancet*, Nov. 17), of fifty cases, the majo ity unpublished. There were two deaths, both from septicæmia, in the hands of Mr. John Wood, and one in those of Mr. Wm. MacCormac. Thirteen had suppuration or anchylosis, or both. In one the operation had to be abandoned because the fragments could not be brought together, and in another the fragments could not be brought nearer than one inch; in another the patella broke during passive motion.

Death from Eating Tinned Salmon.—An inquest was held on the 16th instant, in Pimlico, on the body of a girl who had on the 19th and 20th ult., eaten some preserved salmon from a tin, a brother who had also partaken of the fish being ill after having eaten it. Medical evidence to the effect that death had been caused by eating poisoned salmon, the tin of the case having dissolved off the iron, and the salmon becoming decomposed by the nitrate of tin that was formed, was adduced, and the jury returned a verdict accordingly.—*Lancet*, Nov. 24th, 1883.

The Pathology and Treatment of Some Forms of Headache.—At a full meeting of the Medical Society of Islington, held October, 1883 (*Lancet*, October 27th), a very interesting paper, on this subject, was read by Dr. T. Lauder Brunton, from which the following points are taken: Headache is usually the product of two factors—local irritation and general condition. The chief local causes are decayed teeth and abnormalities of the eye, although disease of the ear and nose, inflammation of the throat, and local irritation of the pericranium, or of the skull in rheumatism and syphilis, are not to be forgotten. Decayed teeth may give rise to temporal or occipital headache when the molars are affected, and also frontal when the incisors are decayed. The chief abnormal conditions of the eye are strain from reading, or working with imperfect light or for too long a time, myopia, hypermetropia, astigmatism, and inequality of vision between the two eyes. Besides these, alterations in the circulation and intraocular pressure are frequently produced by bile or poisonous substances circulating in the blood, and probably also a rheumatic condition affecting either the eye itself or the muscles which move it, is a not uncommon source of headache. When both eyes are equally affected, the headache is usually frontal, but when one eye is more affected than the other, the headache appears either in the form of brow ague or

megrim. In treating any case of headache, the first thing to do is to see whether the teeth are sound and eyes normal. If anything is wrong with either teeth or eyes the defect should be corrected. The throat, ear and nose should be examined, to see if any source of irritation is present there, and the surface of the scalp tested by pressure for rheumatic or syphilitic inflammation. The locality of headache is probably determined chiefly by the local source of irritation, but this differs according to the general condition. Frontal headache, with constipation, is usually relieved by purgatives; frontal headache just above the eyebrows, without constipation, is relieved by acid; and a similar headache, situated higher up at the commencement of the brain scalp, is relieved by alkalies. Vertical headache is usually associated with anæmia, and is relieved by iron. The more or less continuous headache of syphilis is usually best relieved by iodide of potassium, but in order to gain relief the dose must sometimes be much larger than that usually given, and may range from five grains to thirty grains for a dose. Similar quantities of iodide of potash are usually sufficient to cure the rheumatic headache.

Concerted Action by the State Boards of Health.—There has been a growing conviction among leading sanitarians intrusted with the official execution of practical health measures, that while the work of the American Public Health Association is of inestimable value in promoting the interests of sanitary science and sanitary reform, there is a constantly-increasing need for an annual conference of State and other health officials in regard to practical affairs of their every day work, some part of which work cannot profitably be discussed in a public meeting, consisting largely of persons not familiar with its details.

After due consideration, a meeting of representatives of State boards was held at Detroit, during the recent meeting of the American Public Health Association, at which, after discussion, it was decided to call a meeting of the secretaries or other representatives of all State boards of health, in Washington, during May, 1884, for the purposes mentioned, and with the view of organizing a section devoted to State board work in the present Association, or the formation of a permanent separate organization especially adapted to the needs of State Boards of Health. Drs. Henry B. Baker, of Michigan, and J. N. McCormack, of Kentucky, were appointed a committee to confer with and secure the coöperation of all the State boards in fulfilling the object of the meeting, and Drs. C. W. Chamberlain, of Connecticut, J. E. Reeves, of West Virginia, and Stephen Smith, of New York, were appointed a committee on organization, to report at the meeting in May. The American Medical Association meets in Washington in May; and another reason for holding the meeting in Washington is that the representatives of the State boards may also have an opportunity for conferring with the Senators and Representatives in Congress from their respective States, in regard to national sanitary legislation. It would seem that whenever the health authorities of all the States shall meet, discuss and agree upon the course they will pursue in respect to yellow fever, cholera, small-pox, or any disease which endangers public health, without regard to State lines or borders, and whenever all State boards shall act in concert, considerable progress will have been made in solving the problem of what are the best methods for national action in regard to inter-State and maritime quarantine or inspection and disinfection, as well as in the practical control of epidemic diseases within the several States of this country.

Tubal Gestation with Rupture; Unsuccessful Laparotomy.—*Dr. C. K. Briddon* reports the following case in the *Annals of Anatomy and Surgery* for December: A stout, healthy multipara, æt. 28, Last menstruation, Aug. 10, 1883. October 10 she had a discharge of clotted blood, with intermittent pains. Oct. 16, while walking, she had a sudden, severe, pelvic pain, not one-sided and increased paroxysmally. Only a little mucous discharge Inability to urinate. Os low, soft and dilated; uterus extremely sensitive and enlarged; nothing to be felt in the cul-de-sac. The bladder was emptied, and in a few days she was well. Oct. 29, pain recurred without flow. Symptoms of internal hemorrhage appeared—cold extremities, pallor, pulselessness. Ruptured tubal pregancy was diagnosticated. Abdominal section was determined on with the approval of Drs. Walker and T. G.

Thomas. A little ether being given, an incision from umbilicus to pubis was made. On incising peritoneum a large amount of fluid blood escaped, and about a pint of clotted blood was removed with the hand. The uterus was then drawn up, when part of an ovum 1¼ inches in diameter was found protruding from a rent in the left Fallopian tube close to its uterine extremity. The broad ligament was lifted, and a probe armed with a double, stout, plaited silk ligature passed through it as low as possible, and the ends firmly secured above the free border. The ovum was meanwhile detached from the oviduct. Hemorrhage ceased, the ligatures were cut short, the cavity cleansed and the wound closed with silver suture. Every effort was made to overcome the collapse, but with only partial success; full reaction could not be secured, and she sank and died forty-seven hours after the operation.

Post-Mortem: Two ounces of odorless, bloody fluid in pelvic cavity; omentum adherent to peritoneum near incision and left broad ligament to anterior wall of rectum, but no diffuse peritonitis; uterus nearly twice normal size. At proximal end of left eviduct, dark mottled ovoid swelling, one inch in diameter, with a ragged opening behind one-half inch in diameter. The cavity was filled with adherent coagulum and was chiefly formed by uterine portion of duct interstitial. Uterine entrance of oviduct impervious. No decidua in uterus.

One Hundred Cases of Craniotomy.—*Ad. Merkel* in *Archiv. f. Gyn.*, xxi, 3 (*Cent. f. d. Med. Wiss.*), publishes the results of over one hundred cases of ovariotomy from the Leipzig Klinik and Poliklinik. These all occurred in the last six years, representing 5,540 labors. It appears doubtful whether the very favorable results—but eight of the hundred women dying—will ever be obtained by the child-saving operations. The scissors-shaped perforator of Levret was almost exclusively employed, occasionally the trephine. The kephalotribe was used more frequently then the kranioclast, although the results appeared about the same.

Medical Items.

The new gymnasium at the Johns Hopkins University was opened on the evening of Friday, Dec. 7th. Addresses on the subject of physical training were made by Dr. E. M. Hartwell, in charge of the department, and by Dr. J. Carey Thomas, Judge George Wm. Brown and others.=The Directors of the Home for Incurables effected an organization on the 4th inst., and the institution will be opened at an early day. The treasurer reported $2,600 on hand for the building fund. A subscription fund will be started at once. There is no more worthy object than this, none which appeals more strongly to the sympathies of the charitable.=Professor Charcot has been elected member of the French Academy of Sciences in place of the late M. Jules Cloquet.=The Cincinnati directory for 1883 gives 463 as the number of physicians in that city.="*New Remedies*," an illustrated Monthly Journal of Pharmacy, Chemistry and Materia Medica, will appear January 1st, 1884, under the title of "*American Druggist*," with many changes in style, appearance and matter.=Over 543 students have matriculated during the present winter at the College of Phy. and Surg., New York, not quite 400 at Bellevue Hosp. Med. College, and about 550 at the University Med. College. The number at the post-graduate is not far from one hundred.=M. Bouchardat, Professor of Hygiene at the Paris Faculty of Medicine, protests against the oft-repeated adage that old age is the age of rest. Moderate exercise, he says, particularly walking, should be the leading precept of the hygiene of the aged, without which longevity is impossible.=Dr. C. H. Eames, of Mich., writes to the *Med. Record*: "A number of expedients have been proposed for prolonging the life of the pocket thermometer. May I add one? Have a pocket made to fit the thermometer."=Oil of Wintergreen mixed with an equal quantity of olive oil or soap liniment applied to inflamed joints affected by acute rheumatism affords instant relief and having a pleasant odor, its use is very agreeable.—*Ther. Review.*=Cocoa and tobacco in combination are advertised in St. Louis papers as less injurious than tobacco alone.=At the opening of the new anatomical department of the University of Würzburg, Nov. 3d, Professor Kölliker stated that anatomical instruction at Würzburg began in 1719 and was re-organized in 1783.

Changes in the Medical Corps of the Navy during fortnight ending Dec. 8, 1883:

Medical Inspector D. Kindleberger—Ordered to the U. S. S. Hartford, Pacific Station, per steamer of the 10th instant.

Medical Director A. L. Gihon—Detached from duty as member of Board of Inspection and Survey on the 15th inst., and placed on waiting orders.

Medical Director George Peck—Ordered to report on the 15th inst., as member of the Board of Inspection and Survey.

Original Paper.

ENTERIC PARAPLEGIA.

BY ROBERTS BARTHOLOW, M.D., LL.D.,

Professor of Materia Medica and General Therapeutics in the Jefferson Medical College, Phila.

(*Read before the Phila. Co. Medical Society, November 7, 1883.*)

By the term enteric paraplegia, I intend to express the conception of a spinal paralysis, produced by an intestinal disorder. It is a truly reflex paralysis. The fact of the existence of such a malady is denied by many, and indeed most of the reported examples will not bear careful inspection, for it will be found, as I shall show, that they are really cases of ascending neuritis. Eliminating such from the examples of true reflex paraplegia to be found recorded, I intend to place the latter in a special group composed of cases presenting the symptoms of an enteric disease, during the course of which, a motor and sensory paraplegia manifests itself, and pursues a course obviously dependent on the original lesions. The cases I have lately seen occurred in men over sixty years of age, and each one presented a morbid complexus so distinctive and uniform as to entitle it to be regarded as a substantive affection—a pathological entity. Although such cases have been described as examples of reflex paralysis, they have not been adequately differentiated from others similarly classified, but of different nature.

Before attempting the task of analysis and differentiation, I must give a brief outline of three cases, the most recent which have come under my observation.

CASE I.—M. R., æt. 64, merchant and banker, of very vigorous and robust frame, rather spare and bony in outline, but capable of great endurance, called on me a year ago, amongst other physicians of this city, for relief to an obstinate bowel affection. His story was this: for a year or more previously he had suffered with intestinal indigestion, colic pains, flatulence, and considerable depression of spirits. Soon after these symptoms were experienced, he began to have pain in the back, with more or less band-like constriction of the abdomen, a feeling of numbness in the feet and legs, a strong sense of fatigue in the inferior extremities, followed by weakness and awkwardness of movements in walking, obstinate constipation and slowness in the emission of urine. For the relief of these alarming symptoms he consulted an eminent practitioner of this city, who diagnosticated myelitis and advised cups, the moxa, and a pill which probably contained ergot. Without using any of the local applications, Mr. R. took the pills, which had a favorable effect in relieving the flatulence and constipation, but presently dysenteric attacks supervened, and then a remarkable change ensued in the spinal symptoms. Up to this period the paraplegia had steadily increased, and walking had become exceedingly difficult, but the change in the condition of the intestine, effected a revolution in the state of the spinal functions, and in the course of a few weeks, all the paralytic symptoms had disappeared. Still troubled with intestinal indigestion, Mr. R. finally consulted me, amongst others, when I learned the details of the case just given. Very recently I have heard that Mr. R. continues free from the spinal symptoms, and has, in the main got rid of his intestinal disorder.

CASE II.—Mr. P., a tall, thin, but hardy Quaker farmer, æt. 72. I saw the patient at his home near Delta, York county, this state, in consultation with Dr. Hickman, a very intelligent practitioner living there. I learned that the patient some ten years before had experienced a similar attack, but had recovered rather suddenly under the influence of some remedies which were then prescribed. For some years, he remained comparatively free from disorders of digestion. The present attack came on during the past winter; at first there appeared a very considerable disturbance of digestion—acidity, pyrosis, flatulence, and colic pains. The distress was increased by taking food, and apparently attained its maximum when the alimentary materials entered the intestines. In fact, the symptoms of intestinal indigestion were the most pronounced throughout, and to these were added obstinate constipation, the stool consisting of balls united by masses of mucus or coated with the same. Very soon after the gastro-intestinal catarrh was established, Mr. P. began to experience numbness of the feet and legs, and an increasing difficulty of locomotion.

At the time of my visit with Dr. Hickman, the patient was nearly entirely disabled. The history of very severe and continuous digestive troubles was repeated. I will, therefore, to occupy as little time as possible, pass on to the objective examination of the paraplegia.

He could not stand without assistance; there was an extreme degree of ataxia; the muscles were so weak that his utmost efforts could not at all hinder slight movement of extension when the legs were flexed on the thigh; the tactile sense was so lowered that the points of the æsthesiometer could not be felt at all; the muscles responded feebly to an induction current; the emission of urine was very slow and there was much dribbling afterward, and the bowels were extremely sluggish. There was a feeble knee-jerk.

With attention directed entirely to the digestive trouble, beginning with an exclusive milk diet, in two weeks a marked improvement was manifest in all the symptoms, the paraplegia disappearing. In a letter recently received from Dr. Hickman, I learn, that after a period of very great improvement, Mr. P. began to decline in strength, owing to failure of the functions concerned in nutrition.

Case III.—Mr. McK., of Clearfield county, about 60 years of age, has had for many years frequent attacks of sick headache. Within the past year, pronounced symptoms of intestinal indigestion, pains of a colicky character, flatulence, and irregular action of the bowels, etc., have come on; but the symptom which has caused the greatest apprehension, and on account of which, more especially, he has called on me, is an increasing numbness with some dimunition of power of the inferior extremities. The tactile, pain and temperature senses, are not abolished, only slightly impaired, and the tendon reflex is unaffected. A feeling of fatigue, of weight and heaviness is felt in the legs, but locomotion is not as yet much affected. I await further developments in the symptoms referable to the nervous system, but meanwhile treatment is directed to the gastro-intestinal disorder.

Cases similar to those which I have thus briefly outlined, have been recorded by various observers. An admirable example, and one of the first of its kind, was narrated by that eminent clinician, Graves, of Dublin (*Clinical Medicine*, edition by Neligan, vol. i. p. 558). In this case extreme gastric disturbance, with less important intestinal, came on in distinct paroxysms, varying in duration from several days to two or three weeks, and accompanied by complete motor paraplegia. For a time, entire recovery took place, the paralysis disappearing with the cessation of the other symptoms. Finally the attacks grew so frequent as to be almost continuous, and death ensued from exhaustion. The minutest examination failed to disclose a lesion in any organ of the body. With the advance in our means of investigating morbid states, such cases of presumed functional disease of the nervous system, are becoming more and more rare. That there is a condition of reflex paraplegia, due to anæmia of the cord, is a postulate I expect to maintain. That there is, however, a so-called reflex paraplegia connected with diseases of the gastro-intestinal and genito-urinary tracts, which is not truly reflex, is another postulate that I believe to be susceptible of demonstration.

There was a period, in England more especially, when the notion of reflex paraplegia secondary to intestinal, renal, and genital disease, was widely entertained. The cases first reported by Stanley (*Medico-Chirurgical Transactions*, vol. xviii. p. 260), Brodie (*Lectures on Urinary Organs*, p. 115), Stokes (*Practice of Medicine, Treatment of Nervous Diseases*), Graves, and others, were supplemented by the striking narratives of Gull (*Guy's Hospital Reports*, various papers). Then Brown-Séquard (*Lectures on Paralysis, etc.*, 1861) gave a scientific explanation of the mechanism, referring the paralysis to vaso-motor action. It must be admitted, nevertheless, that the doctrine of a reflex paralysis has not maintained the position it once had. In no modern work is the subject treated with the extent and gravity befitting an important disease.

The two postulates I purpose to sustain, are:—

1. That there is a reflex paraplegia due to a functional disturbance of the intestine—enteric paraplegia.

2. That there is a paraplegia having its initial seat in the end-organs of the nerves distributed to the mucous membrane, thence ascending to the cord by a progressive neuritis.

As respects the first postulate, the cases I have narrated, and many others on record, demonstrate a causal connection between the enteric disorder, and the spinal. That the paraplegia is functional is proved by its prompt cessation, when the cause is removed. One of the means of determining whether a given paraplegia is due to myelitis, or to mere anæmia—that is, functional—is the subcutaneous injection of strychnine. At a late meeting of the American Neurological Association, Dr. Jewell, of Chicago, recounted his experiences with considerable doses of strychnine, in cases of paraplegia, which improved so remarkably, that they must have belonged to the merely functional group. It is in a high degree probable, that cases of merely reflex paraplegia—of enteric paraplegia—especially as they occur in aged subjects, are relatively frequent, and happen from a degree of intestinal disturbance, that seems a mere accident of the morbid complexus.

What is the mechanism? We are helped in our consideration of this question by physiological data. Kussmaul and Tenner (quoted by Erb) have shown that sufficient loss of blood will cause paraplegia. Tying the abdominal aorta, and its obstruction by disease—of which Gull (*Guy's Hospital Reports*, 1858, p. 311) has given a striking example—embolic blocking of the spinal vessels, as Panum (*Virchow's Archiv*, Band xxv.) has experimentally demonstrated, and large uterine hemorrhage as Moutard-Martin (*L'Union Medicale*, 1852) has shown, have alike stopped the spinal cord functioning. In other words, an insufficient blood supply—an anæmia—is a

cause of paraplegia. Brown Séquard in his Lectures, published in 1861, maintained the thesis that a strong contraction of the vessels of the cord induced by reflex stimulation is the essential condition in reflex paraplegia We should not lose sight in this connection, of the degree of stimulation necessary. A moderate degree of intestinal irritation suffices—for the law of reflex contraction of the vaso-motor fibres may be formulated thus: irritation of the end-organs of the sensory nerves, not too violent and long continued, stimulates the vaso-motor centre in the medulla, and causes a general contraction of the arterioles; but excessive and protracted irritation depresses the vaso-motor centre and relaxes the vessels. It seems probable that an ordinary intestinal indigestion and the stretching of the nerve fibres produced by retained gas, is a degree of irritation sufficient to produce the supposed effect. To the further elucidation of the mechanism of enteric paraplegia, it is necessary to recall the fact that the blood pressure in the vessels of the intra-abdominal organs rises and falls within considerable limits in quite an independent manner, controlled, doubtless, by the same ganglia that regulate the calibre of the intra-spinal blood vessels.

The circulation within the spinal canal is peculiar, in that the veins bear such a disproportionate volume to the arteries, and that the whole vascular supply is in a certain sense a diverticulum. Atheroma of the vessels will contribute to the result of reflex irritation, and hence it is that paraplegia has resulted from endarteritis of the spinal vessels.

The second postulate is that the paraplegia which succeeds to certain cases of enteric, renal, or genital disease, is due to an ascending neuritis. Chronic dysentery, pyelitis, and vesical catarrh, are affections during the course of which the spinal cord has become diseased. Lesions of continuity involving the terminal nerves in structural changes, are necessary to the production of this effect. The part which ascending neuritis may play in causing anatomical alterations of the spinal cord, is exhaustively shown by Friedreich in his monumental work on progressive muscular atrophy (*Ueber progressive Muskelatrophie, uber wahre und falsche Muskelhypertrophie*, Berlin, 1873, Hirschwald). Whether we accept his conclusions or deny them, we cannot withhold the full measure of admiration for his labors. Starting with the theory of an intramuscular neuritis, Friedreich holds that by an extension of this affection upwards, the cord is ultimately reached, and the changes belonging to progressive muscular atrophy are wrought. The intramuscular neuritis admitted, the rest may easily follow. Under the term "Chronic Ascending Neuritis," Dumenil has described the changes in injured nerves which, caused by trauma, proceed from the point of injury up to and involve the cord. Vulpian has especially demonstrated the modifications produced in the spinal cord, by the section of a principal nerve in a member, usually the sciatic (*Archives de Physiologie Normale et Pathologique*, No. 3, 1868, p. 443). The nerves of a limb amputated, as Dickinson has especially shown, undergo degenerative atrophy, and that part of the spinal cord in anatomical connection therewith, also atrophies. Many other observations might be quoted, but these will suffice to show how changes in the cord follow injuries to peripheral nerves.

In paraplegia secondary to ulceration of the mucous membrane, we can readily, I think, conceive of a lesion of the peripheral nerves and an ascending neuritis to which the succeeding changes are due. It follows that such cases require a very different prognosis from those of simple reflex paralysis. The course and termination of the latter are affected by the causal lesions, whilst the former pursue a steadily unfavorable direction from the beginning of the spinal symptoms. The differentiation of reflex from secondary paraplegia is made by attention to the following points:—

Reflex paraplegia is sudden in its onset, or, at least, develops quickly; secondary paraplegia is gradual in its evolution; the former is soon complete in all points of its symptomatology; the latter attacks one spinal function at a time. Reflex paraplegia follows the fortunes of the producing malady; secondary paraplegia pursues an independent course, and when the alterations begin in the spinal elements, they proceed in their own way, just as after amputation of a limb, the changes in the cord go on in the associated nerve fibres, or as in Landry's ascending paralysis, the lesions proceed by contiguity of tissue. Reflex paraplegia, of and by itself, never proves fatal, nor does it inflict permanent damage; secondary paraplegia may be the cause of death, and if not fatal, effects lasting mischief.

To this view of reflex paraplegia it may be objected, that extreme variations in the vascular supply must ultimately lead to structural changes. This is certainly possible, but the spinal, like the cerebral circulation, is arranged to permit considerable variations in the amount of blood.

It remains to explain, if an explanation be possible, why intestinal or renal lesions may in one case produce a merely reflex disturbance, and in another, set up an ascending neuritis. There are, probably, two reasons: 1st. The depth and extent of the peripheric lesions. 2d. An inherent susceptibility to degenerative changes in the nervous elements. The

first to me has profound signifiance, and I have already alluded to it. A degree of peripheric irritation not too great, will merely stimulate the vaso-motor centres, and cause anæmia of the cord by tonic contraction of its vessels, but when the lesions of the mucous membrane are of a destructive kind, depression of the trophic centres, as well as of the vaso-motor, ensues. That there is a neuropathic type of constitution, in which the nerve tissues are peculiarly prone to take on morbid changes, is an undisputable fact. When the two influences coincide, the result is not doubtful.

I must, then, conclude that there is a malady, which may properly be entitled *Enteric Paraplegia.*

NOTE ON PARALDEHYDE AS A HYPNOTIC.

BY J. C. WILSON, M. D.

(*Read before the Philadelphia County Medical Society, November* 21, 1883.)

Paraldehyde has during the past year been made the subject of occasional contributions from various sources to the journals. Its introduction as a drug is due to the Italians, and especially to Cervello, of Palermo, and Morselli, of Turin. It is, above 50° F., a colorless, limpid liquid, of a specific gravity of .998, boiling at above 225° F., and soluble in about eight parts of water at 52° F.

Chemically the Aldehydes are bodies obtained by limited oxidation of alcohols, from each molecule of which two atoms of hydrogen are eliminated with the production of water, thus :—

(Ethylic Alcohol.) (Acetic Aldehyde.)

$$C_2H_4O + O = C_2H_4O + H_2O$$

By further oxidation acids are produced, and these correspond in composition with the alcohols whence they are derived, thus:

(Acetic Aldehyde.) (Acetic Acid.)

$$C_2H_4O + O = C_2H_4O_2$$

In the presence of nascent hydrogen, however, aldehydes again take up their lost atoms of hydrogen and become alcohols.

Paraldehyde is formed by the action of certain acids, *e. g.* sulphuric, hydrochloric, sulphurous, etc., on acetic aldehyde at the ordinary temperature; it is a crystalline body below 50° F., and is a polymer of acetic aldehyde; that is, its percentage composition is similar, but its molecule is a multiple of that substance, viz :

(Acetic Aldehyde.) (Paraldehyde.)

$$C_2H_4O : C_6H_{12}O_3$$

I am indebted for information concerning this substance to the *Medical News* (July 28, and October 20, 1883), to Dr. C. L. Dana's communication in a recent number of the *Medical Record*, and to Mr. Genois, of Messrs. Wyeth & Bro., from whom the specimens I have used were obtained.

The medicinal dose is from thirty minims to two fluid-drachms. I have found a drachm to be the average dose for an adult under ordinary circumstances. It is to most patients disagreeable, and must be administered with a considerable draught of water. The taste and odor are ethereal and penetrating. Patients complain of this taste several hours after taking it, and it may be recognized by its odor in the breath. It is probably eliminated unchanged by way of the lungs.

Paraldehyde acts upon the cerebral hemispheres, inducing rather speedy drowsiness without preliminary excitement. "A lethal dose suspends the functions of the medulla and the respiratory centre, and the action of the heart ceases after the respiration." One observer (Brown) noted a slight depressant effect upon the heart in a single instance. It is stated that neither nausea, depression, headache, constipation, nor any unpleasant after-effects have followed its administration. Several of my own cases complained of the disagreeable after-taste already alluded to, and one or two of nausea.

Dr. Dana gave a pup six months old a gramme by the mouth. "The animal was at first much excited, running around and stumbling as if intoxicated. It showed no signs of pain or gastric disturbance. Its intelligence was not greatly disturbed; it came when called. Pulse ran up from 130 to 200; respiration was 20 to 24 and labored. In about twenty minutes, it lay down and went to sleep. Pulse 140; respiration slower (18,) and with labored inspiration. The animal was easily roused, walked around, then went to sleep again. Slept about two hours." Cervello has recently demonstrated a direct antagonism between paraldehyde and strychnia, the former diminishing the reflex excitability

of the gray matter of the medulla oblongata, whilst strychnia increases it.

Paraldedyde has been prescribed as a hypnotic by the Italian physicians who have used it, in the various conditions calling for such a remedy, but they have found it especially serviceable in the sleepnessness of dementia paralytica, hysteria, and in other forms of disorder of the nervous system.

Dana employed it in doses not exceeding three grammes in a number of cases. In six cases it acted well as a hypnotic; in two it was helpful; in one it failed. Temporary relief of pain followed its administration in sciatica, and supra-orbital neuralgia.

I have prescribed it in nine cases, with a view to its influence as a pure hypnotic.

In one hysterical patient it acted well for a short time, but lost its effect, and was discontinued. In a patient who could not sleep, after having acquired the habit of watching an invalid at night, it procured prompt and refreshing sleep. In a lady rendered sleepless by a sudden and appalling bereavment, it caused sleep, but was abandoned on account of the nausea which followed its administration. A gentleman who had sleepnessness and great mental depression, after a debauch, and who failed to sleep for several nights after reasonable doses of the bromides and chloral, took a drachm of paraldedyde, and slept seven hours, waking refreshed and hungry. On the next day, this patient, being disturbed after he had taken it, failed to sleep, but succeeded in sleeping on taking a second dose. The other cases were sleeplessness from ordinary causes, and were all more or less fully relieved. It appears to speedily require an increase of the dose.

If I may venture to express a personal view, it is that paraldehyde will prove a useful addition to our sleep-inducing drugs, but will supersede neither chloral, which it resembles in its effects, nor any others among them.

It is, like new products of the chemical laboratory, at present expensive. There is no reason why a demand for it should not cheapen it.

I thank Dr. O. Horwitz, resident physician in the Jefferson Hospital, for assistance in observing such of the cases as were treated in that institution.

Lectures.

MUNICIPAL HYGIENE.

(Abstract of Lectures Delivered by Dr. John S. Billings, Surgeon, U. S. A., in Hopkins Hall, Johns Hopkins University.)

V.

DISPOSAL OF REFUSE, GARBAGE, ETC.; DISPOSAL OF EXCRETA; CESSPOOLS; DRY CONSERVANCY; SEWERAGE.

The disposal of refuse—ashes, garbage, street sweepings, excreta, foul water, etc., is one of the most important problems of a municipality, being second only to water supply. There are two ways of dealing with it: the ancient, uncivilized way, leaving to the individual householder to get rid of his refuse as best he can; and the cooperative plan, where the city undertakes the business. By the first, the greater part of the refuse is kept within the town, in cesspools, yards, or streets, to be disposed of by nature's scavengers. The custom of throwing garbage into the streets of Paris continued till 1870. An attempt was made in 1846 to break up the custom, but the rag-pickers rebelled against it, and it was not deemed prudent to brave their opposition. The siege of Paris, however, led to a reform, and now the placing of refuse in the streets has almost disappeared in the central wards. The number of rag-pickers in Paris is 14,000–15,000, and the value of the materials collected by them is about $1,500,000 per annum. A city may either dispose of its refuse through its own employes, or by having it done by contract, the former being best, the latter cheapest. The best results obtained in any large city in this country are probably those of Boston, the system of which the lecturer described (Am. Pub. Health Asso., Vol. v., p. 24). There the matter is practically in charge of the superintendent of health, and of subordinates who are fitted by long training for it. The principle of promotion according to capacity and length of service is followed and the men are instructed to 'mind their own business, do their work to the best of their ability, and not to talk politics or religion.' Offal is removed daily from hotels and markets, thrice a week in summer and twice a week in winter from private houses, and if no offal is

found at a house, the case is reported for investigation, on the assumption that the refuse has been improperly disposed of. The carts are washed and scrubbed between each trip. The offal is disposed of at from $5 to $7 a cart load, about $58,000 net profit being derived from it in 1878. Instead of allowing the ashes and offal to be exposed on the sidewalks, as is done in other cities, the men enter the houses for it, and it is stated that but one instance of theft has been complained of during twenty years. It is difficult to find suitable localities for dumping ashes. They are not suited for filling up low-lying localities (the usual disposition), because mixed more or less with organic matter, and it is estimated that fully one-third of each car-load of ashes consists of the refuse. The dirt from streets is also unfit for filling low places, compacting very slowly and settling for years, besides causing offensive odors in digging ditches and drains. The total expenses of the department in Boston last year were $373,000, and of proceeds of sales, $50,000. In Baltimore the removal of garbage and cleaning of streets is under separate management from the Health Department, and the estimated cost per annum almost $250,000; 126 carts and men carry the refuse to a contractor, who removes it by water. New York and Liverpool dump their garbage at sea. This, however, is of limited applicability, being liable to cause nuisances on adjacent shores, and to fill up channels. Leeds and Manchester practice cremation successfully in furnaces, vegetable matter being reduced to charcoal, other matter to ash, which is made into mortar and readily sold. The lecturer had personally inspected these works and pronounced them a success in a sanitary point of view, and as economical as any which will do the work without danger to health. All plans which profess to provide for city refuse so as to make it pay for its disposal are illusory and based upon erroneous calculations. In general it is not desirable that the Health Department of a city should have the responsibility of the patronage and political considerations connected with the removal of the garbage. The most important part of a city's refuse is the human excreta, or sewage, amounting to about 1,000 pounds per individual per annum; but including all water used and rendered impure, it amounts to about twenty gallons a day and upwards per head. These excreta consist of decomposing organic matter, containing an enormous number of micro-organisms, some presumably disease-producing. The lecturer then entered into a description of the sewerage of ancient Rome, the "cloacæ" or subterranean aqueducts. The chief of these was begun by Tarquin the Elder, 150 years after the foundation of the city, and was continued and extended for about 1,000 years. At first probably used only for drainage, it gradually became a general sewer. This "cloaca maxima" has been pronounced one of the greatest engineering undertakings of ancient times. Jerusalem also had its system, and the Pool of Siloam was the cesspool of the temple. In mediæval cities excreta were collected during the day in vessels which were emptied into the unpaved streets at night, causing the latter to be horribly offensive. Separate cesspools and privies date from the ninth century, being first attached to monasteries and castles. A decree providing for privies for all houses in Paris in 1533 was not enforced. Previous to 1760 all the excreta in Madrid were thrown into the streets at night, and a decree that year requiring householders to build privies was regarded as a most arbitrary procedure, and raised a storm of opposition. The smaller towns were even worse off. This disposition of the filth was the cause of the high rates of mortality and the destructive epidemics of the middle ages. The cesspool was the first step in advance. This, although affording temporary relief, is in time attended by the gravest dangers, and a very large amount of evidence has been collected, proving that no population living among cesspool emanations can continue to be healthy. It is merely a question of time when these will lower the general health, whilst they contaminate the water and serve as foci for disease germs. One of the first steps to put a city in proper sanitary condition is now recognized by all physicians and sanitarians to be "the entire abolition of all cesspools and the prevention of their future formation." The contamination of the soil and water bearing strata by cesspools was illustrated by the case of Memphis. Sewage wells were there (1879) universal, and in the more thickly settled parts of the city were placed in basements and cellars, often only a few feet from the cisterns containing the

water supply, the contents of which in some instances differed very little from those of the cesspools. As these wells filled up others were dug near by, and in one instance five were found in one cellar. This certainly contributed greatly to the high mortality which prevailed there for many years. Attempts to prevent soil-pollution by making the cesspools water-tight have proven failures, and involve expensive methods of removal. Such has been the experience of Paris. The annual cost of emptying the 60,000 cesspools of Baltimore —those, that is, that fill up—is about $100,000. The odorless excavating company's vacuum apparatus is employed in the removal of about one third, the other two-thirds or more sink into the soil. The best water-closet will not be used in a cesspool city, because using too much water and filling the vaults too quickly.

The lecturer next described the different methods employed in getting rid of the excreta. Dry removal—that is, in pails or boxes, as with garbage, ashes or earth being used to prevent odor. Such a system would cost for Baltimore over $400,000, and frequent nuisances would be inevitable. The abundance of water in American cities, and the necessity of disposing of the water fouled by domestic use, place the dry method beyond the pale of discussion. The water carriage system involves three things: 1, the conveying away of polluted water; 2, drainage of subsoil; 3, removal of surface drainage, and most of the disputes upon this subject turn upon the question of how these three objects are to be combined in one system.

Modern sewers were first intended for surface and storm water, and it was forbidden by law (and still is forbidden in Baltimore) to use them for sewage. In London the restrictions preventing the connecting of house drains with sewers were not removed until about 1844. But such a law is difficult of enforcement, and a certain amount of excreta will find its way into the sewers in spite of it. Small natural water courses have often been utilized for drainage. These gradually become polluted and offensive by refuse and filth, as in the famous Bayou Gayosa of Memphis, and when this has progressed so as to constitute a nuisance, the stream is often arched over and called a sewer. But the functions of the two are incompatible. A sewer should be as impervious as possible. In streams too large for arching, walls of masonry are erected, the bottom is made as smooth and uniform as possible, and house and factory wastes are forbidden to be emptied into it. The failure to accomplish the desired result in this way was illustrated by the stream (Jones' Falls) which traverses the city of Baltimore, and which beyond doubt increases the mortality in its vicinity. Skilled engineers deal with such streams by intercepting sewers, usually placed on either side or along bodies of water, for the purpose of intercepting the sewage from higher localities and conveying it to a distant outlet; also where it is desirable to separate that part of the sewage from elevated localities, which force of gravity will alone convey to the outlet, from that from low-lying areas which must be removed by pumping.

There is almost unanimous agreement as to the necessity for sewer ventilation, especially in sewers of deposit, the air of which is offensive and dangerous in proportion to its length of confinement. Expensive experiments for eleven years in London proved that this ventilation is necessary for the protection of the men and for the avoidance of explosions. That explosions are generally due to entrance of illuminating gas through breakage in the pipes. In regard to means of ventilation, the only thing which seemed to be settled on as generally applicable was keeping the opening through the manhole in the middle of the street. The most efficacious and widely applicable mode of preventing the escape of offensive effluvia from sewers was considered to be providing them with such a supply of water that the decomposing matter in them shall be diluted and removed before noxious gases have been generated.

NOTE ON IODOFORM.—Dr. Philip Leidy (*Phil. Med. Times*, Dec. 15,) adds to the list of agents recommended for the purpose of concealing the persistent and disagreeable odor of iodoform, the oil of citronella as the most certain and satisfactory. Two drops of oil to the drachm of iodoform will be found sufficient. He suggests that it may be used for the same purpose with cod-liver oil, when prescribed for external use. The oil itself is used as a rubefacient and anodyne externally, either alone or in combination. The price of the oil is a mere song, and as such, is within the reach of all.

Society Reports.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

STATED MEETING HELD DECEMBER 6, 1883.

The President, R. A. CLEEMAN, M. D., *in the Chair.*

DR. W. GOODELL exhibited two CYSTS OF THE PAROVARIUM, and remarked: Both patients got well; he indeed had never lost a patient from whom he had removed a parovarian cyst. In both cases a correct diagnosis was made previous to the operation. One interesting diagnostic point was the complete absence of the *facies ovariana*. The color in the cheeks was good, and the countenance was free from the anxious expression present in cases of ovarian tumor. One tumor had existed for ten years, the other for one. Another important point in the differential diagnosis is not only the flaccidity of the tumor, but its variable degrees of flaccidity. Upon inspection, it is seen to reach to the sternum, and seems to occupy a large portion of the abdominal cavity, but when the hands are placed upon its sternal edge, it can be compressed to the level of the umbilicus. An ovarian cyst, on the contrary, is hard and incompressible. Exceptions to this rule are very rare; that is, either a tense parovarian cyst or a flaccid ovarian one. A third important distinguishing point is the long time—ten years in one case—which the tumor existed, and, further, without marked deterioration of health. After being tapped, these tumors usually refill, but occasionally they do not, and a cure is thus brought about. The fluid withdrawn has been in every case limpid and generally colorless, but it has sometimes had in his experience an emerald tint. These tumors are generally free from serious adhesions, but if in an operation for the removal of one, adhesions should exist where for any reason their forcible separation would be unadvisable, or the cyst were intraligamentous, he would not hesitate to leave the adherent portion of the cyst-wall, or the whole cyst itself, after making a big hole in it, as the fluid it secretes is bland and unirritating to the peritoneum.

Any one examining one of these cysts for the first time would consider it to be of ovarian origin; for it is only by patient search that the ovary can be found spread out over the cyst-wall. The microscope will decide with certainty in any otherwise doubtful case. The tumor is covered with a beautiful net-work of veins.

When a cyst of the parovarium exists on one side the ovary of the opposite side is usually found to be diseased, and should be removed. In these cases the remaining ovary was seen to be enlarged, and the site of a small ruptured cyst was pointed out. The Fallopian tube was also enlarged, and the terminal vesicle of the Fallopian tube or the hydatid of Morgagni was enlarged and cystic. This hydatid sometimes attains the size of an orange, and often ruptures spontaneously without any bad effects. A few years ago one of these small cysts ruptured while he was making an examination of the patient to ascertain its character.

DR. GOODELL exhibited a CANCEROUS WOMB REMOVED PER VAGINAM. In view of the very fatal statistics of the operation for the removal of the womb for the radical cure of uterine cancer, he had been unwilling to perform it. In most of the cases where the disease had been seen early enough by him to give a chance of success, the patient had been unwilling to take the risk. On one occasion, when every preparation had been made to operate, the patient had a convulsion, and an examination of the urine showed a high proportion of albumen in consequence of which he refused to operate. About a month ago Dr. Charles W. Dulles called him in consultation to see a patient in whom the carcinomatous condition was limited to the anterior lip. The womb was movable. The case was put frankly before the patient, and all its dangers pointed out. The choice of them being given to her, she decided, after due consideration, to take the risks of the radical operation. The operation was not as difficult as he anticipated.

The first step in the operation was to scrape away all cancerous tissue, and to sear the remaining surface with Paquelin's cautery. The vagina was then thoroughly cleansed. A stout thread was passed through the cervix to draw down the womb, instead of using a volsellum, the handles of which would be in the way. A circular incision was made around the cervix, and the tissues were stripped up anteriorly and posteriorly to the reflection of the peritoneum, and laterally to the insertion of the broad ligaments. Finally the peritoneum was opened and the womb retroverted into the vagina by means of the obstetric crochet passed over the fundus. A strong thread was now passed through the body of the uterus, by means of which to manipulate it more easily. A ligature was now passed around the broad ligament of the right side and secured it *en-masse*, and a second double ligature was passed through it and tied on opposite sides. This side of the broad ligament was then divided, the uterus drawn down, and the ligament of the left side secured in a similar manner and divided. The vaginal wound was closed and dressed with iodoform and cotton. A frank peritonitis set in on the third day and proved fatal on the fourth. The result made him

doubtful whether the operation is ever justifiable; he indeed felt disposed to avoid it whenever possible.

DR. E. E. MONTGOMERY inquired about the feasibility of using the galvanic wire ecraseur to divide the broad ligament, keeping the wire at a low red heat and dividing the tissues slowly, and avoiding the necessity for a drainage tube. Another method which he had been revolving in his mind was by means of the galvanic knife to dissect out the uterus, leaving the peritoneum intact, thus imitating to a certain extent the operation of Dr. Marion Sims, of scraping and the use of zinc chloride.

DR. GOODELL thought that Dr. Montgomery's galvanic wire would get too hot as the loop became small, and would then divide rapidly like a knife and incur the danger of secondary hemorrhage. He fears that the steam generated by the hot wire would penetrate the peritoneal cavity and have an irritating effect. He has a galvanic cautery battery, but has not used it since the introduction of Paquelin's benzoline cautery, as he finds the latter far more handy and manageable. He thinks Dr. M's suggestion of shelling out the uterus a very good one.

DR. MONTGOMERY exhibited, through the courtesy of Dr. W. H. Warder, the UTERINE APPENDAGES which had been removed from a young lady for the relief of dysmenorrhea, which had resulted in physical and mental failure. Menstruation had commenced at the age of fourteen years, had always been painful and had developed hysterical manifestations. Bathing at the sea-shore had at one time stopped the periods for three months; after this her health failed, her mind had been seriously affected for the last three years, and she would run away or do herself some violence at the menstrual periods if not closely watched. Examination showed the uterus enlarged and tender; there was profuse leucorrhea. The os uteri was dilated, and the uterine cavity scraped and cauterized with carbolic acid, and bromides, etc., used internally, but no improvement resulted. The ovaries were removed to-day through abdominal section; catgut ligatures were used. The ovaries are very much enlarged and contain small cysts. The abdominal wound was closed with silk sutures, and covered with an impervious dressing of collodion, cotton, etc.

HYSTERO-EPILEPSY AS A COMPLICATION OF PREGNANCY.—DR. WILLIAM H. SHIPPS, of Bordentown, N. J., sent the following contribution:

Briefly defined, Hystero-epilepsy is a term applied to an abnormal neurotic condition in which are manifested certain phenomena characteristic both of hysteria and epilepsy. Out of 276 patients confined at La Salpètrière Hospital, Paris, under treatment for various nervous affections 32 were diagnosticated by Beau, a careful observer, as suffering from this disease. Among this number the malady assumed either a distinct or combined form, hence he very wisely groups the cases into two classes. In the first, the hysterical seizures and epileptic fits remain distinct one from the other; to this form he adapts the term given by Landouzy, and designates it as hystero-epilepsy with distinct crises.

In the second class, and the one of which this article furnishes an illustration, the hysterical and epileptic seizures are coeval, both developing at the same time; to this form the name of hystero-epilepsy with combined crises has been given. The object of this paper is, not to enter into a consideration of the disease as it is met with in general practice, but simply to examine it as a complication of pregnancy, a stand-point from which fortunately we are rarely called to view it.

During the early part of March, 1883, I was called to attend a woman said to be in a fit. Arriving at the house, I found, lying on a bed, a young woman apparently 17 or 18 years of age, of fairly vigorous physique, who was striving against the united efforts of two or three neighbors who sought to prevent her doing herself bodily harm in the violence of her struggles. Examination showed entire loss of consciousness, eyes open and staring, pupils widely dilated, frothing at the mouth, which was then tightly closed, pulse full and bounding. Inquiry elicited that during the day she had been visiting a friend herself the subject of some spasmodic affection and whilst in her company became greatly exercised on some trivial occurrence and in this state of excitement returned home, which place she no sooner reached than she was seized with a convulsion. Her husband informed me that she was in the third month of pregnancy and prior to this morning had on two occasions had attacks somewhat similar though of less severity. I at once injected hypodermatically one-third grain of morphine which in a short time was followed by a total disappearance of all spasmodic action, a state of stupor supervening from which in the course of three or four hours she aroused apparently as well as ever. On the day following, I was called to see her and found her in a state of high nervous excitement, sobbing and deploring the presence of some impending danger which she, in her imagination, insisted was threatening her. In a short time the stage of muscular contraction, loss of consciousness, stupor, etc., took the place of the hysterical symptoms, finally terminating in a return to her normal condition.

Without attempting to follow the case step

by step, taking in all its details and noting the many and peculiar phases through which it passed it is interesting to note that prior to September 23d, 1883, covering a period of 200 days, not a day passed without the occurrence of one or more paroxysms. At times the hysterical phenomena would be most marked and usher the attack; then again the epileptic fit would take the precedence, always, however, accompanied by the undeniable imprint of the dual disease hystero-epilepsy. In the inter-paroxysmal period she enjoyed for the most part average good health.

On the morning of September 23d, I was asked to see her in an attack of more than usual gravity. When I reached the house she was profoundly unconscious and had been so for several hours. The time for her approaching labor being near, I made a vaginal examination but found no evidence of commencing uterine action. I ordered a hot mustard bath, mustard to the extremities, and bromides the moment she should be able to swallow. In the evening when I again called her condition was apparently unchanged. I then ordered a blister to the nape of the neck and left the patient, to return early in the morning. At 7 A. M. a messenger called stating that the woman was now perfectly rational and to all appearance in labor. I at once responded and found that she was having bearing down pains of moderate intensity at intervals of five or ten minutes, mouth of womb dilating, vertex presenting. I remained by the woman's side until 3.45 P. M. when the child, a healthy female weighing 9 or 10 pounds, was born. The labor did not differ from ordinary labors except that it was only by the utmost vigilance that the woman was prevented falling into one of her accustomed attacks. After the birth of the child, I gave it to the mother, at the same time remarking to her, as she valued the life of the child, under no circumstances to allow herself to have another convulsion. She promised faithful obedience and up to the present has not shown the first indication of her old trouble. It should be mentioned that during the entire period the patient was under observation, she had daily taken large doses of the bromides and other nervines without any effect save perhaps in ameliorating the number and violence of the paroyxsms. The case is interesting on account of the rarity of the disease as a complication of pregnancy; its persistence throughout the entire period; its resistance to all remedial measures and the final disappearance of all symptoms after the termination of labor.

Two queries very naturally present themselves: What was the exciting cause of the attacks? Would the induction of premature labor in this and similar cases be justified?

In answer to the first query: I attribute the attacks to an action upon the brain and spinal cord, reflex in its nature and developed or excited by the fetus in utero.

The happy termination of the case would seemingly offer a negative to the second query; but better judgment will I think suggest the wisdom of the operation and the danger of refusing to employ what theoretically at least offers the only chance of relief; at all events in a similar case I would most certainly have recurrence to the operation and expect from it the best results.

PROCEEDINGS OF THE MEDICAL SOCIETY, DISTRICT OF COLUMBIA.

MEETING HELD DECEMBER 5, 1883.

(*Specially reported for the Maryland Medical Journal.*)

The Society met with the Vice-President, Dr. C. E. HAGNER, in the chair; Dr. T. E. McArdle, Secretary.

Dr. T. C. Smith presented a

FŒTUS OF SIX WEEKS IN ITS MEMBRANES, showing Villi of Chorion.

Dr. S. S. Adams presented a

TUBERCULOUS SPLEEN,

with the following history: It was that of a colored boy, aged eight, who died Nov. 28, 1883, in the service of Dr. Busey in the Children's Hospital, D. C.

On the 21st of November the patient was presented in the Dr's. Dispensary service and was admitted to the Hospital by the resident physician, Dr. Kolipinski.

The previous history was incomplete, the parent stating that he had been treated for sometime for typhoid fever. He was treated in the Hospital in the summer of '83 for acute tubal nephritis.

Dr. Busey examined the patient on admission, diagnosed acute miliary tuberculosis, pronounced an unfavorable prognosis and ordered a supportive treatment.

Prostration and emaciation excessive—daily evening temperature above 103°F.

He died seven days after admission.

Post-mortem a few hours after death:

Lungs uniformly studded with miliary and caseous tubercles; two small abscesses near the root of the left lung; hypostatic congestion.

Bronchial glands infiltrated, caseous and suppurating.

Liver—tubercles not abundant.

Heart—empty and hypertrophied.

Kidneys—enlarged, dark, a few tubercles in them.

Spleen—greatly enlarged, the whole surface thickly studded with tubercles, some as large as peas; section not made.

Peritoneum—infiltrated and rough.

Choroid of eye—not examined.

Larynx—not examined.

Brain—tubercles near longitudinal sinus, left side; none at base.

Effusion in all ventricles of brain.

ELECTRICITY AND NERVOUS FORCE,

Is the title of a paper read by *Dr. Joseph T. Howard*, in which is quoted Sir Alexander Crichton, who argues the futility of all attempts to give an exposition of nervous force, or to conjecture how it is formed, etc., in the present state of our knowledge, yet, at the same time, declares the dependence of all of the functions of life "upon its being freely and abundantly supplied to all of the organs of the body." The relations existing between these organs and nervous force is very concisely illustrated by a parallel between electricity and nervous force, taking as a basis these forces as they respectively present themselves in the nervous system of man and a galvanic battery. Then, after further noticing some seeming differences, which are confined to the main conductors, existing between these forces, "resulting from the grossness of the artificial compared with the natural element," Galvani, Nobili and Du Bois Raymond, are quoted to show the correlation of the two forces, etc.

The parallel takes the common classification of the nervous system into: Cerebro-spinal, reflex and true spinal, and great sympathetic, their component parts, their mechanism, "if it may be so termed," and compares them to an artificial generator of electricity, "wherein the cranium and vertebral column represent the cells, the blood, lymph, subarachnoid and spinal fluids, the menstrum surrounding the gray and white substances analogues of the metallic plates—copper and zinc immersed in acidulated, or other liquid—from which branch out the nerves, or conducting wires, with their efferent or motor roots proceeding from the copper or positive pole (white column) and the afferent or sensory, going to the zinc, or negative gray columns." He then shows that the nerves by anastomosis and otherwise through capillaries, establish a circuit through which nervous fluid flows the same as in a battery when the extremities of the wires are brought together an electric circuit is formed. Now as any cause operating upon the electric circuit, affecting or disturbing its equilibrium is manifested at the pile, so any impression made upon an efferent nerve is immediately flashed along its length to the gray or sensory column, where the impulse, after permeating, it may be, its every molecule is transmitted to the white or motor column, from whence, in its now positive condition, it is conveyed back to the point first impressed, and motion is the result. "This is reflex action, and accords with the law of Pfluger in this relation" (the law is here quoted).

The relation of the sympathetic nervous system to that of static or frictional electricity is shown to prove "that the analogy holds good even here."

Again, he goes on to show that whereas electricity consumes the material essential to its genesis, etc., so "nervous force preys upon the fluids and tissues of the body and demands a renewal of these for its sustenance. Consequently, food is the requisite of both." * * * "If the battery is not supplied with the proper kinds of metals, etc., it will not generate electricity. It is the same with the animal, if the air it breathes or the water it imbibes are noxious, or the food not of the kind demanded, or if it is not properly assimilated, malnutrition ensues from which the nervous force is at once enfeebled," etc., from which functional and organic diseases result. "Such are some of the causes and effects operating within all artificial generators of electricity, neutralizing their forces or enfeebling their currents that likewise obtain in the animal economy." * * * "There are others which affect alike both, that operate from without; we refer to those changes of terrestrial magnetism and atmospheric electric discharges which so often occur, rendering telegraphic and telephonic instruments, for the time being useless for all practical purposes, which at the same time so visibly affect individuals of our species."

* * * * * * * *

"To these phenomena, etc., is to be traced the cause of many, if not all, of those diseases attributable to microscopic organisms," etc. * * * "These organisms are but pathological products, as has been proven by Bastian and others, not germs of disease, for a germ is the rudiment of life, the antipode of disease, which is disintegration and death."

The paper then goes on to show that as the electrical current in its circulation from positive to negative pole is subjected to certain laws, so must the nervous force passing to and from the brain and spinal marrow in accordance with the laws peculiar to itself. The laws in this relation that have been already formulated, are then cited, viz.: the laws of reflex action; of eccentric phenomena; of isolated conduction; that irritability and mobility rise as power fails, and of inhibitory action, all of which are shown to be embraced in one general law, as are those of its antitype, electric-

ity." The fundamental law of the latter is Ohm's Law, demonstrated by the formula $I=\frac{E}{R}$, wherein I represents the intensity of an electrical current, E the electro-motive force, and R the resistance, and signifies that the intensity of the electrical current is directly as the electro-motive force, and inversely as the resistance. And the nervous force, if not electric, so nearly coincides with the latter that it would not be arbitrary and unreasonable to demonstrate the law of its action by the same or a similar formula; for instance, by simply substituting N for nervous force in the place of E in this formula, we have $I=\frac{N}{R}$., as applicable to nervous force, * * * because the intensity of nervous force and the resistance it encounters from its conductors must bear some such simple relation to each other." The operation of this law is clearly and logically illustrated by detailing the elements of a galvanic battery and comparing them to the elementary constituents of the brain and spinal marrow as follows: * * * "that in the removal of portions of the cerebral hemispheres, the mental faculties are the first to be impaired, or parts of the cerebellum, harmony of motion only is primarily interfered with, or that injury of the medulla oblongata especially effects respiration, whilst the spinal cord itself may be divided and sub-divided, transversely, and each section will still possess reflex properties, all of which goes to prove that in animals, particularly the vertebrata, we have a generator of nervous force made up of many elements, and that therefore the potency of this force is physically and somatically proportional to the elementary constituents forming the brain and spinal marrow of each individual species in a normal condition, the fact of which is the full expression of the law before referred to in this relation, as it is in regard to electricity." "The evolution of the coincidences existing between these forces, and the demonstration of the commonality of the fundamental law of the active energy of electricity and nervous force is at once the object and climax of our parallel," * * * "for it identifies them as one and the same potential which only manifests itself differently according to circumstances and the varied media through which it acts. Acting normally, or undisturbed in its equilibrium in the animal economy it is that Promethean heat which sets the springs of life into action and maintains them so; it is the *vis formativa*, the *vis a tergo* and the *vis vita*, too, but disturbed or perverted in its equipoise, etc.; * * * it engenders those conditions we call disease. For how can a tissue be formed without nutrition? How can nutrition proceed without chemical action? How can chemical action go on without molecular attraction? and any, or either of these without electrical or nervous force directly or indirectly influencing them? If then, the normal functions of this force are to weave and weld together organic fabrics, disturbed or perverted in its normality, deformity, disease, disintegration and somatic death must ensue." * * * After illustrating the abnormal action of nervous force by a detail of nerve action in fever, and citing one or two cases illustrative of the same in inhibitory action that fell to the writer's care, in which are given several hypotheses to account for the same, the paper closes as follows:

"In either view of these cases, the cause direct was the want of an equal distribution of nervous force, which had been partially exhausted from the enfeebled condition of both patients, as each had been for some time previous unable to assimilate nutriment adequate to the demands of his physical system. No matter whether from one or the other cause, there was an infraction of the law before quoted for electricity, which, as we have shown, applies to nervous force, namely: That the intensity of a nervous current must be directly as the nervous force, and inversely as the resistance offered by its conductors, the nerves, in order to maintain a state of normality. Therefore, any disturbance of this equilibrium is abnormal and will so manifest itself in one or more parts of the system in the manner we have here indicated, or in some other form."

The paper itself, though quite elaborate, is only a synopsis of this important subject which offers so wide a field for discussion, and any attempt to condense it must necessarily mar its harmonies, but from the above excerpt a general idea of its tenor may be formed.

Dr. Kleinschmidt, discussing the paper of Dr. Howard, said that nothing would be more comfortable than to know that nerve-force was identical with electric force, but he feared that the paper had failed to prove this identity. The idea that the two forces were identical was first enunciated in 1743 by the mathematician Hansen, and was hailed as a happy solution of one of the most difficult physiological problems. But even then the great Haller raised objection to the adoption of the theory in pointing to the fact that nerve fibres did not possess isolating envelopes. The discoveries of Galvani, Nobili and others, again brought this theory to the fore, and finally Du Bois Reymond made the ingenious attempt to formulate theoretically the conditions in a nerve fibre, which would be capable of producing the phenomena produced by a living acting nerve. Du Bois Reymond's theory was based upon the following law: "Every

piece of every nerve and muscle, as long as it is capable of being excited, produces electromotor currents, which can be demonstrated by the galvanometer needle." And his theory supposed that the axis-cylinder of nerve fibres was composed of rows of either dipolar or bipolar molecules, arranged in such a manner as to produce the electric current demonstrated by the galvanometer. The paper read to-night assumed that these experiments proved the identity of electric and nerve forces, and also seemed to hold that this doctrine was universally accepted by physiologists. This latter was by no means the case. In fact, there were at present three leading theories, and theories only, that attempted to solve the problem of nerve power. The first was the Chemical, the second that of Du Bois Reymond, already spoken of, and also called the pre-existence theory, and the third, Hermann's Difference theory. The last named physiologist acknowledged to be in the first rank of his specialty, denied in toto the existence of electro-motor currents in a nerve at rest and in its normal condition, *i. e.*, in situ and in connection with its normal end-organs. He looked upon the phenomena seen in a nerve-section as the result of the process of dying, and explained them as follows: The section of a nerve destroyed killed that portion through which it was made, and this dead portion was, of course, indifferent. But just beyond this dead portion, there was a portion in a condition of dying which slowly crept in upon the still living portion, and the living portion was positive as to the dying, which was negative, and there resulted an electro-motor current, passing from the longitudinal section through the galvanometer, in the transverse section of the nerve. The current, according to Hermann, was produced at the line of contact of the dying and living nerve-matter, and hence he called this form of current the current of demarcation; the other current was that of action, and due to the behavior of action and non-action nerve elements; this was produced by the active portion, *i. e.* those excited being negative, while the portions at rest were positive. The paper, therefore, was wrong in stating that the idea of identity was generally accepted. The doctor had constructed an interesting analogy between an electric and a nerve apparatus, by comparing the centre nerve matter to the electric batteries and the nerve fibres to the electric wires, and had claimed that the nervous system represented a closed circuit. It was true that some nerve cells had been discovered, which appeared to bear out the idea that every nerve fibre formed a loop from centre to periphery, but the general peripheral ending of nerves was totally opposed to such an idea. But granting that the central system, say that of the grey matter of the brain, did act like a battery and sent motor impulses along the efferent nerve fibres, how was it as regarded afferent impressions; where were the peripheral batteries capable of generating the electric force needed for transmission from periphery to brain. And again, there were no isolating envelopes, for it had long since been proved that the medullary substance of Schwann did not possess the property of isolation, for it readily permitted the passage of an electric current; therefore, if nerve force were electricity, it would, like the latter, be diffused when passing through a non-isolated conductor. According to the paper, the white matter of a nerve fibre represented the positive, the grey the negative portion of the electric apparatus. This seemed to be a mere fanciful supposition, for it was an established fact, that, as regarded conduction, the axis-cylinder alone was the active agent in the process. The medullary substance had nothing to do with it, and this was shown by the fact that a nerve fibre generally arose from its ganglion cell in the form of a naked axis-cylinder or polar process, and that before entering into connection with a muscle, gland or other tissue, it lost, as a rule, its medullary sheath, yet conduction was by no means impeded by this loss. In support of his theory, the doctor had cited Pfluger's laws of reflex action, and while they did by no means fit with the supposed analogy attempted, yet, if they were to be taken as proof, why not bring up Pfluger's laws of the avalanche effect of nerve excitation, which held that an excitation increased in direct proportion to the length of a nerve fibre, gathering strength as it progressed from the point irritated to the more distant parts of a nerve fibre. True, this idea of Pfluger had been combatted, still, if the doctor cited Pfluger in proof of his theory, why not cite him also as against it? The doctor had, indeed, while elaborately giving all the possible points of resemblance between electric and nerve force, given some of the

points of difference, but had by no means given all of the latter. The whole question with our present limited knowledge stood to-day about as follows: That all we knew about nerve force was expressed in theories, and that all of them were merely provisional; that we should work to obtain better things, and simply adopt that as the best which explained best the greatest number of phenomena. As regarded this latter dictum, Du Bois' theory undoubtedly covered the most ground; it best explained the electro-motor phenomena of nerve and muscle, the phenomena of negative variation, of currents of inclination, and of electrotoners. But admitting all this, it still was nothing more than a provisional theory. He (Dr. K.) by no means agreed with Dr. Flint that nerve force was a force sui generis; he was unwilling to accept it as result of a mysterious vis vitae, holding that the phenomena of nerve action, mysterious though they might be at present, would finally be reduced to the action of either chemical, physical or electrical force; *i. e.* he hoped for the time when he would be able to reduce this yet mysterious agent to its physical, natural elements, and he also held that it was more than probable that what we now called nerve force would in the end be found very similar to if not identical with some of those forces which we have used most successfully in producing the peculiar results of nerve action, which after all was underlying all the different chemical and mechanical phenomena in the organism.

Local Application in Herpes Zoster of the Face.—In a Clinical Lecture on Herpes Zoster of the Face (*Med. Times*, Dec. 15th,) Dr. L. A. Duhring, says: "As to local applications, one of the best is that of a lotion of the fluid extract of grindelia robusta, one drachm to one or two ounces. Another good lotion, and one which is useful in many other affections of the skin, is as follows:

℞ Zinci sulphat.,
Potassae sulphuratae, aa. ℥ss,
Aquæ f℥, iijss.
Alcoholis f℥, ss. M.

Sig.—To be dabbed on the part every two or three hours."

Editorial.

The Vices of Current Medical Literature.—The mass of medical literature presented to the notice of the profession contains numerous faults which amount to literary vices. These result from carelessness in writing, from bad taste and faulty judgment. The vices referred to may be, in large measure, corrected by authors and contributors, if attention be paid to a few important facts. The *Polyclinic* (Dec. 15th) has called attention to this subject in an editorial bearing the above title. We will present a few of the suggestions made by the *Polyclinic*. The first suggestion is, to give a concise and descriptive title to every article written for publication. The title should be brief, and at the same time should be made an abstract of the topics considered in the article.

It should be made to convey a clear idea of the contents of the article.

Diffuseness is a prevalent fault. It is suggested, then, that authors should contribute short articles and hence avoid wordy papers, "filled with platitudes and pompous diction." "Diffuseness in papers on clinical subjects is often due to the ridiculous habit of relating every detail of a patient's daily condition. One may notice whole columns, or even pages, occupied by reports of the pulse-rate, temperature variation, and diet-list, destined only to be read by the author and proof-reader. Such minute information is only of use if the investigation is to determine the effects of certain agents upon the circulation, respiration or other function. Let the physician keep a record of such variations, and select for publication only those points which indicate the course of the disease, or its peculiarities."

Obscurity of language, the result often of a hurried preparation of a manuscript is a frequent fault, which may be easily corrected.

The use of foreign phrases and idioms is suggested as a most serious offense against good literary taste. The English language is capable of expressing any thought. In writing prescriptions either Latin or English should be used, and not a mixture of the two. Distinctions between weighed and fluid measures should always be indicated.

An observance of the foregoing suggestions will add materially to the value of an article in the estimation of every reader.

A few suggestions relative to the mechanical preparation of a paper should be kept in view by all writers who prepare articles for print.

An article should be written in a clear, bold and neat hand; the diction, spelling and punctuation should not be entrusted to

the proof-reader; good paper, large size sheet, should only be used, and only one side should be written on, leaving a wide margin for subsequent corrections, should such become necessary. A paper should be finished when given to the printer, as additions and changes in the proof add materially to the labor and expense of publication and result in frequent errors. Make it a rule to read, correct and return a proof as soon as possible after receiving it.

If these suggestions are observed, the labor of an editor and of the printers is immensely reduced, whilst the author escapes many unavoidable errors in his published article.

THE NECESSITY FOR A LAW TO PREVENT THE MANUFACTURE OF ADULTERATED DRUGS.—It would be difficult to estimate the injury done to the public and to the profession by the manufacture and sale of adulterated drugs. It cannot be denied that there are vast quantities of worthless and spurious drugs palmed off every year as reliable and standard goods. The opportunity to defraud, in this branch of trade, is immense, and we must believe that great frauds are practiced. The only protection the public and profession have, is in the high character and well-known reputation of firms and druggists engaged in the manufacture and sale of the article used.

It is quite apparent that a necessity exists in every State for a law which will prevent such adulterations as are referred to. Certain of the States recognizing this necessity, have established laws for the prosecution of vendors of adulterated drugs and milk. In Massachusetts (*Boston Med. and Surg. Jl.*, Dec. 13th), under the legislative act of 1882, the Board of Health, Lunacy and Charity, is invested with power to prosecute the manufacturers of adulterated drugs. That this Board has no unnecessary function, is shown by the fact that it has very recently brought charges of selling adulterated drugs against two firms of wholesale druggists in Boston. The drug selected, upon which to bring the charge, was tincture of opium, a preparation of frequent and general use. The Massachusetts act declares a drug adulterated (1) if, when sold under or by a name recognized in the U. S. Pharmacopœia, it differs from the standard of strength, quality or purity laid down therein; (2) if, when sold under or by a name not recognized in the U. S. Pharmacopœia, but which is found in some other Pharmacopœia or other standard work on *materia medica*, it differs materially from the standard of strength, quality, or purity laid down in such work; (3) if its strength or purity falls below the professed standard under which it is sold.

The State Analyst of drugs found that the sample of laudanum procured from one firm contained only .81 per cent. of morphia in the opium used, instead of 1.20 per cent., according to the standard fixed by the Pharmacopœia of 1880, whilst the sample from the other firm contained only .72 per cent., less than two-thirds of the required amount. The defence claimed in each case the right to take any pharmacopœia issued by the Society, because the act of the Legislature does not specify any particular pharmacopœia. The judge ruled that the Pharmacopœia of 1880 fixed the standard, under which the government could proceed. The Board proved its case against both firms.

Comment is scarcely necessary upon these facts. Here were two of the largest manufacturers of drugs in Boston, engaged in the manufacture of a preparation, in daily use by the public and medical profession, far below the standard of the only recognized authority, upon such an article, the U. S. Pharmacopœia. How many other preparations were similarly deficient in purity and quality, we are not informed, but it seems reasonable to suppose that large adulterations may exist in drugs of equal therapeutic value.

The law in Massachusetts to prevent such adulterations, is a wise and necessary one, and it is to be regretted that a similar law does not prevail in every State. It occurs to us that the Board of Health, Lunacy and Charity, has done a commendable work for the profession and public of Massachusetts, and it certainly deserves the support of every citizen in that State, in its efforts to enforce its plain and necessary duty. It must often occur to many physicians that an article of recognized therapeutic value is frequently disappointing in its effects. Would it not be advisable, under such circumstances, to inquire whether said article is of standard quality, before discarding its use? A change of form in which it is presented, or of the firm by which it is manufactured, may lead to entirely different results.

We do not wish to be understood as charging all manufacturers of drugs with adulterations. We fully recognize the high integrity of many firms engaged in the drug trade. A law for the prevention of the adulteration of drugs, works no hardship to the manufacturer of standard goods. It, on the contrary, affords him full protection against competition of an inferior merit. This question is one of decided tmportance to the profession, and it is our hope that it will receive attention in this State.

THE PROPHYLAXIS OF PUERPERAL FEVER.—The diseases of the lying-in state grouped under various names as puerperal fever, puerperal peritonitis, phlebitis, pyæmia, septicæmia, etc., represent an alarming sacrifice of

human life if the fact is kept in view that these inflammatory processes, which have their starting-point in the generative apparatus are, strictly speaking, preventable. Lusk, estimates the percentage of deaths from puerperal fever alone at one to one hundred and twenty-seven of all the deaths occurring in New York City for a period of nine years extending from 1868 to 1875 inclusive. Playfair states that in the Maison d'Accouchments of Paris in a number of different years, sometimes as many as one out of three of the women delivered died with this disease. It is quite apparent from a study of statistics that the diseases of the lying-in period are far too frequent. According to the statistics of the Berlin "Puerperal Fever Commission," this disease destroys nearly as many lives as smallpox or cholera. When it is borne in mind too that the victims of the disease mentioned are from women in adult life, often the mothers of families, this loss may be considered a great public calamity. It is well shown, we think, that puerperal diseases are to the largest extent preventable if prophylactic measures are adopted and enforced. This fact should be constantly borne in mind by all accouchers for a grave responsibility rests upon the attendant of the lying-in room who inoculates his patient or who suffers his patient to inoculate herself.

Numerous suggestions are laid down for adoption in all midwifery cases, whether they occur in hospital or in private practice. In an excellent paper on the "Prevention and Treatment of Puerperal Fever" (*N. Y. Med. Jl.*, Dec. 15th) Dr. T. Gaillard Thomas treats of this subject in a clear and masterly manner. Dr. Thomas offers the following rules which we present in brief: 1. The floor, walls and furniture of the confinement room should be thoroughly washed in a ten per cent. solution of carbolic acid or mercuric bichloride, 1 to 1000. Curtains, carpets, etc., should be dispensed with as far as possible. 2. The clothing of nurse and physician should be free from exposure to the effluvia of any septic affection, such, for example, as scarlet fever, typhus, erysipelas or septicæmia. Any exposure within a fortnight should necessitate a change of clothing and disinfection with a saturated solution of boric acid. 3. When labor sets, in the nurse should thoroughly wash her hands and clean her nails. The vulva and vagina of the patient should be bathed and washed out with an antiseptic solution. This should be kept up during labor at intervals of every four hours, in the meanwhile keeping a cloth over the genital organs until the child is born. 4. Both nurse and physician should wash their hands and all instruments or utensils employed during labor in a bichloride solution, 1 to 1000. 5. The third stage of labor should be efficiently produced, all portions of placenta and membranes removed and ergot should be given in moderate doses three times a day for at least a week for complete closure of the uterine cavity. 6. The doctor should take nothing for granted but carefully examine the vulva at the end of labor. A rupture of the perinæum should be closed at once. Abrasions should be cleaned with a linen cloth, and persulphate of iron and carbolic acid applied, and then again dried and painted with gutta-percha collodion. 7. In six or eight hours after labor, syringe out the vagina with an antiseptic solution and then introduce within the os uteri a suppository of cocoa butter containing from three to five grains of iodoform. A syringe with an intermittent jet should be used. Place no reliance upon the feeble drop of the fountain syringe. 8. In normal labor these vaginal injections and suppositories should be repeated every eight hours. In difficult or instumental labor twice as often and continued for ten days. 9. If the catheter becomes necessary use a new gum elastic instrument first immersed in antiseptic fluid. An old silver instrument should never be used. 10. The physician should inform himself by personal observation as to the competency of the nurse to use the catheter syringe out the vagina and introduce the' suppositories.

Dr. Thomas says that if these suggestions are faithfully followed out in every case of labor the trouble involved in the plan will not be great, and will fall into utter insignificance when measured with the great comfort which will come to the mind of the obstetrician from the reflection that he has fully done his duty in exerting himself to the utmost to protect the vital interests which have been entrusted to his care.

Whilst it may appear to many physicians of large obstetrical experience that Dr. Thomas has overrated the perils of the

lying-in state, it must be admitted that there is great necessity for the most careful employment of cleanliness and disinfection at this time. The details for enforcing strict antiseptic precaution may be considered by many, as unnecessary and burdensome, but this view of the physicians duty to his patient is entirely unjustifiable. The best surgical practice of the day is exacting in demanding the strictest attention, cleanliness and disinfection in the treatment of all wounds. The lying-in woman should be regarded by her attendant as a surgical case. The lesions of parturition should receive equal, if not more careful oversight than those graver accidents which necessitate the loss or repair of tissues in other parts of the economy.

A CORRECTION.—Through an error of our printer in changing a form after it had been properly corrected, we were made to say the following, in our last number, on page 558: "We trust the profession at large throughout the State will use their influence in this direction through their respective representatives at *done by our legislature to regulate* the Richmond. In our State we long to see something *practice of medicine* in Maryland."

Transposing the words in italics, it should read "their respective representatives at Richmond. In our State we long to see something *done by our legislature to regulate the practice of medicine* in Maryland."

Miscellany.

NARCOSIS BY CHLOROFORM, BY ETHER AND BY NITROUS OXIDE.—Neudörfer (in the *Deutsche Zeitschrift fuer Chir.*, Band xviii) investigates the above, and comes to some highly important conclusions, which may thus be summarized. 1. Air cannot hold more than 20 per cent. of its bulk of chloroform—vaporous at the ordinary temperature and pressure. 2. Chloroform acts as a poison upon the red blood corpuscles, though the lungs are not long enough under its influence to be destroyed. 3. It has been found by Bernard, Grébant, Hoppe-Seyler and Hermann that hæmoglobin has a greater affinity for carbon monoxide than for oxygen, and for nitrous oxide than for carbon monoxide. In other words, in presence of an excess of carbonic oxide the blood cannot absorb oxygen, and in the presence of an excess of nitrous oxide the blood cannot take up either carbonic oxide or oxygen. Hoppe-Seyler and Grébant think that if the weakest of these gases (in their affinity for hæmoglobin) be previously present in excess, it hinders absorption of the gases of stronger affinity. As to this, the authors think that it does not hinder this absorption, but that the latter are thus rendered innocuous, and also that the affinity of hæmoglobin for oxygen is not constant, but varies within certain limits. 4. If to an individual, whose hæmoglobin has a relatively weak affinity for oxygen, we give to narcosis a mixture of 20 volumes of chloroform vapor to every 80 volumes of air, he breathes a mixture holding 16 per cent. of oxygen instead of the usual 20 per cent. in the air, and it may happen that he may take up little or no oxygen, and the chloroform may exert its fatal effect. This is a simple and sustained method of explaining death by chloroform. 5. Now, arguing by analogy, since the very poisonous carbonic oxide can be rendered innocuous by the previous presence of other gases in excess, it is to be presumed that in a mixture of chloroform vapor *and oxygen*, the chloroform could not exert its evil effects upon the blood corpuscles. 6. There would be no danger of oxygen-poisoning, for the quantity given would be within the limits of the variations of oxygen taken up in nasal respiration. 7. The bad effects of chloroform would be done away with. 8. Twenty per cent. of chloroform-vapor would be unnecessary, since three to five per cent. is quite enough. 9. As to ether, it can be mixed up with oxygen up to 43 per cent., but it cannot compete with chloroform, because it possesses no constant chemical constitution, and its behavior to human tissues is more prejudicial than that of chloroform. 10. The mixture of nitrous oxide and oxygen acts equally as well as the chloroform and oxygen mixture. 11. Oxygen is easily administered by Simourin's apparatus. 12. Narcosis thus caused is absolutely devoid of danger.—(*Br. Med. Jl.*, Dec. 14.)

THE TONGUE.—Dr. J. C. Webb, of Milan, Mo., presents some practical suggestions (*Courier of Med.*, Dec. 1, 1883.) in regard to the appearance of the tongue as an index of the numerous morbid changes to

which the system is liable, from which the following is taken:

In fevers from simple functional derangement, the tongue is soft and slightly covered with a white fur, being more or less lubricated with saliva, indicating partial suppression of the natural secretions. If the liver be the principal organ deranged, the fur will assume a sallow hue with diminished moisture.

If high irritation or inflammation supervene the coat will change to a dry, brown appearance. An irritable stomach in febrile disease produces a white fur; if the irritability increases the tongue not infrequently becomes clean, dry and of a florid color. If the duodenum be the seat of irritation the tongue is not so dry and is more inclined to assume a bilious hue. If the febrile action is thrown upon the jejunum it varies from a natural appearance through all the shades from white to a black, dry coat, the tongue being more or less affected with nervous tremor. When the ileum is the local seat, it is coated most generally with a slightly whitish fur which is liable to pass off in flakes, leaving the organ smooth.

If the irritation extends to the colon, producing diarrhœa, the tongue will be found red at the point and edges, its centre being sometimes furred and sometimes smooth.

In bilious remittent fever it presents the various appearances seen in all grades of fever. Where the tongue has a red purple hue on its edge and surfaces, it is an evident work of secondary congestion produced from high irritation or inflammation. In secondary fever arising from wounds, etc., the tongue is variable according to locality and extent of injury. In scalp wounds it will be covered with a thick white fur in the crust, which will assume a bilious character in a few days. In wounds elsewhere the thick white fur will vary from a clammy to a dry condition.

In inflammation of the brain or its meninges it is contracted and pointed, with a bilious fur. In stupor, it is relaxed and expanded.

In catarrhal affections and scarlatina, the papillæ protrude through the white fur of a florid color.

In chronic hepatic or gastro-enteric disease, the fur varies from a white to a yellow, is contracted or relaxed in proportion to the irritability and tone of the system.

It is a sign of rapid and lasting convalescence when the fur slowly retires from the tip and edges, thinning gradually recedes. When the crust is rapidly removed and the exposed surface left of a raw appearance, or glossy, or fissured, or dark colored, the prognosis is unfavorable.

Quinine in Serpent Bites.—Dr. H. H. Vuike, of St. Charles, Mo., suggests the use of quinine as a remedy for snake bites (*Courier of Med.*, Dec. 1, 1883). He was called in August last to see a boy, aged 13, who was bitten by a rattlesnake from 20 to 25 minutes before his arrival. He found the patient in a state of great excitement, and pulse very frequent. He added ʒi of quinine to one and a-half pints of whiskey and gave this mixture within two hours. The boy showed no signs of intoxication and no signs of cinchonism, although ʒi of quinine was taken within two hours. This fact Dr. Vuike thinks proves that the poison of a rattlesnake is as antagonistic to the effects of quinine as it is to the effects of whiskey. No alarming constitutional disturbances developed. In view of these facts the Doctor arrives at the conclusion that if a serpent bite offers protection against the effects of quinine, quinine in turn may offer protection against the effects of a serpent bite, as is the case with whiskey.

Shall the Index Medicus be Discontinued?—The *Index Medicus* is again in danger of being sacrificed for want of adequate support. The publishers state that the cost of production per annum is not less than $5,000, whilst the maximum return for subscriptions at $6 per annum has not exceeded $3,600. The publishers say—in justice to themselves as well as to those whose generosity has already been severely taxed—that the *Index Medicus* must no longer be dependent on voluntary contributions, the undertaking must either be abandoned or at once be placed on the business footing of an equally shared support. The following question has been asked by the publishers: I. If the future subscription price of the *Index Medicus* is fixed at $10 per annum, are you willing to renew your subscription for 1884 at that rate. II. Should not 500 subscribers renew at $10, will you be one of 417 subscribers who are willing to renew at $12?"

The suspension of this valuable publication would be a great misfortune to literary medicine. We, therefore, urge such members of the profession as feel an interest in the perpetuation of this work to give it a material support.

Chancroidal Virus Rendered Inocuous by Heat.—After repeated experiments at different temperatures, Dr. P. Aubert (*Lyon Medicale*) has determined that an exposure of the virus of the chancroid to a temperature of 98.6° to 100.4°F. for sixteen or eighteen hours causes complete annihilation of the activity of the virus. He believes that these results afford an explanation of many clinical phenomena, such for example as the apparent non-penetration of chancroidal virus into the economy, the absence of internal abscesses and pelvic chancroidal buboes. While superficial buboes near the surface are not exposed to this high temperature. Upon the same theory he accounts for the brief duration of chancroids on the cervix uteri and the limitation of chancroids to the anal and vulvar openings.

He claims to have tried the therapeutic application of this principle. By the use of a sitz bath or half bath between 104° and 107½°F kept up for several hours the general temperature will be elevated to the neighborhood of 102°F. and at the same time the local temperature of the parts submerged will be raised, with the result of destroying the virulent action of the chancroidal secretions. He regards this the best method of treating chancroids, especially those complicated with phimosis.

Ergot Hypodermically in Puerperal Convulsions.—Dr. A. H. Carrigan of Washington, Ark., in the *Med. and Surg. Reporter* (Dec. 15), says that for the last six or eight years he has used ergot hypodermically in every case of puerperal eclampsia. He is unable to explain how this drug controls the spasmodic action, butaffirms that it has this result in his cases. In cases of convulsions of children, either from fever, or from irritation of the stomach or bowels he says "ergot acts delightfully, and gives us time with other medicines to eliminate the cause."

He uses a drachm of ergot and half a grain of morphia hypodermically, and repeats if necessary. We would suggest that this is an unusually large dose of morphia for hypodermic administration in all cases.

A Remarkable Accident.—A case is reported in the *Br. Med. Jl.* (Dec. 1) of a man who was accidentally buried under five feet of earth as he was digging in a trench 13 feet deep. He was caught standing at the time obliquely, with his head resting on the right forearm, which was pressed against the handle of his spade, his body being bent almost to a right angle. He was conscious the whole time. He could only have had from three-fourths to one cubic foot of space afforded by the position in which he was. He was fully fifteen minutes buried. Beyond numbness, general stiffness, and great pain in occipital region, there has been nothing serious the matter with him. It is interesting to note that a man could exist for such a long time with so small an amount of air, and under such an enormous pressure.

Baltimore Policlinic and Post-Graduate Medical School.—A certificate of incorporation of an institution bearing this title was filed in the Superior Court of Baltimore city on the 14th inst. The purposes as set forth in the charter are to give special instruction to physicians and advanced students in all the branches of medicine and surgery, to confer certificates of attendance and to establish a hospital and dispensary. The faculty and incorporators are as follows: Alan P. Smith, M. D., Prof. of Surgery; J. E. Michael, M. D., Prof. of Genito-Urinary and Rectal Surgery; H. Clinton McSherry, M. D., Prof. of Diseases of Throat and Chest; B. B. Browne, M. D., and T. A. Ashby, M. D., Profs. of Gynecology and Obstetrics; Samuel Theobald, M. D., Professor of Diseases of Eye and Ear; R. B. Morison, M. D., Prof. of Dermatology; Randolph Winslow, M. D. and J. W. Chambers, M. D., Profs. of Operative Surgery; T. Barton Brune, M. D., Prof. of General Practice; Wm. A. Moale, M. D., Prof. of Orthopedic Surgery. It is understood that the institution will be located in the Eastern part of the city (Old Town) on account of the clinical advantages to be obtained there, and that it will be opened as soon as a suitable building can be secured.

Medical Items.

Instead of being under one administration, as is the case with most cities of the world, London is managed by about forty different boards and vestries, all acting in complete independence of each other.=Judge O'Gorman, of New York, declines to enforce the law forbidding the sale of adulterated articles of food, in the case of adulterated teas, and the N. Y. City Board of Health will appeal from his decision.=Arrangements are about completed for the establishment of a training school for nurses in St. Louis.=Dr. J. P. Chesney, of St. Joseph, Mo., will shortly issue a book with the title, "Shakespeare as a Physician."=Dr. Willard Parker, of New York City, a well known and skillful surgeon, is reported to have been the subject of a number of attacks of illness during the past year, which have given rise to much solicitude.=Color-blindness in the Navy is probably to be made the subject of an investigation by Congress.=Dr. W. B. Platt, of this city, has recently obtained the degree of F.R.C.S., of England. He is said to be the first native-born citizen of the United States who has obtained this degree.=There is a considerable increase in the attendance of students at the medical schools in Canada, which is attributed to business depression throughout the country.=Dr. J. Marion Sims is said to have left ready for publication a story of Revolutionary times, entitled "Lydia McKay and Colonel Tarleton."=The State of Ohio, progressive in all things else, especially in politics, has no State Board of Health. Here is an opportunity for the Ohio office seeker.=The NewYork Polyclinic has at present seventy students, all graduates in its various classes. The *Record* says, "Certainly post-graduate instruction is becoming popular."=A medical college has been started at Winnipeg, Manitoba. Where next? It is never too hot or too cold for these necessary(?) institutions.=The Faculty of the Baltimore Medical College has adopted a preamble and resolutions, expressing profound sorrow and deploring the death of Dr. J. Marion Sims.=A Medico-Legal Society has been established in Philadelphia.=It is estimated that the London milkmen get $1,330,000 annually by selling water in adulterated milk. The average of all the milk obtained from different districts showed nineteen per cent. of added water.=The Royal College of Physicians has instituted a special annual examination on hygiene.=Prof. Eilhard Schultze, of Gratz, has accepted the call as Professor of Zoology in the Berlin University.=About fifty persons in the town of Thorn, Prussia, have been attacked with trichinosis.=Madame Broca offers a prize of 1,500 francs ($300), to be given by the Anthropological Society of Paris for the best memoir on a question concerning human anatomy, comparative anatomy, or physiology, bearing on anthropology. The prize will be awarded in April, 1884.=The French physiologists, MM. Chamberlen and Malonez announce that they have succeeded in discovering in the milk of cows affected with inflammation of the spleen, the bacillus of that disease.=Weston,who recently started on a temperance walking tour of 50 miles a day for 100 days, has successfully accomplished 350 miles of his task under unusual difficulties. At the close of each day's walk he delivered a lecture on temperance.=The Baltimore Medical College has purchased the Second Presbyterian Church on East Baltimore St. cor. of Lloyd for $25,000 and will use it for collegiate purposes.

CHANGES IN THE MEDICAL CORPS OF THE NAVY during week ending Dec. 15, 1883:

Surgeon F. M. Dearborne—Placed on the retired list from Dec. 10.

P. A. Surgeon A. C. Heffinger, in addition to his duties at the Navy Yard, ordered to attend officers at Portsmouth, N. H.

CHANGES IN THE STATIONS AND DUTIES OF THE OFFICERS SERVING IN THE MEDICAL DEPARTMENT U. S. ARMY, from Dec. 10th to Dec. 17th, 1883:

Campbell, John, Lieutenant Co onel and Surgeon—Having completed the duties pertaining to the office of the Medical Director of the late Department of the South, to proceed from Newport Barracks, Ky., to New York City, and assume the duties of attending surgeon in that city. (Par. 12, S O., No. 284, A.G.O. Dec. 12, 1883)

Clements, Bennett A., Major and Surgeon—Relieved from duty as attending surgeon, New York city, and detailed as member of Army Medical Examining Board, now in session in New York city. (Par. 12, S. O., No. 284, A.G.O. Dec. 12, 1883)

McKee, J. C., Major and Surgeon—Assigned to duty as Medical Director, Department of the Columbia. (G. O., No. 31, Department of the Columbia, Dec. 3, 1883.)

Williams, John W., Major and Surgeon—Leave of absence on Surgeon's certificate of disability, granted in S. O., No. 157, Nov. 12, 1883, Department of the Columbia, extended five months on Surgeon's certificate of disability. (Par. 6, S. O., No. 286, A.G.O. Dec. 14, 1883.)

Shufeldt, R. W., Captain and Assistant Surgeon—Now on sick leave, relieved from duty in the Department of the East, and assigned to temporary duty in the office of the Surgeon General of the Army. Par.) 12, S. O., No. 283, A.G.O. Dec. 12, 1883.)

Original Papers.

A CASE OF CUT THROAT AND OTHER WOUNDS INFLICTED WITH SUICIDAL INTENT. DEATH.

BY J. EDWIN MICHAEL, M. D.,

Prof. of Anatomy and Clinical Surgery in the Univ. of Md.; Prof. of Genito-Urinary and Rectal Surgery in the Baltimore Polyclinic and Post-Graduate School.

I was called about mid-day, on Nov. 30th, in great haste to see Mrs. R., who had inflicted serious injuries on herself after having murdered her two children aged respectively 5 years and 19 months. Her room presented a most horrible scene. The two children lay dead, each with the left radial artery cut and the hand resting in a pool of blood. There was a little line of froth across their mouths; they were a little swollen and rigor mortis was beginning. On the edge of the larger of the two beds in the room lay the mother covered with blood, her throat cut from ear to ear and a number of cuts on each wrist. On my arrival a homœopathic practitioner, who was in charge, readily resigned the case to my care, and a regular physician, who had preceded me, refusing to take it, I assumed control. The principal wound was that of the throat. Irregular notchings of the skin showed it to have been inflicted by several strokes of the instrument. It extended from one sterno-mastoid muscle to the other, the left being somewhat notched and the right cut about half way through. The thyro-hyoid membrane was cut through, the root of the epiglottis severed and the pharynx largely opened. With the neck extended the upper laryngeal opening was plainly in view. The ventricular bands and the complicated action of the arytenoids during respiration could be distinctly seen. Bleeding had ceased without the use of ligatures on my arrival, and there was only slight oozing from the cut surfaces. The carotids were laid bare on both sides and could be seen pulsating. The patient was very pale, almost pulseless, breathing rapidly through the wound with that peculiar hissing sound so characteristic of cut throat wounds, and coughing considerably from the irritating effect of mucus and blood in the trachea. Phonation was impossible. The patient was perfectly cool and clear-headed, and wrote with a steady hand, and in perfectly clear and lucid style all she had to say. She admitted having killed the children and made the attempt on herself, declared she was perfectly conscious of what she had done and of the reasons why, and begged that nothing be done to prolong her life as in the event of recovery she would repeat the attempt to kill herself and "would be smarter next time." As an instance of her coolness and self-possession, I may mention that within two hours after the breaking open of her room she wrote me that the policeman in the room had had no dinner, and asked me to see that his wants were supplied. The following account of the details of the crime is compiled from her own statements to me and her mother's testimony at the coroner's inquest: After a stormy interview with her husband after midnight on Wednesday, she made up her mind to leave the world and take her children with her. Her intention was to poison all, herself included, with laudanum, and she prepared herself accordingly. On Thursday night, after retiring to her room, she administered a large quantity of the drug to her children and took thirty cents worth herself. On Friday morning, about 7.30, when her mother rapped at her door, she awoke, much to her surprise and chagrin, to find that she had not done her work successfully. The children were sleeping heavily but were not dead. She met her mother at the door, reported herself as not feeling well, and begged her to bring up a cup of coffee. While the mother was down stairs making the coffee, Mrs. R. went up to her father's room, secured his razor and, returning to her own room, locked herself in. Then feeling for the pulse in the childrens' wrists she cut them, severing the left radial artery in each case. As she explained to me, she cut until the blood spurted in a jet. Being satisfied that between the laudanum and the cutting the children were sure to die, she laid down on the side of her bed and made five cuts across her right wrist, notching many of the tendons. She explained to me that she cut until the blood spurted in two jets, one from each side of the arm. The arm was allowed to hang in a bucket, as she said, to avoid soiling the carpet, etc., with blood. She did not know how long she had bled when she was aroused by confusion in the house, which indicated that suspicions had been aroused, when she

drew the razor a number of times across her throat and made several insignificant gashes across her left wrist. When the mother returned with the cup of coffee and found the door locked all was quiet in the room, and she concluded that her daughter had laid down again and was asleep. As the forenoon passed she became alarmed, and at about 11.30 a policeman was called in to force open the door of the chamber. There was, therefore, an interval of three and a half to four hours between the time the razor was secured and the breaking open of the room. The patient had doubtless fainted from loss of blood from the arm, and being aroused by the confusion consequent on calling in the policeman inflicted the wound on the neck a very short time before she was seen. The amount of blood lost could not be estimated, for besides what was in the bucket, which I did not see, the bed clothes and mattrass were soaked, and a large pool had trickled through on the floor. As hemorrhage had pretty well ceased when I reached the patient, treatment was at first directed to the prevention of suffocation by keeping the tracheal opening free of mucus and coagula. About an hour later a soft rubber catheter of large size was passed into the stomach through the wound and whiskey and water administered. This immediately produced nausea and vomiting. Some of the whiskey coming in contact with the larynx, produced alarming dyspnœa and caused the patient much suffering. The patient told me that whiskey always nauseated her, and this I found afterwards to be true even when it was used hypodermically. I placed her in charge of a number of medical students from the University, who relieved each other regularly and gave me invaluable aid in the further treatment of the case. I concluded to leave the wound open and directed the student in charge to keep it free from sources of irritation by constant cleansing. Stimulating enemata were also ordered, but the patient would not submit to their use.

Eight P. M.—Patient has had numerous attacks of coughing during the afternoon. Suffers considerably from dyspnœa, due to swelling of the arytenoids and ventricular bands (œdema glottidis). There is intense thrist and dryness of the mouth and throat. Fluids swallowed escape from the wound but give some temporary relief. An attempt to administer milk by means of the tube in the gullet was followed by vomiting and great distress.

Dec. 1st.—Patient somewhat improved; œdema of glottis less; respiration easier; wound glazed over. She has learned by flexing the neck to swallow about half of fluid taken in the mouth. Mouth dry and painful.

Dec. 3rd.—T. 100°; p. 114; very feeble; wound suppurating nicely; breathing tranquil; intelligence perfect; very anxious to die, has had several nervous chills during the day.

Dec. 5th.—Weaker. Being convinced that the milk and wine swallowed had improved her condition, she now persists in extending her neck at the moment of swallowing, which allows everything to escape from the wound. Nervous chills, of which she has had several, measurably controlled by morphia hypodermically.

Dec. 7th.—Has been growing weaker since last note and died this morning at 6.30.

The manifest improvement during the first few days gave some grounds for hope (or rather fear) that she would recover, and I am convinced that had the case been one in which the cordial coöperation of the patient in the means used for relief could have been secured, recovery would have been probable. But the intense desire for death, the intelligent appreciation of her condition and her persistent efforts to thwart every attempt to save her life were obstacles we could not overcome. I do not propose to discuss the sanity of the patient. I may state, however, that in conversation with the members of her family and with Dr. Louis C. Horn, her family physician, who attended the case with me, I could gather no evidence of mental impairment previous to the act, and certainly during my attendance upon her there was no such manifestation.

I cannot close this report without returning thanks to Messrs. Warfield, Pearson, Burr, Trimble, Berthold, Corkran, Malone and Finley, and more particularly to Mr. Cummings, students at the University of Maryland, for the kindness they showed the patient and the intelligent and skillful assistance they rendered me during the progress of the case.

246 Madison Ave.

CLINICAL REPORT OF A UNIQUE CASE OF STRANGULATED HERNIA.

BY G. GLANVILLE RUSK, M. D.,

Professor of Surgery in Baltimore Medical College.

On invitation of Professor Ellis, one of my colleagues, I visited a gentleman who was supposed to be suffering from strangulated hernia. Three days prior to my visit the patient had attempted to lift a heavy piece of machinery, but was unable to do so, owing to a protrusion from the right inguinal canal, accompanied by a "sickening pain." His physician saw him right early, and reduced by taxis the offending mass to the very great relief of the patient. On the following day he reported himself well, and in a jocose manner expressed a doubt as to the accuracy of his physician's diagnosis. Under protest from his adviser he took four doses of a drastic purgative, and strange to relate it was retained by the stomach, but had no effect on the intestinal tract at this time. On the morning of the third day the patient complained of indisposition with slight nausea, unaccompanied by pain. At the time of my visit, which was late on the evening of the same day, the patient was nauseated, void of pain, with pulse characteristic of serious abdominal trouble. On examination of the inguinal regions I discovered an undescended testicle lodged in the left inguinal canal. In the opposite canal, where the protrusion had primarily occurred, I was unable to detect the slightest evidence of an existing hernia. Continuing my search, I found the femoral canals normal, no spasmodic or organic stricture in the rectum. The presumption in the case was that the primary trouble had been effectually reduced by Professor Ellis, his physician. I was unable on the instant to unravel the puzzle before me; the symptoms, according to my experience, were not sufficiently pronounced for a recent case of strangulated hernia. The query in my mind was, were the symptoms in the case the result of intestinal invagination, or due to the accumulation of fæces, causing an obstruction in the bowel, or were they from a failure to completely reduce the primary hernia. Owing to the obscurity of diagnosis, I determined to delay operating till early morning, at which time I intended to seek for the trouble in the suspected canal, and if I should fail to find it, then establish an artificial anus at some eligible point in the abdominal wall. The patient was ordered an enema of hydrate of chloral to produce relaxation of the intestinal tube and one-twelfth of a grain of calomel every hour to allay nausea. We were at his bedside early in the morning, and were informed by his wife that he had slept well and retained nourishment. Whilst I was pressing in a mechanical manner over the right inguinal canal, he was suddenly seized with nausea, which was followed by a copious vomiting of stercoraceous matter. He was immediately placed on the operating table, and the cause of his precarious condition sought for. It was found to have been the constriction of a small knuckle of intestine grasped within the internal abdominal ring. The constriction was divided and the imprisoned intestine freed. Collapse seemed imminent, but stimulants and artificial warmth restored the vital powers. Vomiting ceased, and in a few hours an alvine evacuation, which had not occurred for several days previous to his present illness, relieved his mind as well as his body. At this juncture I transferred the care of the patient to Professor Ellis, who informed me on the following morning that his patient was doing admirably well, and immediate union of the wound anticipated. Unfortunately hypercatharsis ensued some thirty-six hours consecutive to operating, to which the patient rapidly succumbed, dying on the sixth day of his illness. I would draw attention in this case to the absence of all positive symptoms indicative of strangulated hernia, and we would learn it not to delay operating even when the symptoms are most obscure.

DR. FOTHERGILL'S FORMULA FOR ASTHMA.—Dr. Fothergill recommends the following formula for asthma (*Med. Summary*):

℞ Tinct. lobeliæ ℥v,
Ammonii iodidi ʒij
Ammonii bromidi ʒiii
Syr. tolutani ℥iii.

M. S. One teaspoonful every one, two three or four hours. It is said that this gives relief in a few minutes, and that the relief is sometimes permanent.

DOWNWARD DISPLACEMENT OF THE TRANSVERSE COLON. THREE CASES, WITH AUTOPSIES.

(*Read before the Phila. Co. Medical Society, October 17, 1883.*)

BY CHARLES HERMON THOMAS, M. D.,

Surgeon to the Philadelphia Hospital.

A deformity of the transverse colon, consisting in the elongation of that portion of the large intestine and its displacement downward in the form of a loop or festoon, has been observed by me in three instances in private practice. Autopsies were had in them all. In the first the most dependent portion of the gut was found midway between the umbilicus and the pubic symphysis; in the second it was deeply impacted in the cavity of the pelvis; and in the third it reached the level of the umbilicus.

A positive diagnosis was not made in any of the cases, although in two of them the striking clinical conditions present were studied with special care in association with experienced and highly skilled observers. In the second in order of occurrence, the relationship between it and the preceding one suddenly occurred to my mind, and was communicated to the operator while on our way to make the post-mortem examination. In the third case the actual condition present was strongly suspected before death. So that in both of these latter, special precaution was used at the autopsies to avoid disturbing the relative position of the abdominal viscera until their location had been accurately determined.

The lesion here described seems to be of rare occurrence. Thus far I have failed to discover a single recorded case; and not until this paper was nearly completed was I able to find any published reference to the condition, however vague. Several months ago I asked the assistance of Dr. Formad, who informed me that in a series of autopsies, numbering over 2000, which he had made, he had not observed an instance of like character. He has also kindly sent me the following note:

"UNIVERSITY OF PENNSYLVANIA, Dec. 15, 1882.

"*Dear Dr. Thomas:*

"* * * * I looked very thoroughly through the literature of intestinal lesions, but did not meet any record of misplacement of the transverse colon. "Very truly yours,

"H. F. FORMAD."

CASE I.—Male, æt. eighty years, a retired gentleman, came under my care August, 1874, as a patient of Dr. J. J. Levick, who had placed his practice in my charge during his vacation, and who informs me that there was no previous history of abdominal disease.

The symptoms present were extreme emaciation, feebleness, anorexia, and a profuse but fitful diarrhœa. The abdomen was retracted and somewhat tender upon pressure. There was no complaint of pain except at intervals of three or four hours, when the diarrhœa had ceased for a time. Coincidently with the cessation of the diarrhœa, a tumor about five inches long and two inches wide, of firm consistency, and visible on inspection, appeared beneath the thinned abominal walls in a transverse position midway between the umbilicus and the symphysis pubis. The tumor persisted but an hour or so at a time, disappearing immediately upon the return of the diarrhœa. During the periods of continuance of the tumor the pain was so severe as to rapidly weaken the patient. This condition of alternate flux and painful tumefaction was repeated several times daily until death took place. During the attendance upon the case there were associated with me Dr. Albert H. Smith and a distinguished physician from another city—a near relative of the patient. With attention fully directed toward it, and after repeated observations, we were unable to frame a reasonable hypothesis as to the exact character and origin of the tumor. Death occurred September 12, about three weeks from date of attack.

Autopsy.—In the presence of Dr. Levick, and the relative mentioned, I made the abdominal section. To the former I am especially indebted for the specimen obtained, and which is still preserved.

Upon laying open the abdominal cavity the transverse colon was found to be greatly elongated and proportionately narrowed, the loculi being nearly obliterated, forming a loop open at the top similar to the letter U, the most dependent portion occupying the position of and constituting the tumor as above described, *i. e.*, the horizontal portion of the loop rested upon the small intestines, midway between the umbilicus and the pubic symphysis.

CASE II.—Female, æt. fifty-four years, a lady of delicate frame and refined habits of life, was under my charge for about ten months prior to her decease. During the greater portion of this period Dr. James H. Hutchinson was associated with me in the attendance. Dr. Charles K. Mills also saw her for me during my vacation. The patient had previously been attended by a homœopathic practitioner, who had diagnosticated her condition as enlargement of the liver and stricture of the rectum. The latter supposed condition he had treated by the introduction of rectal bougies; this practice being afterward abandoned on account of the pain produced, and the lack of beneficial results.

Profound cerebrasthenia from other causes, with several months of delirium, and which finally led to a fatal result, served greatly to complicate the issues involved. The abdominal conditions which had been recognized from the beginning, were thus either masked or placed entirely in abeyance during much of the time.

The more prominent symptoms recognized were (1) pain, referred chiefly to the region of the liver, and extending both upward and downward, which pain was aggravated by walking, and was described as of a dragging, tearing character, and which had existed for four years or more. It was very much relieved by the recumbent posture, and after some months spent mostly in bed almost entirely vanished.

(2) Obstinate constipation, with indications of obstruction, even a liquid passage being voided with difficulty. The capacity of the rectum to retain enemata was also diminished to two ounces.

(3) Two solid tumors, elongated in form and of the consistency of solid fœces, were discovered, located one on each side of the abdomen, and evidently just beneath the parietal structures. They were vertical in position, and about eight inches distant from and so parallel to each other, and were traced from the border of the ribs to within about two inches of the pelvic brim. This condition was observed but a few times, and at considerable intervals; at other times it was absent. The hypothesis was adopted that these masses were the ascending and descending colon, respectively, in a state of fœcal impaction.

Death occurred March 30, 1882, supervening upon a severe mental shock. An autopsy was made by Dr. Wm. M. Gray two days later, Dr. Hutchinson and myself being present. To quote from Dr. Gray's notes. "Upon opening the abdomen found complete prolapse of the transverse colon. It was carried beneath the pubis and rested on the bladder. The large intestine was much narrowed, and was filled throughout with hard nodulated fœces; the meso-colon was absent and the omentum, which was free from fat, was extremely atrophied; the rectum was normal, showing no evidence of stricture; the liver was of normal size, but upon microscopic examination showed marked cirrhosis."

Thus, that which had appeared to be the ascending colon proved to be the descending limb of the displaced transverse colon; and that which had seemed to be the descending colon was shown to be the ascending limb of the same malformation.

The pain which had previously been felt in the region of the liver, and which had been relieved by recumbency, had manifestly been caused by the sharp flexture of the colon contiguous to it; and the rectal obstruction by the crowded condition of the pelvis produced by the invading loop of large intestine.

CASE III.—Male, æt. thirty years: a tailor's cutter, under attendance nine days prior to decease. The subject of advanced Bright's disease, with "hyaline, epithelial and granular tube casts, also mucous cells, compound granule cells, and free oil globules," he was extremely exhausted thereby. He also complained of severe pain in the abdomen to the right of and slightly above the level of the umbilicus. Upon inspection and palpation of the part no enlargement or induration was discovered; but light percussion developed an intensely tympanitic sound confined to the region described. Misplacement of the transverse colon was suspected, and the region kept under observation for any evidences of fœcal impaction which might, but which did not, present. Death occurred suddenly March 19, 1883. Autopsy two days later, by Dr. Wm. M. Gray, operator, Dr. Wm. H. Burke and myself being present.

The following notes were made by Dr. Burke. * * * "Body rather emaciated, and showing signs of commencing decomposition. On opening abdomen absence of fat noted, omentum normal. Peritoneum showing traces of lymph and pus, in the pelvic region especially, but no general inflammation. Transverse colon empty, distended with gas, and has a sharp flexure at its centre, bending obliquely downward and toward the right, to the level of the umbilicus, thence sharply upward to its normal position. Meso-colon intact and apparently normal except in length. No sign of fœcal obstruction at the point of flexure. Both kidneys scirrhotic; capsule adherent, and secreting structure destroyed."

Evidently the heightened tympany localized near the umbilicus, which had been previously recognized and ascribed to the presence there of a portion of the transverse colon misplaced, had in reality been so caused.

No adhesions of the displaced parts were found in any of the cases cited. The intestinal fault was probably not the cause of death in any of them. Taking them together it will be seen that clinical conditions and post-mortem appearances agree in at least one important particular, viz: the location of the displaced intestine in contact with the anterior abdominal wall and below its normal site.

The normal anatomical relations of the colon have a special significance in the light of these cases, from a diagnostic point of view. The ascending and descending portions of the colon are, normally, to be found in contact with the *posterior* or lumbar wall of the abdominal cavity—behind the small intestines—and

are there bound closely down by reflections of the peritoneum. The transverse colon, on the contrary, is normally in contact with the *anterior* abdominal wall—in front of the small intestines—where it is loosely suspended by the transverse meso-colon; a structure of considerable length.

It therefore appears to be a practical impossibility for the vertical portions of the large intestine to become spontaneously misplaced anteriorly. But of the transverse colon, its displacement downwards—in which changed position its relation of contact with the anterior abdominal wall is retained—these cases show to be a condition of repeated occurrence.

Conclusions.—(1) Displacement of the transverse colon downward within the abdomen may be to any degree, partial or complete.

(2) Such displacement will present as solid tumor if the bowel be in a state of fœcal impaction, or as a limited area of heightened resonance if the bowel be distended with gas; but in either case the displaced part is to be found *in contact with the anterior abdominal wall.*

(3) The occurrence of intra-abdominal tumor situated below the normal site of the transverse colon, and having the same general configuration as the colon, such tumor being of a certain consistency, and presenting evidences of being in contact with the anterior abdominal wall; or the occurrence of areas of special tympany with like outlines and similarly located, constitutes diagnostic signs strongly indicative of downward displacement of the transverse colon.

A Test of Alcohol.—An offer has been made to the Manchester Infirmary (*Med. Times and Gaz.* Dec. 1st), by certain temperance advocates to contribute £1,000 to the funds of the institution "for experiments as to the use of alcohol." It was proposed that a series of patients should be treated religiously without alcohol, and the results of their treatment compared with those obtained under the use of the drug.

The committee declined these proposals for the following reasons: 1st. Trustworthy conclusions as to the value of alcohol could not be arrived at by the proposed scheme. 2d. Alcohol is given in this hospital as a medicine and not as an article of diet. As a medicine it is of great value in the treatment of disease, and at times essential for the saving of life. This being so, any experiment which involves the lives of their fellow-creatures should not be countenanced.

SOME NEW FACTS ABOUT ASTIGMATISM.

(Read before the Philadelphia County Medical Society December 12, 1883).

BY M. LANDESBERG, M. D.

Astigmatism is such an abstruse subject, that it should generally only be treated before the narrower circle of physicians who have made ophthalmology a special study. And if I beg leave to lay before you the results of my observations in regular astigmatism, there must be some special reason which induces me to make exception to the rule. The results of my observations open a new insight into the nature of astigmatism; they mark a real progress in the knowledge of the latter, and furnish practical consequences, which may be utilized for the benefit of those who are suffering from a similar trouble.

You know, gentlemen, that by astigmatism we understand this form of asymmetry of the cornea, in which the curvature of the latter is either different in the different segments of the same meridian, or in the different meridianal planes. The first form is called *irregular*, the latter *regular astigmatism.* Irregular astigmatism may be either acquired on congenital. Is very often associated with irregularities of curvature in the lens, and but very seldom admits of any remedial help or of correction by glasses.

It has been the scientific dogma of our days that regular astigmatism presents, in the greater majority of cases, a congenital and unchangeable optical defect of the cornea, which can only be neutralized by the selection of suitable glasses. The development of regular astigmatism, post partum, is considered to be of very rare occurrence, and to take place only in consequence of certain affections of the cornea, by spasm of the lids, and occasionally after iridectomy and extraction of cataract. In these instances, however, astigmatism is temporary only, and it generally subsides when the causal affection, which had produced the changes in the curvature of the cornea, has been removed.

My observations in regular astigmatism are in full contradiction to the prevalent opinion concerning the nature of this form of error of refraction. They have taught me that, certain conditions given, regular astigmatism may develop in any cornea; that it is apt to progress and to increase in degree, when the primary cause, of which astigmatism is only the effect—one of the many symptoms only of the morbid process, in which the eye actually is involved—continues to work. If you have such a case in hand and you correct the optical defect by cylindrical glasses, you only add a new injury to the existing ones;

you only aggravate the morbid process; you consolidate a disorder, which is apt to be cured by appropriate treatment.

The conditions under which regular astigmatism may develop are: *Progressive myopia, with and without spasm of accommodation—spasm of accommodation in an emmetropic, myopic and hyperopic eye.*

In my first communication on this subject in von Graefe's Archives of Ophthalmology, xxvii, 2, I gave the history of fourteen cases which came under my treatment, either for progressive myopia with and without spasm of accommodation, or for the most various asthenopic troubles based upon spasm of the ciliary muscle, in connection with myopia or hyperopia. All these cases were complicated with regular astigmatism. The degree of the latter varied from 1-36 to 1-10. An increase in the degree of astigmatism was observed in two cases of progressive myopia, in connection with the progress of the latter. The treatment instituted for the asthenopic disorders, or for the progressive myopia, had the effect not only to cure the affection proper, but also to remove astigmatism entirely. The degree of astigmatism gradually subsided, keeping pace with the decrease of the other morbid symptoms.

I am now able to corroborate my first statements by additional facts. The latter are based upon a further observation of thirteen cases, in which the *transitory character of certain instances of regular astigmatism* has been fully established.

I shall not be guilty of wearying the audidience by a monotonous exposition of all these cases, however interesting they may be. A brief summary of three cases will suffice to illustrate my proposition:

CASE 1.—The 12 year old boy, McE., came under my treatment October 26, 1882, on account of weakness of his eyesight, which had rendered regular work impossible. He has been suffering for the last years from violent headaches, to which were lately associated noises in the ears. He had stammered before, but slightly and occasionally only. This disorder has now become permanent for the last few months. There were marked anæmia and nervousness; the eyelids were in constant nictitation; the external appearance of the eyes was normal; all the other organs were in good condition.

Vision of the right eye was 12-70; concave 1-12 increased vision to 12-30; concave 1-12, combined with concave cylindrical 1-18, 65°, brought vision almost to 12-20. Vision of the left eye was 12-100; concave 1-20 increased vision to 12 40; concave 1-20, combined with concave cylindrical 1-26, 105°, brought vision to 12-20. There were besides weakness of the internal muscles and marked venous hyperæmia of the retina. The boy was not able to continue reading for a few moments, not even medium large print. He turned the book soon to the right, soon to the left side, raised and lowered it and seemed to feel easiest by holding it in an oblique position to his visual line, the head turned on the vertical axis to the left. The eyelids, which were in constant nictitation, closed spasmodically on protracted efforts of accommodation, which had besides the effect to call forth lachrymation and congestion of the ocular conjunctiva, with a sensation of intense pain and pressure in the forehead and in the temples. Photophobia was not present, and the eye could stand even strong light with great ease.

I abstained from any internal medication, however tempting it was to try to build up the system by roborantia. My treatment consisted merely in absolute rest of the eyes and in the use of duboisia, by which maximal mydiasis was kept up. With the abatement of the spasm of accommodation, which was marked by a decrease in the degree of myopia and astigmatism, and by an increase in vision, the general health improved, headaches and nervousness subsided, and stammering returned to its former condition.

The final result of the treatment, as noted down January 12, 1883, was as follows: Vision of the right eye 12-15; concave 1-42 increases vision to 12-12. Vision of the left eye 12-15; concave 1-60 increases vision to 12-10. No astigmatism in either eye. The weakest cylindrical glasses at my disposal, concave 1-70, impairs vision. Equilibrium of the muscles perfectly restored. Retina normal.

Examination repeated June 2d, showed no change in the condition of the eyes; the latter have done their due amount of work without ever causing the slightest annoyance.

CASE 2.—The 10-year old boy, B., came under my treatment October 2, 1878, for progressive myopia and asthenopic trouble, with the following condition of his eyes: Right eye, M. 1-16, V. 15-70; concave 1-16, combined with concave cylindrical 1-36, 95°, increases vision to 15-30. Left eye, M. 1 14, V. 15-40; concave 1-14, combined with concave cylindrical 1-24, 105°, increases vision to 15 20. The parents of the boy are highly myopic, and there is myopia in the respective families.

A three months treatment by means of heurteloups and atropia had the effect to increase vision to 15-12 in each eye and to remove myopia and astigmatism. In spite of the many hurtful influences to which his eyes were subjected, the latter gave no cause of complaint until the fall of 1882, when symp-

toms of esthenopic troubles and of irritation developed in conjunction with the reappearance of myopia. Examination, made December 4, revealed: Right eye, vision 12-50, with concave 1-24, V. 12-30, combined with concave cylindrical 1-36, 90°, V. 12-20. Left eye, V. 12-100, with concave 1-10 respectively 1-9, V. 12-50, combined with concave cylindrical 1-30, 90°, V. 12-20.

A two weeks use of duboisia and perfect rest of the eyes improved somewhat the condition, but treatment proper had to be deferred until the summer vacation. June 25, 1883, examination showed: Vision of the right eye 12-50, concave 1-18, increases vision to 12-30; concave 1-18, combined with concave cyl. 1 20, 125°, increases vision to almost 12-15. Vision of the left eye 12-200, concave 1-8, increases vision to 12-50; concave 1 8, combined with concave cyl. 1 18, 105°, increases vision to 12 20. Weakness of the internal muscles, marked retinal hyperæmia. Region around the macula lutea slightly suffused.

The use of duboisia and heurteloups, and perfect rest of the eyes, gradually led to perfect recovery. The final result, noted October 3d, was: Right eye, V. 12 12; it bears concave 1-70, but not concave 1-60 Left eye, V. 12-15, concave 1-45, resp. 1-36, increases vision to 12 12. With both eyes (without the use of concave glasses), vision is 12-10. Astigmatism entirely vanished. Equilibrium of muscles restored. Retina normal.

CASE 3.—The 14-year old boy, W., was brought to me December 27th, 1882, on account of asthenopic troubles and weakness of his eyes. Examination showed: Vision of the right eye, 12-50; convex 1-70 up to 1-42, increases vision to 12-20. Vision of left eye 12-40; convex 1-60 up to 1-42, increases vision to 12-20. Cylindrical glasses do not improve vision. There is marked spasm of accommodation.

My proposed course of treatment was not agreed to at the time. The boy continued working until March, 1883, when his eyes failed totally. He resorted to another oculist, who ordered him the following glasses for near work: *Concave 140, combined with concave cyl. 1-36, 120°, and prism 2°, base inward for each eye.* They acted at first like a charm, and patient was able to continue his studies for a few weeks, but then the condition changed to the worse. A modification in the glasses—*concave 1-30, combined with concave cyl. 1-36, 120° and prism 3°, base inward for each eye*—ordered by the same physician, proved without avail. The slightest effort of accommodation provoked the most agonizing headaches, nausea, and even vomiting; vision became as bad for distant as for near objects; the general health suffered considerably. Patient lost flesh and appetite and became of very irritable temper. In this condition he was entrusted to my care, June 28th, after a treatment for dyspepsia had proved a total failure.

The examination showed: Vision of the right eye 12-70; concave 1-20 increases vision to 12-40; concave 1-20, combined with concave cylindrical 1-20, 105°, gives vision 12-20. Vision of the left eye 12 100; concave 1-18, resp. 1-16 increases vision to 12-50; concave 1-18, combined with concave cyl. 1-30, 110°, gives vision 12-20. Medium small print (Jaeger 3) is read with great effort, the book being kept close to the eyes and askant to the visual line, the head turned on the vertical axis somewhat to the left. The lids are in constant nictitation with intervening spasmodical contractions. There is marked lachrymation and photophobia. Both retinæ show intense venous congestion.

The same treatment as has been described in the second case, gave, October 2d, the following result: Right eye, vision 12-10; left eye, vision almost 12-8. Both eyes bear convex 1-60, but not a higher number. With both eyes (without the use of glasses), vision is 12-8. With the help of convex 1-60, vision reaches almost 12-7. No trace of astigmatism. All disorders vanished. General health good.

Society Reports.

CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD NOVEMBER 16TH, 1883.

(*Specially reported for the Maryland Medical Journal.*)

The Society was called to order at 8.30 P. M., the President, Dr. J. EDWIN MICHAEL in the chair.

Dr. George C. Shannon was proposed for membership, and *Drs. George Strauss Wm. Rickert*, and *J. H. Smith* were elected to membership.

SPECIMENS OF CARCINOMA.—*Dr. J. H. Branham* showed two specimens, the first of which, was removed by operation—the second on post-mortem. The *first* was a scirrhus of the right mamma, removed February 26th, from a colored woman, æt. 52. There was an ulceration near the sternum. A small gland was felt in the axilla. Sept. 18th, several enlarged glands were removed from the axilla, since which she has done well; recurrence of the disease, however, is to be expected.

The *second* case was one of cancer of the stomach, affecting principally the cardiac ex-

tremity, and producing a constriction at the junction of the œsophagus and stomach. The latter was very small, and would have held only about a half gill. All the surrounding organs were involved; the spleen and diaphragm were so firmly adherent to the cardiac extremity of the stomach, that it was necessary to tear them away to get them loose.

Dr. Gibbons gave some further details of the last case, which had been under his professional care. The patient was a German woman, æt. 69. There was no history of cancer in her family, and, until two years ago, she was healthy. For a year she suffered from gastric trouble. At that time Dr. G. was called in, and found her complaining of vomiting and pain. No tumor was ever apparent, nor was there ever any jaundice, or hemorrhage. The vomited matter consisted of mucus and serum. A diagnosis of gastric cancer was made. The treatment consisted of bismuth, arsenic and iodoform. Much relief was experienced from the last-named drug, given in 2-grain doses in capsules.

Dr. R. Winslow believed cancer to be a local trouble in the beginning, and extirpation to be the remedy. It is well, in removing mammary cancer, always to extend the incision to the axilla, since glands there may be involved without external evidence, and may prove secondary foci for the disease. Recurrence within a year, shows that there must have been considerable deposit in the axilla.

Exophthalmos with Loss of Sight and Aortic Insufficiency Benefitted by Iodide of Potassium.

Dr. Bermann related a case of a colored woman, æt. 50, who has lately lost the sight in her right eye, within the space of two days. There is occasional pain in the eye, and it protrudes very much. Ophthalmoscopic examination throws but little light on the case; there is some venous congestion of the disk, the outlines of which are a little dim. Auscultation of the chest reveals a decided insufficiency of the aortic valve, and consequent hypertrophy of the left ventricle. There is also pulsation in the neck. There is no evidence of syphilis, and the patient denies it; but there being no clue to the nature of the case, she was put upon iodide of potassium, gr. viii, three times a day, and the results have been most satisfactory, the exophthalmos having decidedly diminished and the sight improved. At the beginning of the treatment she could not count the fingers, being able only to distinguish their movement; now she counts the fingers at twenty feet.

Dr. Friedenwald was inclined to attribute the exophthalmos to a serous effusion.

Dr. Branham inquired whether there had been any examination of the urine?

Dr. Bermann replied that there had not been. If the exophthalmos were due to serous effusion he thought there would be some fluctuation to be felt under the lids.

Inversion of Uterus Cured by a New Operation.—*Dr. B. B. Browne* reported the following case: A stout, fleshy woman, weighing 175 lbs., presented herself last spring, complaining of severe metrorrhagia. On examination, a tumor was discovered, projecting into the vagina, which was found to be an inverted uterus. The symptoms had begun two or three weeks after last pregnancy. All efforts to restore the inverted organ being fruitless, the following plan was adopted and carried out: The fundus was drawn down entirely out of the vagina; an incision an inch in length was then made into its posterior wall; into this a Sims' uterine dilator was passed and carried up and into the cervix. The blades of the instrument were then opened to their fullest extent, thoroughly dilating the cervix. The incision being now sewed up with carbolized silk-worm gut, the organ was reinverted without difficulty. The patient was in bed within twenty-five minutes from the first incision. The temperature rose on the second day to 102°; with that exception she has done well, and now a normal cervix can be felt in the vagina.

Asthma Cured by Removal of Nasal Polypi.—*Dr. J. D. Arnold* reported the following case: An Italian woman, æt. 56, had suffered from true spasmodic asthma for 18 months. There were no heart or chest lesions. The attacks took place several times a day, and occurred suddenly, being preceded by sore-throat and slight cough. The attacks ended with coughing, in which enormous quantities of mucus were expectorated. Tartar-emetic carried to emesis, gave temporary immunity. On examination, both nostrils were found to be filled with polypi; these were removed in four sittings, the last Sept. 11th, since which there has been no asthmatic attack. Voltolini reported two similar cases in 1874, and three have since been reported in the *Archives of Laryngology*.

Dr. Bermann referred to a case of asthma relieved by the removal of a polypus from the external auditory meatus.

Dr. H. C. McSherry referred to a case where both nostrils of a lady suffering with asthma, were occluded with polypi. The removal of these failed to procure any relief to the asthma.

Dr. Arnold said the connection between the polypi and asthma was hardly to be doubted. The cure was prompt. It is a physiological axiom that irritation of any part of the respiratory tract may excite action along the distribution of the vagi. It may be due to some interference with the exchange of

gases; breathing through the mouth is abnormal.

ABNORMAL FEMALE SEXUAL DEVELOPMENT.—*The President* reported the case of a young woman, æt. 19, perfectly well-developed externally, of medium height, and weight 145 lbs., who applied for treatment on account of "fits," due apparently to extraneous causes. She had never menstruated. On examination the finger penetrated a cul-de-sac one-half inch in depth, and could go no further. There was scarcely any trace of a clitoris. Introducing a sound into the bladder and two fingers into the rectum discovered nothing between these but a thin membrane. Further up he thought he could feel a body, which might have been a uterus; ovaries could not be made out. The patient had no menstrual molimen, or anything resembling it. She had been subject to irregular nose-bleedings since the age of 13, but these had ceased some years ago. She had also coughed up some dark blood, after great effort. The "fits" seemed purely hysterical. She showed a disposition to avoid society.

OBSERVATIONS ON ANTISEPTIC TREATMENT OF WOUNDS.—*Dr. Winslow* opened the regular discussion upon this subject, in which the merits of the various methods employed in the treatment of wounds now in vogue, were presented, with the results of the author's observations in the German and Austrian hospitals.

Dr. Branham spoke of the employment of simple cotton as a dressing, which he regarded as possessing antiseptic properties by virtue of its property of mechanically preventing the entrance of germs into wounds. It is recommended by Prof. Gamgee, and is in use at the City Hospital in the service of Prof. Coskery.

PROCEEDINGS OF THE MEDICAL SOCIETY OF THE DISTICT OF COLUMBIA.

(*Specially Reported for Maryland Med. Journal.*)

MEETING HELD DECEMBER 12, 1883.

The Society met, with the President, Dr. A. F. A. KING, in the chair; Dr. T. E. McArdle, Secretary.

Dr. J. Ford Thompson presented a CASE OF TRACHEOTOMY IN DIPHTHERIA; RECOVERY—and said: My object in reporting the following case of tracheotomy, which I shall very briefly do, is more that it may go upon record with the other cases I have heretofore reported, than that I expect it to give rise to any extended discussion, as we have often had the subject of tracheotomy before us. It will be observed that the case appeared to be a very unfavorable one at the time of operation, and yet recovery was more rapid than any other I have ever had.

Sunday, the 25th of November, at 1 o'clock P. M., I received a telephonic message from Dr. Adams to come immediately to the corner of North Caroline Avenue and 10th Street, S. E., prepared to perform tracheotomy. I went at once, and upon my arrival found Dr. Adams and his son and Dr. C. M. Ford awaiting me.

The patient, J. E. T., a boy of six years, was almost in *articulo mortis* from suffocation, He was livid in appearance, nearly pulseless, and almost insensible. We without delay put him upon a table by the window, and I proceeded to operate, the consent of the parents having been obtained before my arrival. A very short incision was made and the trachea opened without difficulty, but as there was considerable venous hemorrhage there was some delay in introducing the tube, which was Fuller's bivalve instrument. After its introduction the child breathed easily and revived for a few minutes quite satisfactorily. But this did not last long, for within five or eight minutes after the tube was inserted the child suffered so from shock that we despaired of saving it, even of getting it off the table alive. Brandy was administered in small quantities every few minutes, and finally, after an hour of intense anxiety, he had rallied sufficiently to be put in bed. No anæsthetic had been administered.

I learned from Dr. Adams the following history of the case: He, Dr. A——, had been called to see the elder brother November 9th, who had an attack of diphtheria, but recovered without laryngeal symptoms. Seven days after, November 16th, James was taken with the disease, and it presented no alarming symptoms till Friday evening, when croupy complications appeared. Saturday the doctor thought the patient a little better, but at night he grew rapidly worse, and Sunday morning Dr. Ford was called in consultation. They then decided that the only chance for the child was in tracheotomy, which, as I have already said, was performed between one and two o'clock P. M.

I visited the patient between five and six o'clock, and was much gratified to find that he had entirely rallied and was quite comfortable.

I instructed Mrs. F., a friend of the family, in the proper manipulation of the tube, in which she very rapidly became an adept. An oil stove was procured and the room kept warm and moist, and every two or three hours the inner tube be was taken out and a steam atomizer used directly to the throat.

Several pieces of membrane were discharged when the trachea was opened, and, from time to time, smaller pieces were expelled, especially during the use of the atomizer.

Monday and Tuesday he was doing very well, taking stimulant and nourishment freely and with a temperature of 99.3°.

Wednesday his condition was quite as favorable.

Thursday, 30th, there was a slight rise of temperature 100.5°. I took out both tubes, and cleansed well the regions of the wound and then sponged the wound and trachea with the steam atomizer twenty minutes.

Friday, the temperature in the morning was 101°. The tubes were taken out and the wound sponged as upon the day before. Chlorate of potash and tincture of iron were ordered in addition to stimulants.

Saturday, temperature 99°; condition all that could be desired.

Sunday, one week from the operation, the patient considered out of danger.

Monday, taught Mrs. F. how to invert and withdraw the outer tube, as I wished to leave it out during a great part of the day.

It was not inserted after Wednesday morning. He could then breathe freely through the larynx, when the tracheal opening was temporarily closed.

Friday, at my visit, I found him standing at the front window. The wound was closing very rapidly.

Sunday, just two weeks from operation, the wound was closed, and patient considered well. To test his voice we asked him to call his brother, who was in the lower story, and he was easily heard.

There had been no inflammation of the tissues of the neck, a complication I have often had to contend with, which causes more pain and inconvenience than the wound itself.

The rapidity of the recovery in this case, after the operation for diphtheria, is quite exceptional, I should think; at least, it is the most satisfactory case I have had, and I don't recall any cases of more rapid recovery.

Dr. McArdle desired to place on record the last case of tracheotomy for diphtheria performed by the late Dr. Ashford. The patient was a little girl about five years old, under the care of Dr. Tarkington. Although Dr. Ashford was then scarcely able to attend to his ordinary professional duties, the child was dying and nothing remained but tracheotomy, which he performed with the assistance of Dr. Tarkington and the speaker. Dr. Ashford went away the next day and did not return for two weeks. On his return, he asked Dr. McArdle the condition of the child, and was agreeably surprised to learn that the tube had been taken out seven days before and that the patient was eating heartily and doing well.

Dr. Garnett said neither Dr. Thompson nor Dr. McArdle had narrated any facts to prove that these were cases of diphtheria and not membranous croup. He believed that there was a difference between diphtheria and membranous croup. He did not doubt, however, that the operation was justifiable in these cases, and the favorable results were much to be commended.

Dr. Thompson had never seen the case before the day of operation. Two brothers of this boy had been sick with diphtheria before he was taken ill, which was eight or nine days before Dr. Thompson saw him. Drs. E. A. Adams and Ford had both pronounced it a true case of diphtheria. Surgically speaking, they are to all intents and purposes the same. This question was discussed thoroughly in the Society some years ago, and he had never been able to see any material difference between the diseases. Trousseau and every other writer of note consider them pathologically the same. The fact that the patient will die more quickly when the larynx is primarily affected has no bearing on the case, except that the operation will be more successful if the patient has been ill for several days.

Dr. Garnett would remind Dr. Thompson that all pathologists did not believe in the unicity of these diseases. At the recent meeting of the American Medical Association the question was considered in the Section of Children's Diseases, and the members were about evenly divided as to duality or unicity. He desired to know if a patient suffering with an acute laryngeal inflammation, followed by an organized exudative substance can transmit this trouble to another individual? Diphtheria is a constitutional disease with a local manifestation and can be transmitted. Some years ago he saw an exact mould of the throat thrown up by a child suffering from membranous croup.

Dr. Palmer said that when this question was up for discussion two years ago he had held the views just advanced by Dr. Garnett.

Dr. Reyburn asked Dr. Thompson if he had ever operated without the tube. He himself had, after reading the paper of Dr. Martin, operated on three cases without using the tube. The first case lived, the second died in a few hours and the third died of paralysis of the heart. He found that when no tube was used, the wound could be readily kept open and the membrane could be coughed up more easily. The tube is a foreign body, acting as an irritant and keeping up the exudation.

Dr. Thompson had never attempted operating without the tube. He had no doubt the first cases were thus operated upon. A well-

fitting tube, not too large or too small, and with a proper curve will cause no complaint; it will not infringe on either wall of the trachea. The atomizer is of immense benefit and affords great relief. In this case he took out the tube on the third day and every day thereafter. Holmes speaks of leaving out the tube in one case owing to some personal difficulty in the patient. Silk is as irritating as the presence of the tube. When the tube is to be worn for some considerable time, soft rubber is substituted. He was inclined to believe that the fever on the third or fourth day was caused by the tube.

Dr. Reyburn said Dr. Thompson admitted the presence of the tube caused a rise in temperature on the third day and that he consequently left the tube out for an hour. Why not dispense with the tube altogether? He, of course, used the atomizer, and in addition a warm sponge over the wound. He thought if Dr. Thompson would try it he would find that the tube was not essential. The onus of proof remains with the advocates of the tube, for it is a rule in surgery if a foreign body can be d spensed with it should be done.

Dr. Thompson thought it would be difficult to decide this question. If the tube could be dispensed with, we would not find it in use in all the great Children's Hospitals in the world In London and Paris where the surgeons are constantly experimenting the tube is still used. We cannot question the experience of these leaders in the profession.

Dr. Toner related the case of a horse which he had seen in London. Some obstruction had prevented his breathing through the nostrils, and an operation had been performed and a tube inserted in his trachea. The horse had fed and drank and worked constantly, drawing a hansom for four years. He was decidedly more comfortable with than without the tube.

Dr. Garnett asked if the surgeons present had experienced any difficulty in procuring firm adhesions of the walls of the trachea. Many years ago he was attending one of the convicts in the penitentiary who had a fistulous opening from having attempted to cut his throat. The integument would heal but there would be no adhesion of the trachea walls consequently a species of emphysema would exist. He pared the edges and passed stitches through, but after repeated efforts during several months he was obliged to abandon the attempt.

Dr. Thompson said that he had never experienced any difficulty in procuring adhesion of the walls of the trachea. He could readily understand that it would be more difficult in a transverse wound. He related the case of a sailor who was compelled to wear a tube in his trachea for fourteen years on account of a syphilitic ulceration.

On motion the discussion was closed.

Dr. P. J. Murphy read the report of a case of TRISMUS NASCENTIUM—RECOVERY BY THE USE OF ENEMATA OF HYDRATE OF CHLORAL AND BROMIDE OF POTASSIUM.—I was engaged to attend, about the end of November, 1882, Mrs. D. in her fourth confinement. In her previous confinements there had been footling presentations, and the first two children were still-born. The third child was delivered by me, and is now a healthy, robust boy. All the children were largely developed, and her living child weighed at birth 10 lbs. and 3 oz. Her last labor began on the morning of November 30, 1882, and I was summoned to attend her. Arriving at the house about 9 P. M., I found the cervix dilated to about the size of a silver dollar, the pains occurring every twenty minutes, but with very little force. The presenting part could not be made out at this stage, and I concluded, from the absence of the head, that the same condition existed that occurred in previous confinements. She was very nervous, and I directed thirty grains of the bromide of potassium to be given every three hours. Not deeming it necessary to remain with the patient, I left, giving instructions that when the pains became severe they were to send for me.

At 11.45 P. M. I was again summoned and arrived at the house at 12.05 A. M., December 1, '82, to find that the trunk had been expelled, and the head of the child engaged in the inferior strait. By a little manipulation I succeeded in extracting a living female child, almost completely asphyxiated. By artificial respiration and insufflation I succeeded in restoring it after one hour and twenty minutes' hard work. The placenta was expelled by Credé's method, the mother doing very well, only somewhat excited about the child, as the nurse had informed her that it had been hanging by the neck for over an hour. December 11 called to see the patient at noon, twelve hours after labor; the child was doing well, had nursed and seemed bright.

December 2, '82, thirty hours after delivery, I received a note from the father of the child, saying the baby had spasms and he feared would not live until I arrived. Going to the house immediately, I found the baby cyanosed with constant twitching of the right eyelid, mouth drawn to one side (the right), respirations shallow and so rapid that I could not count them. I gave per rectum, as soon as it could be procured, a grain of chloral hydrate and two of bromide of potassium in a tablespoonful of milk. In one hour the twitching had considerably abated; I directed the

enema to be repeated in one hour. I returned in two hours after the second enema and found the child pale, respirations 36 in the minute, and the tonic contraction of the jaw relaxed. I directed the enema to be repeated in 4 hours; the room to be kept dark and perfectly quiet. After the fourth enema the twitching of the eyelid and rigid contraction of the arms and legs had entirely subsided. Fearing a return, I directed the enema to be given in six hours from the last administration, and to give per rectum between time two teaspoonfuls of beef essence.

December 3, '82. The child is doing well, breathing almost natural. The nurse gave a small quantity of milk and water by the mouth. From this time the child rapidly convalesced, and is now, December 18, '82, hale and hearty.

There are a few comments in passing to be made concerning this important case.

1. What is the proper treatment in footling and breech presentations? Shall we allow nature to take her course, and watch the progress, or should we, as a duty, anticipate the necessary pressure that must be made upon the thorax and upper air passages during descent, and especially upon the umbilical cord?

2. Professor Dohme gives the results of his observations in the Kœnigsberg Hospital, especially with regard to Credé's method in the removal of the placenta, as follows:

"(1) In 1,000 cases of labor, where the removal of the placenta was left to nature, the results were far better than in 1,000 other cases where Crede's method was employed.

(2) The 1,000 cases of labor, where the placenta was discharged spontaneously, had markedly less hemorrhage, retention of membranes and puerperal fever. Those that were treated according to Credé's method suffered to a considerable extent from troubles with the membranes, and, in consequence, there were many fatal puerperal affections.

(3) Those cases where the placenta was removed in the first five minutes after birth by the Crede method were the most liable to these affections. Those that were left longer before such extraction was attempted did better, but still remained considerably in excess of those where this was left to nature."

Since I have been in charge of the lying-in department of Columbia Hospital, covering a period of six years, there have been delivered 763 women, with four maternal deaths. I have always adopted the method of placing my left hand on the fundus uteri during the last throes of parturition, and never relaxing my grasp until the uterus was firmly contracted after the expulsion of the child; then permitting the patient to rest for some time, I grasp the fundus, and by gentle pressure have seldom failed to force the placenta into the vagina.

Should this method fail, the inference is that there is some obstacle to the egress of the placenta, either in the shape of adhesions or irregular contractions of the uterus. The hand passed into the uterine cavity determines that point and extraction follows.

I make, however, this exception, viz: to permit the placenta to remain when anæsthetics have been used during delivery, until the patient has fully recovered from the effects, as I am convinced from experience that this is the proper course to pursue.

I bring this matter before the society for the purpose of eliciting further information upon such an important subject, and hence I may be pardoned the digression from trismus nascentium to extraction of the placenta.

In discussion of Dr. Murphy's case, *Dr. Hartigan* made the following remarks: This is an interesting subject to me. I have been investigating it for four or five years, having just completed a treatise or monograph, which will be published next month, illustrating occipital displacement as the cause of the disease. It is astonishing to me, thirty-seven years after the promulgation of the lamented Dr. Sims' views, that any gentleman would have the temerity to claim that the disease was in any way amenable to medication. It isn't. How could it be upon the theory of mechanical pressure? About two years ago I started a correspondence with Dr. Sims on the subject, and during his late visit to Washington had the pleasure of a call from him. He said it was the first paper he ever wrote, and he was as firmly convinced of the correctness of the views he gave to the world over thirty years ago as he was then. That the previous generation of doctors did not accept his doctrine, and the present one did not know that he ever wrote upon the subject. He was extremely sensitive when talking of the matter, and expressed his convictions that his theory would sooner or later be fully established. So far as my paper is concerned I prefer to let it speak for itself when published, and will not detain the society longer.

Dr. Garnett desired to know if such were the case why were there so many more cases in the South than in the North. The accoucheurs of the Southern States were as accomplished as those of any other part of the country. In reply to a question by Dr. Palmer, Dr. Garnett said that he was

(*Journal of the Amer. Med. Asso. Nov.* 24, 1883, *Vol.* 1, *page* 592.)

not aware that this disease was more prevalent among the blacks.

Dr. Hartigan thought the disease was more common in the colored race. This might be due to their poverty. Of the 229 cases he had referred to, only 20 were white. Negro children are more apt to be neglected and permitted to lie in the same position longer.

Dr. Schaeffer thought climate might have some influence. Dr. Triplett had stated in this society, some years ago, that his observation led him to believe the colored race more susceptible. We know how tetanus prevails in India and its great fatality. He referred to the custom of the Chippeway Indians in binding the heads of their infants and the great number of deaths from trismus. Dr. Triplett, he believed, considered the disease due to inflammation of the umbilicus.

Dr. Kleinschmidt asked if the adoption of Dr. Sims' theory would not carry with it a greater mortality among new-born children, even than that reported by Dr. Hartigan. Knowing Dr. Murphy's carefulness he knew nothing was left undone in the delivery of the child. He had only seen one case recover.

Dr. J. E. Morgan had always understood this disease to refer to a child coming into the world.

Dr. King agreed with Dr. Kleinschmidt that in nearly every case of delivery there was, to a certain extent, an overlapping of the parietal bones, and this fact would seem to detract from Dr. Sims' theory.

Dr. H. L. E. Johnson had not seen a case of trismus in nearly two hundred labors. When he had noticed an irregularity in the bones of the skull, he had attributed it to excessive development. In children that had died, he had found considerable overlapping, but no trismus.

Dr. Hartigan had seen cases of trismus where the dislocation was very apparent. After he had reduced it the result was wonderful. In one case, a patient of Dr. Townshend, as long as the dislocation was reduced the symptoms were relieved, but it was impossible to make the reduction permanent, so the child died. All the patients were less than thirty days old, and fifteen had been attacked from birth.

Dr. Sothoron's cases, with one exception, had been colored. The white child recovered by the use of bromide of potash. He was inclined to the opinion that the disease was due to bad dressing of the cord. He agreed with Dr. Morgan that this disease was confined to the newly born.

Dr. Murphy has seen two cases in Columbia Hospital—both white—one recovered, the other died. He had not been able to discover overlapping in either case. He had, however, given attendance to postural changes of the infant and was always careful in dressing the cord.

On motion, the discussion was closed and the Society adjourned.

Aphorisms Concerning Ligation for Arterial Hemorrhage.—Dr. J. B. Roberts (*Polyclinic*, Dec. 15th,) holds that styptics are practically useless in general surgery, and that hemorrhage should be controlled either by pressure or ligation.

He offers the following rules:

I. In primary hemorrhage do not ligate arteries not actually bleeding, but have the patient carefully watched, for these reasons: (a) It is possible that bleeding has permanently ceased. (b) It is difficult to be sure from which arteries the bleeding came. (c) All manipulations in wounds are to be avoided unless demanded.

II. In both the primary and secondary hemorrhage the ligature should be applied, when practicable, in the wound, at the point where the artery bleeds and not above, in the continuity of the vessel.

III. If the artery is completely severed both ends should be ligated; if it is partly divided or punctured, a ligature should be applied on each side of such wound.

IV. If a large artery is wounded near its origin, tie it below the wound, and tie the trunk from which it arises both above and below the point of origin of the branch. If a trunk is wounded near the origin of a large branch tie the trunk with two ligatures in the ordinary manner, and apply a third ligature to the branch.

V. When ligation of the artery in the wound is impracticable, as happens in deep wounds of the pelvis, ligation in continuity may be permitted.

Strict inspection is being exercised at this port of vessels from Rio Janeiro on account of the prevalence of small-pox and yellow fever in the latter place.

Editorial.

DR. MURRELL AND HIS ARTICLE ON NITRITE OF SODIUM.— Quite a sensation has been recently produced in London through an article by Drs. Ringer and Murrell, which appeared in the *Lancet* of November 3d, entitled, "On Nitrite of Sodium as a Toxic Agent." This new drug has been proposed as a substitute for the nitrite of amyl, the effects of which it is said to strongly resemble, and than which it is far cheaper. The cases to which it is alleged to be applicable are nervous affections, such as epilepsy, angina pectoris, etc. The paper referred to, undertakes to settle the question of dose, which has not hitherto been determined. In addition to experiments made upon cats, clinical observations made upon human beings were also registered and reported. To each one of eighteen adults, men and women—out-patients at the hospital—ten grains of the pure drug were given in an ounce of water. Quite a graphic picture is drawn of the effects produced upon these unwilling contributors to scientific advancement. In the author's own language, "they came back protesting loudly, * * * they said if they ever took another dose they would expect to drop down dead. * * One man, a burly, strong fellow, suffering from a little rheumatism only, said that after taking the first dose he "felt giddy," as if he would "go off insensible." His lips, face and hands turned blue, and he had to lie down for an hour and a-half before he dared move. His heart fluttered and he suffered from throbbing pains in the head. He was urged to try another dose, but declined on the ground that he had a wife and family. Another patient had to sit down an hour after the dose, and said it "took all his strength away." * * * Another patient said that in about half an hour after taking the first dose his heart came on beating very fast and he throbbed all over. He felt very sick. * * One woman said she felt a trembling sensation all over her and suddenly fell to the floor. * * * Another woman said she thought she would have died after taking a dose, etc., etc."

Further observations were made upon sixteen patients with five grain doses of the drug. Ten of these experienced such symptoms as faintness, vomiting, weakness, a sense of impending death, terrible headache, deadly pallor, etc.

This paper attracted attention both among the profession and laity, and Dr. Murrell was sharply called to task in the newspapers for his wreckless methods of experimentation. The *Medical Times and Gazette* joined in the expressions of disapproval, whilst the *British Medical Journal* and *Lancet* took the part of the experimenter. Further light being thus elicited, it appears (contrary to the impression conveyed in reading the paper) that none of the patients were treated purely for experiment, without reference to existing disease or without *bona fide* belief that the treatment would be beneficial to the individual patient. Also that the descriptions of the effects were given in the patients' own language, and hence were much colored and exaggerated; the actual fact being that many of them received ultimate benefit and continued willingly under Dr. Murrell's care. It is also stated that the clinical observations recorded were made a year ago when it was not known that the sodium nitrite found in the market was largely adulterated with the nitrate of the same salt, and when the proper dose was supposed to be 20 grains. These new facts give a different aspect to the subject and exculpate both the author's humanity and his discretion. Under the circumstances, however, we can find no fault with the *Medical Times and Gazette* for the ground it took, which was evidently dictated by a stern sense of duty. As for the author of the obnoxious article it is hardly necessary to read the moral of the events referred to, to him as he is doubtless prepared to profit by them without any advice on our part.

We may add that his observations have had one very important practical result, which should be credited to him, that is in establishing the proper dose of the drug in question, which instead of being 20 grains as laid down in the latest text books, is *two* grains.

IMPROVED MEMPHIS WATER SUPPLY — According to the *Sanitary Engineer*, relief is promised to the foul-water plagued inhabitants of Memphis. It will be recollected that a number of prominent citizens of that city, realizing the fact that a constant menace threatened its health in the foul water which they were compelled to drink, and finding it impossible to procure redress by milder means determined to seek relief in the courts. As a result of this action, a plan has been agreed upon between the water company and the citizens which looks to securing an abundance of Mississippi River water from above the mouth of Wolf River, the dirty and sewage-laden stream from whence the supply is now obtained. Thus the people of Memphis have already been relieved of one of the chief obstacles to municipal hygiene, and we hope to see them soon relieved of another. A pure water and a pure soil are the great essentials which city governments need to guard with jealous care if they would do justice by those placed under their care.

THE BALTIMORE POLICLINIC AND POST-GRADUATE MEDICAL SCHOOL.—As already announced in our last issue, an institution bearing this title, has just been incorporated in Baltimore. The plan is similar to that carried out successfully in New York and Philadelphia, and no doubt it was the success met with in these cities that led to its adoption here. Those who are at the head of the Baltimore institution are middle-aged men, well known in the profession, and full of energy and zeal. If success is to be attained no doubt they will attain it. The need of more extensive facilities for clinical instruction and chiefly in special departments has been recognized for some years as a growing necessity in this country. The short terms, quick graduations and necessities of life, made it essential that such facilities, to be available to our graduates, must be so arranged as to exact as little time and money as possible. The Policlinic—if efficiently carried out, seems to meet this need—consisting of short courses by competent teachers, upon special subjects with which they are by long experience familiar. The practitioner—from city or country—now has the opportunity never offered before in this community of refreshing his knowledge and perfecting his skill upon any branch in which he may feel a deficiency.

When the subject of a policlinic was under consideration last year the point was raised that there was no necessity for it here because the Johns Hopkins Medical School would provide all the instruction that might possibly be needed by graduates, whether clinical or didactic. No doubt the Johns Hopkins will give clinical courses such as we have referred to above, but it remains to be seen whether they will be adapted in all respects to the wants and convenience of the busy practitioner. At any rate, in theory the two institutions present a wide divergence. We conclude, therefore, by wishing for our Policlinic a long career of usefulness and prosperity. Whatever opinion may be held as to other institutions, this undoubtedly is calculated "to make not more but better doctors." It does not add to the ranks of an already over-crowded profession, but it helps to educate and perfect those who are already members of it.

THE ADULTERATION OF FOODS AND MEDICINES.—*Apropos* to the subject of an editorial in the last issue of this JOURNAL, calling attention to the necessity of a law to prevent the manufacture of adulterated drugs, the following facts are of interest. It is stated on the authority of the *Sanitary Engineer* (*Boston Med. and Surg. Jl.*, Dec. 20th), that the President of France has recently created in connection with the Ministry of Commerce a Council of Reference for municipal and departmental laboratories. This council consists of five members whose duty is to advise: (1) On the reports submitted to it by the directors of laboratories, or by municipal and department authorities. (2) On the methods to be employed in laboratories for the examination of articles of food. (3) On standards for purity of articles. (4) On all technical questions connected with the operations of government laboratories and analysts. It is stated in a report from the Minister of Commerce, that the municipal laboratory of Paris has done such good work in checking adulterations that it becomes the duty of the general government to encourage and aid such efforts for the prevention of fraud. Articles condemned as adulterated at Paris cannot be merchantable in other departments, thus guaranteeing honest commerce as well as public hygiene. The fact then that the French Government fully recognizes the great importance of a general law for the prevention of fraud in foods and drugs suggests the idea that this subject should be brought more prominently before our own government officials.

A SITUATION WANTED.—A medical student desires a position as assistant to a practitioner of medicine. He is willing to do any kind of work for his board. Address the editors of this Journal.

A CASE OF IDIOPATHIC GANGRENE OF THE UTERUS.—Mr. Lawson Tait related before the Obstetrical Society of London, Nov. 7th, a case of the above character. The patient, aged 34, was admitted into the hospital on account of vague pelvic pain and offensive watery discharge. The uterus was soft and flabby, the abdomen swollen, and there were feverish symptoms. The patient died forty days afterwards, and on post-mortem examination the uterus was found a black, sloughing, stinking mass, having only about a square inch of normal tissue. No reason could be discovered for the gangrene.

Miscellany.

Huxley on Investigations into the Cause of Cholera.—In his Presidential address before the Royal Society, Prof. Huxley said: "It is assuredly in the present state of science something more than a permissible hypothesis that the cause of cholera may be an organic living *materies morbi*, and that the discovery of the proper curative and prophylactic measures will follow upon the determination of the nature and condition of existence of these organisms. If this reasoning is just it is certainly to be regretted that the opportunity of the outbreak of cholera in Egypt was not utilized for the purposes of scientific investigation into the cause of the epidemic. There are able, zealous and courageous young pathologists in this country who would have been willing to undertake the labour and risk; and it seems a pity that England should leave to Germany and France an enterprise which requires no less daring than Arctic and African explorations but which, if successful, would be of a thousand times more value to mankind than the most complete knowledge of the barren ice wastes of the pole or the sweltering barbarism of the equator. It may be said that inquiries into the causation of cholera have been for some years conducted in India by the Government without yielding any very definite result. But this is, perhaps, rather an argument in favor of, than against, setting fresh minds to work upon the problem."

Treatment of Disease without Alcohol.—J. Jas Ridge, M. D. London, writes in the *Br. Med. Jl.* of the 8th instant: "I was as confident of the virtues of alcohol in the treatment of disease as any one could be, and it was not until I saw case after case recover under my care in the London Temperance Hospital—cases to which at that very time in any other place I should have given alcohol—that I became convinced that the value of alcohol as a drug was at least enormously exaggerated. The fact that improvement often sets in after the use of alcohol is no proof whatever, for I have repeatedly seen sudden turns for the better in all kinds of cases treated without it. Faith in the virtues of all kinds of liquor which contain alcohol is so widespread and is so disastrous in rivetting on the nation the alcoholic habits and notions which beget intemperance and its consequences, that it seems to me the bounden duty of the medical profession to reconsider their position in using and recommending such liquors and not to employ them without some reliable proof of their absolute necessity, which, to say the least, does not at present exist." Hegoes on to say that at the London Temperance Hospital it is a right allowed the medical attendant to administer alcohol in any case in which it is considered essential, but the right has been availed of only once in the ten years of its existence, because the attendant is convinced that it can rarely be of any service and even then is not essential. He says if medical men would try for themselves they would arrive at the same conclusion.

Collective Investigation of Pneumonia.—The following summary is given in the Report of the English Collective Investigation Committee on Pneumonia (*Br. Med. Jl.*, Dec. 1), being based upon a study of 350 cases. "We think the evidence before us is insufficient to support the doctrine that pneumonia is a specific fever, whose chief local manifestation is in the lung. Like other respiratory diseases we find it prevailing in certain states of the weather, and apart from all else, the great regulator of its frequency is season. It may be taken for certain that it confers no protection upon the individual, but rather an increased liability to future attacks. It appears to have no direct association with any specific or conveyable disease, and its near alliance with tonsillitis is in striking contrast with its infrequency in connection with diphtheria. Instances of pneumonia undoubtedly occur, which are apparently pythogenic; but those which have this origin are not otherwise separable, so far as we see at present, from others which are obviously due to exposure. Epidemic pneumonia, as judged of by the cases we are now reporting on, is in part explained by atmospheric conditions and in part by other agencies generally prejudicial to health."

One of the most striking facts in the report is the immunity from fatal pneumonia enjoyed by total abstainers: among these there were 11.12 p. c. of deaths; among the temperate, 18.4 p. c.; and among the

intemperate 40.5 p. c. In those suffering from insufficient food there were 26.6 p. c. The total mortality was 19.4 p. c.

THE WASHINGTON TRAINING SCHOOL FOR NURSES.—The annual meeting of the contributing members of the Washington Training School for Nurses was held Dec. 12th, when a board of twelve trustees was elected to manage the school for the ensuing year.

Dr. D. W. Prentiss was elected President, and Dr. J. Taber Johnson Secretary of the Board of Trustees.

The Committee on Education reported that the school was in a flourishing condition —having twenty-two pupils—of better material than ever before. The lecture faculty give forty-two lectures yearly. Arrangements had been made with the Columbia and Freedman's Hospitals for systematic clinical instruction to the pupils.

The Committee on Nurses' Directory reported that institution a success. It has been in operation one year, and is self-supporting. Forty-four female nurses and two male nurses were registered, and one hundred and ten nurses were furnished to the sick during the year.

MYXŒDEMA FOLLOWING EXTIRPATION OF THE THYROID GLAND.—During a debate in the London Clinical Society on myœdema, the new disease, that is attracting so much attention in England at this time, Dr. Felix Semon (*Med. Times and Gazette*, Dec. 1) communicated a series of cases of the disease occurring after extirpation of the thyroid gland, by Prof. Kocher, of Berne, who not being acquainted with the disease as such describes his cases as a peculiar form of cachexia. In 18 cases of complete removal, the myxœdematous changes had been observed in all but two, whilst in the 16 cases of partial removal (one lobe, with or without the isthmus), the results upon the general health had been satisfactory, and the dyspnœa had disappeared. The previous belief in the intimate connexion existing between the loss of the thyroid gland and the development of myxœdema was undoubtedly strengthened by the evidence which the discussion called forth, but it was no less evident that there are at present no facts extant by which the nature of that connexion can be determined. It is to be added that in the 16 cases of total extirpation mental hebetude developed pari passu with the myxœdema and, in the younger patients, also arrested development.

POISONING BY TURPETH MINERAL.—Dr. A. McPhedron, of Toronto (*Med. News*, Dec. 22,) reports a case of poisoning by the yellow sulphate of mercury, resulting in the death of the patient. The drug was prescribed for a child aged five months suffering with a croupy cough, due to a slight catarrh of the larynx and trachea, with pretty free secretion. Two powders, three grains each were ordered, with directions that one should be given as soon as an attack of spasm threatened, followed by the second in fifteen minutes if the first failed to produce vomiting. During the night one powder was given. A few minutes afterwards the child seemed greatly distressed and made fruitless efforts to vomit. The second was given as directed, but only increased the suffering without producing emesis. Shortly afterwards the bowels began to move and the drug was observed in the coagulated mucus and watery fluid which was passed. The evacuations were very frequent, and soon became continuous. The child could swallow nothing. Collapse came on and death took place in eleven hours.

The symptoms were identical with those due to poisoning by the perchloride of mercury. There was no doubt of the fact that the drug was the yellow sulphate. A prescription filled from the same bottle as was used in this case had been previously used without injurious effects.

Dr. McPhedron reports an experience similar to his own with this medicine. A medical friend ordered the drug for a child and the first dose not producing emesis, a second was given. This also failed to accomplish the object aimed at, but a severe diarrhœa was produced which terminated fatally. This unexpected result lead to the exercise of due caution in the administration of this drug.

DEATH OF DR. CHARLES HILTON FAGGE.—The death of this eminent physician is announced on Nov. 19th, at the age of 45. He was born in Kent, England, 1838, took M. B. at the University of London, 1861, and M. D. 1862. Was then for three years demonstrator of anatomy. In 1867

was appointed assistant physician to Guy's Hospital, and in 1880 physician. He was the author of many valuable papers, and at the time of his death had nearly completed a work on medicine on which he had been engaged for 10 years. His death was due to internal aneurism.

An Unusual Case of Pregnancy.—H. M. Fenwick, M. B. Durh., of North Seaton, reports (*Lancet* Dec. 1st) the following case which presents some unique phenomena. Mrs. H., aged 24, secundipara was seized with labor pains on July 20th, though not expecting to be confined until the middle of August. Everything was gotten ready and the medical man was sent for. Meanwhile "the waters" had broken and the woman was put into bed. The doctor made his examination, gave his patient "a pill," and after promising to effect delivery next morning took his departure. The pains gradually left the woman and after a day or two she got up and went about, although inconvenienced by a considerable watery discharge from the vagina. After an interval of a few days this was replaced by a slimy, bad-smelling discharge, which continued to come away until the patient came to live in North Seaton, August 6th. The next morning Dr. Fenwick was called in. After hearing the history of the case, he made an examination and found the os very soft and œdematous, and dilated to about the size of a shilling. The finger after introduction into the os was found to be covered with a thick, stringy, tenacious, rather foul-smelling gelatinous substance. The fœtal heart could not be heard; abdomen more than usually distended and the uterus and its contents difficult to make out. The patient complained of recurring rigors and "drenching sweats," pain in the back, profuse diarrhœa, persistent vomiting, severe frontal headache and total inappetency. Her skin had an icteric hue, temperature varied from 100° to 101°F. and pulse and respiration were accelerated. The conclusion was reached that the fœtus was dead. A consultation was held and the decision reached not to induce the expulsion of the uterine contents unless the symptoms became more urgent. As the fetor from the vaginal discharge was troublesome the vagina was tamponed with wool soaked in a weak glycerole of carbolic acid. The patient improved from this time. Labor came on Sept. 3rd, when a living female child was delivered. The birth of the child was followed by a discharge of about a quart of the jelly-like matters before referred to. An adherent placenta was removed and with it about a quart of the jelly-like matter. The mother and child have done well since. Microscopic examination gave no satisfactory explanation of this substance. On exposure to the air, the jelly rapidly liquified and in ten hours was like water.

A Case of Puerperal Tetanus.—Dr. W. R. Erdres, writing to the *Courier of Med.* from Prague, reports a case of puerperal tetanus, which is the first case that has been in Prague Lying-in Hospital since it was completed in 1865. The patient was 30 years of age, pregnant with her third child; she was of medium height, well built and well nourished. She was delivered on August 23d after a normal labor. Her condition was good until August 31st, when she experienced a slight pain in the region of the right lower jaw, but could swallow without pain. The next day she was allowed to get up. Her temperature was 98.6°F., pulse 72. She felt a stiffness and pain in back of neck, could not open her mouth as well as before, although she ate breakfast as usual. Was unable to eat dinner on account of contraction of oral muscles. On Sept. 2nd there was tonic contraction of the neck; mouth not entirely shut, all the muscles of the neck tender and painful; swallowed with difficulty and could only separate her teeth ¾ of an inch. Sept. 3rd, opisthotonos abdominal muscles tense, temperature 100.4°F, pulse 100, resp. 18. On Sept. 4th, teeth could not be opened more than one finger, face anxious; risus sardonicus; could no longer swallow; marked opisthotonos. She died on Sept. 5th at 2.07 P. M. An autopsy showed hyperemia of organs; pachymeningitis spinalis et cerebri; œdema cerebri; myocarditis mucosa ventriculi; croupous pneumonia; red hepatization of lower lobes; endo-metritis; metritis. The last was the supposed cause of the disease.

Parenchymatous Injections of Hyperosmic Acid.—In April last *M. Winiwater* used injections of hyperosmic acid into the tissues of a soft sarcoma of the size of a child's head, situated in the right side of the neck. Every day for fourteen days the injection was repeated. Each time three drops of an aqueous 1 per cent. solution of the acid were employed. At the end of this time the tumor was completely broken down, and the necrosed pieces mixed with sero-pus was eliminated by incisions made through the skin, which remained perfectly sound. No local inflammation or general disturbance attended the treatment. Since then the injections have been used with success in a case of sarcoma of the shoulder, in cases of multiple lymphomata, scrofulous glands of the neck, and other kinds of cervical tumors. With carcinomata of the glands the result has been negative.

According to M. Delbastaille, the principal advantage of the acid appears to reside in the property of acting slightly or not at all on healthy tissues, and of confining its action to the site of injection.—*Lancet*, December 1st, 1883.

SUTURE OF THE PATELLA.—The Surgical Section of the Academy of Medicine of Ireland, has recently discussed the treatment of of fractured patella (*Med. Times and Gaz.*, Dec. 1st). The speakers who took part in the discussion were by no means unanimous as to whether bony union was a *sine qua non* of success, nor did they agree as to the relative value of the various forms of apparatus that have been devised for bringing the pieces of bone into apposition; but they were nearly unanimous in regarding Lister's method of opening the joint and suturing the bones as too heroic in cases of recent fracture, and as only safe and justifiable in the hands of one thoroughly versed in the Listerian method. This seems to be a most rational view of the subject.

OXIDE OF ZINC AS AN ANTISEPTIC.—The *Med. Wochenschr* considers oxide of zinc an excellent antiseptic. It prevents the evolution of noxious organisms, sterilizes the nutritive element and retards the secretion of wounds. In superficial wounds it forms with moisture an antiseptic crust. The pus which accumulates beneath the crust is odorless. Before applying the oxide all hæmorrhage should be arrested and then it should be brought in intimate contact with every part of the wound. In deep wounds it should not be used too liberally lest the escape of pus be prevented.

Medical Items.

Dr. Thomas S. Latimer has been added to the Faculty of the Baltimore Policlinic and Post-Graduate Medical School as Professor of Diseases of Children.=The Faculty of the Woman's Medical College of Baltimore have made arrangements for the delivery of courses of lectures upon Hygiene and Medical Jurisprudence during the present session, gentlemen of the highest competence having accepted appointments of lecturers upon these branches. Lectures upon the eye and ear in the same institution have been in progress for some time. There are 20 matriculates at this school, 17 of whom are full-course students.=The Baltimore Medical College has 37 matriculates.=The Baltimore Academy of Medicine has passed a resolution offering a prize of $50 for the best original paper read before the society during the present fiscal year. Admission theses are excluded from the prize, which is confined to such papers as are formally offered in competition.=The annual meeting and supper of the Baltimore Medical Association will take place January 14. The occasion promises to be a very enjoyable one, and the preparations for it are being energetically made by the executive committee.=The new quarters of the Parkes Museum of Hygiene were formally opened with an address on hygiene by the Duke of Albany, one of the royal family.=Dr. Calvin Ellis, Professor of Clinical Medicine in Harvard University, died in Boston Dec. 14, of duodenal ulcer, æt. 57.=The Archives of Medicine, edited by Drs. Seguin and Amidon, will be suspended with the close of the present year, not from want of support, but from other engagements of the editors.=A subscription is being taken up by the New York Medical Record for the erection of a monument to the late Dr. J. Marion Sims. Dr. Byrd of Baltimore proposes that it be erected in Central Park.=Prof. Lister has been created a baronet; a very deserved honor.=A crematory association has been formed in Washington, and a German physician has given a lot for the erection of a furnace.=Dr. Thos. S. Kirkbride, superintendent of the Pennsylvania Hospital for the Insane, died in Philadelphia Dec. 17, æt. 74.=A photographic studio is now attached to most of the French hospitals in order to make pictures of patients with various diseases.=The Broca prize ($300) founded by the widow of the late Prof. Broca, for the best memoir on any question in human or comparative anatomy or physiology having a bearing on anthropological science, will be given for the first time in April, 1884, by the Anthropologicai Society of Paris.

CHANGES IN THE MEDICAL CORPS OF THE NAVY during week ending Dec. 22, 1883:

P. A. Surgeon F. C. Dale, detached from the Coast Survey Str. "McArthur," and ordered to the U. S. S. "Adams" at Sitka, Alaska.

Assistant Surgeon L. W. Curtis, detached from the "Adams" and ordered to the Coast Survey Str. "McArthur."

Surgeon J. W. Ross, detached from U. S. S. "Iroquois" and ordered to the U. S. S. "Onward" at Callao, Peru.

P. A. Surgeon C. T. Hibbert, detached from the "Onward" and ordered home.

Lectures.

MUNICIPAL HYGIENE.

(Abstract of Lectures Delivered by Dr. John S. Billings, Surgeon, U. S. A., in Hopkins Hall, Johns Hopkins University.)

VI.

SYSTEMS OF SEWERAGE SO-CALLED; SEPARATE SYSTEM; WARING SYSTEM; LIERNUR SYSTEM, ETC.

A separate system of Sewerage was first suggested about 35 years ago. The author then spoke of the Memphis, or Waring system, and the advantages claimed for it over the combined systems in common use. In the latter the storm water sewers are impaired in their efficiency for conveying sewage on account of their size, which promotes formation of deposits. This difficulty has been overcome by having the sewers constructed so that a transverse section presents an egg and not a circular shape. The lower part of such a sewer has substantially the same section as the lower half of a small pipe, and the depth and velocity of the dry-weather flow is the same in each. Such sewers are in use in Mainz, Germany. In the combined system, flushing is either only done by rains, or usually the sewage itself is used, being dammed for several days for that purpose. In the Memphis system, the sewers are flushed daily with clean water, and deposits are thus swept away before decomposing. Moreover, the matters admitted to the separate system have but little weight and are readily swept away, whilst the greatest care will not prevent sand, sticks, etc., from gaining admission to the combined system with every rainfall, and this obstructive material serves as a point of deposit for organic matters, and although in a properly constructed system a heavy rain should scour out the sewers effectually, yet the last of the rain will bring in a fresh supply of dirt, and so obstruction recommences. One of the chief objects of sewerage is to remove excreta to the outfall before decomposition occurs, with production of gases and development of germs. It is objected to the small pipe system that foreign substances are apt to gain admission, and are then much more difficult of removal than in the larger system; experience proves that the risk of this is very small, and it is met by the proper distribution of man-holes. The risk and expense of removal of obstructions is, if anything, less in the small pipe system than in the other. Large sewers are not so easily ventilated and probably contain more noxious gases. The strongest argument in favor of the small-pipe system is, that it costs less than half—often only one-third—as much as the combined system. This is owing to the smaller amount of excavation required. It was urgency of the occasion and the cheapness of the Waring plan that led to its adoption for Memphis. It was then only an experiment. Small pipes had been used long before but not so small and not on the principle of daily flushings and a constant flow. The result of the trial in Memphis had been satisfactory as far as the working of the system was concerned, although there were not sufficient manholes provided for inspection and the outlet was not large enough for contingencies. The mortality of Memphis did not diminish with its introduction, being 1,054 in 1880 and 1,276 in 1881, when the system was in full operation. The chief cause of this was the water-supply which was derived from Wolf River a few hundred yards above where the sewerage is emptied into the same stream (contrary to the engineer's design). On the Mississippi rising the polluted water is taken up by the water works. Another reason was the large mortality from consumption and other diseases dependent upon defective soil drainage, insufficient provision having been made for this. The soil, moreover, was polluted by organic matter soaking into it from the cesspools for years, the evil effects of which until oxidized might be expected to increase. The character of the prevalent diseases does not point to the sewerage as the cause. Not typhoid and diphtheria but digestive diseases, such as are usually connected with foul water, and consumption, caused the greater part of the deaths.

When a place lies along a natural watercourse, and has wide streets running down a good grade to the latter, surface or rain water may be carried off by open gutters and in that case the only underground work needed is the separate system of sewers for sewage only, to which is eventually added a system of subsoil drains. Such conditions prevail at Memphis and other American towns. In many cities there are creeks, either open or arched over, which may be utilized as channels for the rain water. Short underground conduits may become necessary for this purpose as when the grade is insufficient or the demands of trade forbid the use of open gutters. Where facilities for surface drainage are wanting two and perhaps a third system of sewers (the last for subsoil drainage) are required and the expense will then somewhat exceed that of the combined system. The ease with which sewage can be utilized for fertilizing purposes when in a separate state was adduced in favor of the new system.

The choice of the system must depend for

each locality mainly on financial considerations. The Waring system has not met with general approval among engineers on account of its being patented—a feeling prevailing among them akin to that which prevents physicians from keeping for their own profit discoveries of remedies or instruments. The Waring patents are in the hands of a company called the Drainage Construction Company, which undertakes the sewerage of towns and cities, and there is some advantage in having the work done by skilled hands, especially when directly interested in its perfection. The Memphis plan of having the house connections put in with the sewers and under the same careful supervision was commended.

The water from fountains should be utilized to flush the sewers being turned in by a flush tank in quantities of 500 gals. or more at a time.

The cost of the combined system in Europe is stated to be about $6 per foot, and of maintenance from 3½ to 13 cents per foot per annum. Mr. Rawlinson, the eminent English engineer, estimates the cost of most sewers at $5 per inhabitant and the increase in value of house property from an efficient sewerage at 25 p. c. From 1858 to 1882 the amount of loans sanctioned by the Secretary of State for sewerage was over twenty millions of pounds, besides large sums expended by the cities without such sanction.

"A form of the small pipe separate system, which is very different from the one we have been considering is that devised by Captain Liernur, and which is sometimes known as the pneumatic system. Like the "Waring system," it is covered by patents. The essential principle of the Liernur system is to collect the excreta as free as possible from mixture with water, very little of this last being allowed in the closets. The collection is effected through a system of air-tight iron pipes and barometric traps, connecting each house with the central collecting station, where powerful air pumps produce a vacuum in the pipes, and thus the pressure of the atmosphere is used as the power to drive the excreta to the point from which it is to be removed and manufactured into a fertilizer. This system has been in use in a few towns or parts of towns in Holland for about ten years, and thus far the iron pipe lines have remained tight and worked well. As the movement of the sewage is effected entirely by mechanical means, the matter of grade of the pipes is of no importance; no sewer gases can escape from them, nor is there any danger of leakage of sewage to contaminate the soil. They will also work well in low, marshy places, where the subsoil water is near the surface, and where the pipes must practically be laid in water which cannot be drained off. On the other hand the system is a very costly one, both for construction and maintenance, the financial estimates of its projector have not proved reliable, and it is condemned by the leading engineers of England, France, Germany and America, including Rawlinson, Durand, Claye and others. It removes but a very small part of the house water, and the closets themselves are very liable to be offensive and would not be tolerated in the better class of houses in this country. I have myself examined these in Amsterdam, and should strongly advise against the use of the system in any city of this country, both on economic and sanitary grounds, for better results can be obtained at much less expense. The report of the chief engineer in Amsterdam shows that a number of stoppages and obstructions in the pipes occur (about 200 in 1879), and that the expense of managing it is very large. It must be remembered that the only means of access to a stoppage is to break the pipe. The number of houses with which it was connected in 1880 was 1190, the cost of the work to that date was $124,000, and the annual cost of maintenance $10,858. The latest publication in behalf of the Liernur system is by Dr. van Overbeck de Meijer, the Professor of Hygiene at the University of Utrecht, and a very inaccurate, and in many places absurd treatise it is. He is evidently quite ignorant of some of the simplest principles of hydraulic engineering and deliberately suppresses the great amount of testimony which exists against the Liernur system of which he is a blind and rather unscrupulous advocate. One of his arguments for example is that the City of Baltimore has abandoned the idea of using the Memphis system, and has requested Captain Liernur to prepare a plan for sewering the city. I need hardly say that this is untrue. He describes at great length that part of the so-called Liernur system which is intended to drain the sub soil—a part which has never been carried out anywhere—and probably never will be. He figures and describes contrivances which are quite impracticable, and would be at once condemned by any engineer."

Another patent system acting on the pneumatic principle is that of M. Berlier. In this a wire cylinder at the foot of the soil pipe intercepts solid particles which are removed from time to time. The pipes are smaller than those of the Liernur system. This system is being tested in Paris, but it is of too recent introduction to judge of its merits. It is evidently as costly and complicated as the Liernur system, and involves in the receptacle the placing of a little cesspool under each house which will act like a retort in the production of foul gases.

Original Papers.

POPULAR PREJUDICE AGAINST PRACTICAL ANATOMY.

BY RICHARD McSHERRY, M.D.,

Prof, of Principles and Practice of Medicine, University of Maryland.

A little ripple of old prejudices, from the time when dissecting rooms were wrecked by the mob and anatomists had to hide to avoid being themselves made anatomical subjects, was recently brought to my notice on the occasion of the legal arrest of a demonstrator of anatomy and his assistants. I heard in educated families what a disgraceful business it is to disinter the dead for dissection.

A mild defence of this work, so necessary to the good of living men, brought me under some censure, and made myself, as well as the whole profession, no better than particeps in a common crime with resurrectionists and anatomists. I found myself in the position of the captive trumpeter who pleaded in his defence that he did not fight, but who was nevertheless executed for exciting others to the combat.

It hardly seems meet for me to call the attention of the profession to this matter, and ask for an expression of sentiment, since I have long since laid down the scalpel never to take it up again (the early anatomists used razors until the scalpel was invented for them), but I think the profession ought to try to enlighten the public in this matter, and to obtain just and reasonable laws in regard thereto.

It appears to be certain that some reckless characters have desecrated respectable graves in the last few years, and have done their horrid work in such a way as to shock and alarm whole communities. These offenders deserve condign punishment.

But does it follow from such abuse that no bodies are to be taken and used in dissecting rooms? Is it a crime against society that the work should go on in spite of the general indignation excited, principally by sensational reports in the newspapers? Are dissectors engaged in a pleasant and agreeable work solely in their own interest?

It takes but little argument to show in this case how far apart are sense and sentiment. The doctor *must know anatomy*, which can only be learned by dissections. He must know every part of the human body as well as a machinist knows an engine, or a watchmaker a watch. And as the human body is vastly more intricate than any mechanism that comes from human hands, so much the greater necessity for studying it in all its parts, going to the very depths of its construction. Dr. Bell, of sanitary fame, recently told us in this city how he was once commissioned by the authorities to examine into the condition of a ship coming into the port of New Orleans from Havana, to find if she brought the germs of yellow fever. He had a cold reception from the master, who told him the ship had already been examined, fumigated and found to be safe. But the doctor, who had been a naval surgeon and knew the structure of ships, as well as human anatomy, assumed the right to go beyond all preceding examinations, down into the hold, and yet below the hold, thereby exciting the rage of the captain—away down in the limbers, where no eye had penetrated since the vessel had left the hands of the builders. There he found a reeking mass of filth, capable of starting an epidemic to spread over the community. He found the source of danger and removed it. But for this special knowledge men living in New Orleans would doubtless long since have laid in their graves.

Here expert knowledge was the means of saving human life, and just so it is in regard to the knowledge of human anatomy. Dissections are made for the good of the living, and certainly without detriment to the dead. The work done is in its nature most repugnant, and frequently dangerous to the dissector. He risks life and

health, not for his own good, but for that of others.

He may, indeed, have this much of selfish interest, to wit: that if in the practice of medicine or surgery, he loses or injures a patient from want of anatomical knowledge, he subjects himself both to public censure and discredit as well as to pecuniary loss when his ignorance is exposed before a court of justice. And yet, there s but one way of acquiring the necessary knowledge, which is by the slow, laborious and eminently repugnant work of dissection.

Does it not seem that a more rational public sentiment should be brought to bear upon this subject, and that law should protect men engaged in a work absolutely necessary for the good of all who may require medical or surgical attention? In such matters let there be just restrictions on the one hand, and legal privileges on the other, not for the good of the doctors, but rather for that of all other men.

Having thus given my views, I would like to have them sustained or corrected by gentlemen present, better qualified than myself to treat of this very important if not very attractive subject.

Selected Papers.

RETROVERSION OF THE GRAVID UTERUS.

BY J. MATTHEWS DUNCAN, M.D., F.R.S.,

Physician-Accoucheur and Lecturer on Midwifery at St. Bartholomew's Hospital.

Though retroversion of the gravid uterus is far from being common, we have in "Martha" two or three cases of it every year, and quite recently there have been three; and it is necessary you should know it well, for in all such cases as come into the hospital the disorder is grave and demands immediate interference. It may, indeed, have induced disease of the bladder, which may last long and be dangerous to life, while the original disorder has been easily remedied by replacement. Only last month a patient in "Martha" died of sloughing of the bladder, the consequence of treatment being too long delayed.

Retroversion of the gravid uterus is a well-known condition occurring in the third or fourth month of pregnancy, and accompanied by retention of urine—much commoner in multiparæ than in primiparæ. It is on this that I am to lecture, and not on anything else unless with a view to illustrate or explain this, and, following my predecessors, I use the word retroversion for all cases of it. In most cases there is some flexion, at the internal os uteri or lower, but I am not to bother you with this refinement because, so far as we at present know, there is nothing important consequent on changes in the point of chief flexion, whether it be in the neck of the womb or in the upper part of the vagina. Of course there is flexion somewhere, and it is here, as in the unimpregnated organ, really a matter of indifference whether it is the vagina that is flexed, or the cervix uteri, or the junction of the cervix and body, or all three in one continued curve.

It is common to include in retroversion of the gravid uterus rare and extraordinary cases where there are, in the pelvis, and there only, conditions somewhat like those of our disease, the excavation well filled, as you see in this diagram of Oldham's case, the cervix high behind and close to the symphysis, the rest of the uterus being naturally developed in the abdomen, and pregnancy advanced far beyond the fourth month, it may be even to the full term; and the urine not retained. But such cases have altogether a different pathology, and should not be classed with our well-characterized retroversion with retention of urine. In these cases of advanced pregnancy the uterus is not really retroverted, but has a peculiar pouching of the posterior wall, the pouched part protruding downwards into the pelvic excavation, and pressing the cervix forwards and upwards. I have recorded one case where the cause was old persistent perimetric adhesions and parametric atrophic induration around the retroverted organ, which, becoming pregnant, did not assume its natural position and relations; but its lower posterior part swelled and grew inside the pelvis, while the examination of the abdomen generally revealed only natural conditions.

Though it is a forced interpolation, I may take this opportunity of mentioning that in advanced pregnancy we have two kinds of anteversion. Of these, one is the common pendulous belly, the uterus falling through or distending extremely the linea

alba and distending the peritoneum and skin. The other is extremely rare, and I have seen only one case of it, in a primipara. In this case the uterus was anteflected, and could not be replaced as in the common pendulous belly; it was really not displaced secondarily, but grew into this peculiar shape and position.

As we do not include these cases of advanced pregnancy, so we do not include cases of early pregnancy—that is, before the third month—nor, indeed, cases of the third and fourth if there is no retention of urine.

When a woman with a displaced uterus becomes pregnant, it may assume early what is called a normal position. Or a woman becoming pregnant with the womb in the normal position, may soon have it displaced. Or, she may become pregnant with the uterus displaced, the organ remaining so during the early months.

There may be no symptoms caused by retroversion in the first three months of pregnancy, and nothing to announce the gradual ascent of the uterus into its ordinary position in the abdomen. But a woman, especially if she is sensitive, may have, as a consequence of retroversion in the earliest months, disagreeable feelings of pressure, of bearing down, or of hæmorrhoidal or vesical irritation. That these feelings are due to the displacement is shown by their disappearance when the organ is replaced. Sometimes such replacement is maintained by a Hodge pessary; and if this is the case, and if at the same time disagreeable symptoms are removed, the pessary should be worn till the advancement of pregnancy renders it useless. I have seen several cases where the pessary was inefficient. Sometimes women themselves replace the organ, simply by a few minutes of the genu-pectoral position with a loose or bagged state of the anterior abdominal wall; and this replacement is maintained till the woman resumes the erect position. When the womb goes up, a peculiar feeling announces the change of position to the patient, and so also when it comes down. In cases of this kind the womb gradually resumes its right position as pregnancy advances, or it ceases to come down on the assumption of the erect position, when its size gets large when compared with the brim of the pelvis through which it tends to prolapse. The womb is sure gradually to grow up without causing disturbance if retention of urine does not occur; and if it comes down retroverted on assumption of the erect position, it will cause no great disturbance on condition that retention of urine does not occur.

You now can understand how great is the importance of retention of urine in the third and fourth months of pregnancy. Were I authorized to recast medical nomenclature, I would not speak to you of retroversion of the gravid uterus, but of retention of urine, in the third and fourth months of pregnancy. The displacement of the womb is not the greatest fact in this matter, but the retention of urine. It is the overfilling of the bladder which causes the grave symptoms, increases the retroversion, and leads into danger to life. Retention occurring during retroversion in the third or fourth months of pregnancy constitutes the disease; and the overfilling of the bladder increases the retroversion, while the increasing retroversion renders spontaneous evacuation of the bladder more and more difficult. Indeed, though I cannot state an observation in attestation, I do not doubt that repletion of the bladder may be not only the cause of the symptoms and danger, but also the cause of the retroversion. Generally it is the other way—the displacement causes the retention.

Retroversion of the gravid uterus, as a grave disorder, is produced in two ways. Either retention of urine occurs in the course of a pregnancy in a retroverted uterus, and the case is by this occurrence at once rendered grave, made a case of the kind; or, a jump or fall suddenly forces the large uterus down from the abdomen into the pelvis, and this uterine descent with retroversion causes retention, and again you have at once a grave case of the kind.

Great curvature of the sacrum with projection of the promontory may prevent the gradual rising of a retroverted uterus, and predispose to a case of this kind; or the same shape of sacrum may prevent the spontaneous replacement of the uterus when suddenly driven into the pelvis by a jump or fall, or such accident.

Urine being retained, the case is constituted, and symptoms develope themselves. They are ill-defined—pains about the pelvis, disturbance of defæcation and of urination, and the belly enlarges.

The patient may have very little trouble of urination, for the bladder may become extremely distended without much suffering; but generally there is at first intense unsatisfied desire to urinate, which soon decreases or passes off as the bladder gets greatly distended. Urination may be quite arrested—generally it goes on more or less copiously, the urine passing involuntarily, or being squeezed out by bearing down and by pressure on the abdomen. The bladder gradually becomes enormously large, and I am sorry I cannot name the extreme limit of its capacity, but it may contain many pints—in D's case there were nine pints; it rises to the epigastrium, generally affecting the left rather than the right side of the abdomen; it forms a loose rather than a tense sac when very large, and the urine fluctuates freely. Indeed, I have known the distended bladder taken for a unilocular ovarian cyst.

The urine, I have said, is passed more or less copiously. It is limpid and of low specific gravity (1010), and is secreted in great quantity, often up to 200 ounces in a day—polyuria. There is enough to supply an ordinary, or even greater than ordinary, amount passed in frequent urinations, and, in addition, what overfills the bladder. The retention is not complete. This polyuria persists for at least several days after the bladder is regularly emptied artificially or spontaneously.

In this, as in healthy states of the bladder, evacuation is a result not of contraction, but of collapse; the bladder, measured by sound from orifice of urethra to its fundus, may be eight inches before evacuation, and it is eight inches after it; and the regaining of natural dimensions of five or six inches is generally a slow process, even if urination is spontaneous. The urine may have to be drawn off only once or many times—it may be, as in a case in "Martha," for six weeks.

I have said that the urine is limpid, and fortunately it generally is so. But, when cases of retroversion are not properly treated, the bladder becomes inflamed, the mucous membrane destroyed and separated, and the muscular tissue exposed; and this evil begins at various times in the progress of the case. Sometimes it is not till this takes place that the woman complains, and before complaining, as in one of our recent cases, there may have been combined retention and dribbling for many weeks. The urine, then, is not limpid, but nearly opaque, loaded with mucus, pus, and generally also with blood, the last tinting it not pink or bright, but brown and dark. This state of urine is always alarming, for it indicates the setting up of inflammation and ulceration of the bladder. Here is a museum specimen where the whole mucous membrane of the bladder has separated and come away as a nearly complete sac or bladder. You can easily understand that, in such inflammation, suffering and danger are both very great. Yet exceptions to this occur, for we have recently had a case, with copious bloody urine loaded with pus and mucus discharged from a bladder measuring eight inches, in which the woman required for a long time the use of the catheter, yet she had no pain, and her pulse and temperature did not rise above normal.

Perimetritis, with consequent adhesions, is a common source of difficulty in cases which have been neglected or mismanaged. Instances, indeed, are recorded where still more terrible results occurred—sloughing of the vagina and posterior uterine wall, and discharge of the uterine contents in this way; sloughing of the anterior wall of the bladder and of the anterior abdominal wall and discharge of the urine in this way.

Examining per vaginam, in a case of retroversion, you find the pelvic excavation more or less completely occupied by a globular, hard tumor pressed into it from above. It can also be well felt per rectum, this gut being expanded on it, and lying between it and the sacrum. The finger, introduced per vaginam, reaches the os uteri by a passage which is very narrow antero-posteriorly; it has to be pressed between the globular mass occupying the pelvis and the symphysis pubis, and the cervix uteri is near the upper margin of the posterior surface of the symphysis. Sometimes, but rarely, it cannot be reached.

The diagnosis is often to be made only with great care; sometimes it is very difficult; and it consists in making out what this globular mass is. If the symptoms of pregnancy are well marked, then you have to decide between retroversion and extra-uterine pregnancy. If the symptoms of pregnancy are not distinctive, then you may have a retro-uterine perimetric abscess, or a retro-uterine hæmatocele, or a

fibroid. Other tumours are excessively rare.

Occasionally, feeling the tumour to be rounded, elastic, hard, and as if not connected with the pelvic wall, you try to replace with a view to diagnosis.

The grand source of error in diagnosis in ignorance or forgetfulness of two circumstances; that a woman with great retention and bladder enormously distended may have no striking bladder-trouble; and that she may be passing urine in what appears natural quantity, or even more than natural, while retention persists.

And now for treatment. In principle it is simple, and in practice it is generally easy and successful. The urine is drawn off, and the uterus is replaced. Often nothing more is required; and all this may be done in a few minutes. But let us suppose we have a case of some duration, and in which there is some difficulty.

The woman is sent to bed; the lower bowel is evacuated; the bladder is emptied by catheter. Then the patient is placed in the genu-pectoral position, and so as to have negative abdominal pressure, the anterior abdominal wall hanging loose or bagged; and this a woman can do on having the matter explained. In the genu-pectoral position negative abdominal pressure is the natural condition, and in this position gravity helps the fall of the uterus from the pelvis into the abdomen. If it do not fall, pressure is applied to push it into the abdomen. The axis of the pelvic brim is nearly vertical, and the direction of pushing is nearly in this axis, and it is effected by two fingers in the vagina, or, still better, in the rectum. You are not to expect the uterus to be replaced at once, and you are not to use great violence, for you may perforate the posterior uterine wall by your fingers. You push strongly, nearly as strongly as you can, by the ends of your fingers, and the womb gradually leaves the pelvis. The patient is made to lie down; the uterus is now felt above the pubes, and a vaginal examination discovers the pelvis empty and the cervix in its natural situation. Lest the womb should come down again, the woman should lie quietly in bed for some days. Care has to be taken that the bladder is regularly and completely evacuated, spontaneously or artificially.

In cases where you fail to replace, you may simply wait, keeping the bladder empty, and the uterus may ascend spontaneously, as in one of our recent cases.

If, on waiting, the case becomes worse, symptoms of strangulation of the uterus in the pelvis coming on, you proceed to evacuate the uterus. This I have never had to do. It is effected in the same way as abortion is, in other circumstances, induced, but with difficulty in consequence of the position of the os uteri, and the narrowness and length of the passage to it. Sometimes it is induced by withdrawing the liquor amnii through the vagina and posterior uterine wall by trocar and canula.—*Med. Times and Gaz.*

Correspondence.

THE LIERNUR SYSTEM OF SEWERAGE.

To the Editors of the Md. Med. Journal.

DEAR SIRS:—With regard to the communication of Dr. C. W. Chancellor, contained in your JOURNAL of December 15th, my first intention was to remain silent, as it is my rule not to answer personal attacks which impute improper motives to what I may have said, or done in particular cases. It has, however, been urged upon me by gentlemen for whose opinions I have great respect, that by remaining silent I may seem to some persons to acquiesce in the charges made or insinuated by Dr. Chancellor, and that therefore I ought to make a statement of the facts in the case. This shall be done as briefly as possible.

In a short course of lectures on Municipal Hygiene delivered under the auspices of the Johns Hopkins University, I had occasion to devote one lecture to the subject of sewerage. In this lecture I discussed the merits of the combined versus those of the separate systems, and pointed out that in many cases a separate system is the most economical, and therefore the most desirable. Reference was then made to several special separate systems including the patented systems of Waring, of Liernur and of Berlier. I stated that in most cities in this country a separate system would be found preferable, but I did not advocate the Waring or any other special form of the separate system. I

condemned the Liernur system as incomplete, as very costly, and as being disapproved by the best engineers, because of this cost and incompleteness. It certainly does not seem to me that I went out of my way to comment on the Liernur system. Approval was expressed of the general scheme of sewerage devised for Baltimore by Mr. C. H. Latrobe. This scheme is for a separate system, but I do not understand that it is necessarily for the Waring form of the separate system. And finally at the close of this lecture when Mayor Latrobe came up and spoke to me, I expressed to him a hope that he would push the project of sewerage for Baltimore.

I gave this lecture some time before Col. Waring read his paper, and before the criticisms on Dr. Chancellor's paper appeared in the *Sanitary Engineer*, and in the most absolute independence of them. I had nothing whatever to do with either of these papers, nor had I ever heard of either of them when I made my own notes. I made no allusion, whatever, to Dr. Chancellor's paper or to his opinion on the subject. So much with regard to my motives for criticising the Liernur system.

With regard to the correctness of my criticisms upon the system, I do not intend to enter into any controversy in this place, and will for the present leave it to engineers who are competent judges to decide as to whether I have judged fairly of its merits in saying that it is very costly, both for construction and maintenance.

Very truly yours,

J. S. Billings.

Washington, D. C., Dec., 29, 1883.

To the Editors of the Md. Med. Journal.

As Dr. Chancellor leaves my technical criticism of his paper on the Liernur system unchallenged, I need only notice the personal points of his refutation:

1. It is true that, as he says, I have a system of my own. Had the Liernur system, which I had studied, carefully and hopefully (in Holland), been suitable for use in Memphis, I probably should not have had one.

2. Whether or not the fact that I have a pecuniary interest in one system would affect my professional honesty in judging of another one, is a question which I must leave to those who, like Dr. Chancellor, know me personally

3. I did not write the article in the *Sanitary Engineer*, to which Dr. Chancellor refers; I did not see it till it appeared in the columns of that paper; and I have not the least idea who did write it. Had I written it, or had the editor supposed that it was written in my interest, it would probably have been rejected, in pursuance of his fixed rule, not to allow patented devices to be advocated in his paper.

Respectfully, Geo. E. Waring, Jr.

THE BALTIMORE POLYCLINIC.

Baltimore, Dec. 31st, 1883.

Drs. Ashby & Cordell—*Gentlemen:*

I was much pleased with your editorial in the last number of your excellent Journal on the advantages of a Polyclinic Institute in Baltimore. The times require this form of a medical school, which, as you say very properly, is not to increase the number of doctors (already too large) but to improve the quality of or to give additional qualifications to those already in the profession. Every city seeking to be a medical centre, must encourage these practical schools. In Baltimore there is an absolute necessity for one. Without one, young men, graduates or advanced students will leave Baltimore to go to the Northern cities, and will thereafter use their influence in favor of such cities having such advantages.

An interesting letter from Dr. J. H. Claiborne, Jr., of Virginia, recently published in the *Atlantic Journal of Medicine*, speaking of the New York Polyclinic, says: "The South and the West, perhaps, send the largest number of matriculants, but there are not lacking those from the North." When these gentlemen find they can get all they want in Baltimore, not only good medical schools with appropriate didactic and clinical instruction, but over and beyond, a thoroughly equipped school for all the leading specialties, they will be readily induced to take whole courses of medical instruction in Baltimore from the beginning to the end. Our medical colleges thus have their interests identified with those of the Polyclinic, in common with the whole progressive part of the medical profession.

I am, yours respectfully,

Medicus.

Society Reports.

CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD DECEMBER 7TH, 1883.

(*Specially reported for the Maryland Medical Journal.*)

The Society was called to order at 8.30 P. M., the President, Dr. J. EDWIN MICHAEL, in the chair.

SPONGE-GRAFTING WITH EXHIBITION OF A PATIENT.—*Dr. Walter Wyman* read the report of a case in which a sailor had received a gunshot wound of the fore-arm by which much of the tissues of the anterior surface of this part were torn away, exposing the bone and leaving a great cavity to be filled. Several sponge-grafts were inserted into this and the results were exhibited upon the patient, the various stages of progress being shown in the several grafts.

Dr. Coskery said he had seen this patient 12 hours after the accident. A few years ago a surgeon would not have hesitated to advise amputation under similar conditions. The results prove the wisdom of conservative surgery.

SUDDEN AMAUROSIS WITH HEART LESIONS.—*Dr. Bermann* exhibited the woman whose case was mentioned by him at last meeting. She has improved rapidly under the use of the iodide of potassium and her vision is now perfect in both eyes. There is still some exophthalmos, the disk of the eye is a little paler than normally and the vessels of the fundus a little congested. The diagnosis originally rested between aneurism of the ophthalmic artery and syphilitic gumma pressing on the optic nerve; the results of treatment show that the symptoms were attributable to the latter.

Dr. Mackenzie inquired whether all the symptoms in this case could not be accounted for by the aortic lesion. Exophthalmos and troubles of sight are not uncommon in advanced heart and especially aortic disease. This patient has aortic regurgitation but also aortic obstruction, and the latter is the chief lesion.

Dr. Bermann replied that in affections of the eye due to cardiac troubles, as a rule there is embolism of the arteria centralis retinae or other vessel, which is easily diagnosticated. He did not think the heart trouble advanced. Exophthalmos is not a very frequent symptom; had never seen it due to aortic insufficiency. If due to this, why affect one eye and not both, and why should iodide of potassium restore the sight?

Dr. Mackenzie said there was hypertrophy of both ventricles of the heart, quite extensive in the right. Did not the potash act rather by a calmative influence than a specific one?

Dr. Bermann said the heart trouble was not advanced since compensation had been sufficient to prevent œdema.

AMPUTATION OF THIGH; TETANUS; RETRACTION OF TISSUES OF STUMP; RECOVERY WITH GOOD RESULT.—*The President* reported the following case: A boy, æt. nine, was brought to the hospital whose leg had been run over five days before by a heavy wagon. The limb was in a state of gangrene and the appearance of things was desperate, the thigh being very much swollen to the hip. Circular amputation was performed in the middle of the thigh and the wound was dressed with iodoform. For a week the patient did well and there was no elevation of temperature. On the 8th day the dressing was removed, when the outer half of the wound was found to have healed; the rest was in good condition. There was considerable sanious discharge, no bad smell. On the 9th day symptoms of commencing tetanus appeared first in the masseters; these symptoms continued for weeks; the jaws were swollen, the belly hard and there were spasms. Opium was given hypodermically and by the mouth, q. s. to keep the patient completely under its influence. The spasms gradually subsided and the patient recovered, and is here presented to the Society. Through the muscular contractions the wound was pulled open, the edge of the skin was drawn apparently two inches above the end of the thigh bone whilst the bone protruded half an inch. Re-amputation it was thought would be necessary, but the wound was bandaged so as to bring the skin down to the end of the stump, and the wound is now granulating and is practically healed without any protrusion of bone.

STEM OF A LILY REMOVED FROM FEMALE BLADDER.—*Dr. Chunn* presented a piece of a stem of a lily removed from the bladder of a woman, æt. about thirty-six. This person presented herself suffering from trouble about her bladder. There were constant pain and uneasiness, and almost incessant desire to micturate. Dr. Howard dilated the urethra and removed the intruder, which Dr. Chunn presented as a specimen of an "aesthetic" catheter. The patient recovered.

REMOVAL OF UTERINE APPENDAGES.—*Dr. Chunn* presented specimens and reported a case of Tait's operation (See MARYLAND MEDICAL JOURNAL, Dec. 8th).

Dr. Chambers had known the patient operated upon by Dr. Chunn for several years.

The convulsions were hysterical, and she had applied to all the dispensaries for treatment. She had taken over a pound of bromide of potash.

Dr. Rohe said that he had seen Dr. West's case two years ago; she was suffering very great pain then, in fact was wild with pain, and was covered with points of puncture from the hypodermic injections of morphia.

Dr. Chunn said he had seen his patient in hystero-epileptic attacks, when she had to be gagged to prevent her biting her tongue. He had operated, however, for the relief of the pain, not of the epileptic fits.

Dr. Branham had seen her in one of her "epileptic" attacks; water was dashed in her face and she at once got up and went off.

OZAENA — REMOVAL OF PERPENDICULAR PLATE OF ETHMOID.— *Dr. Mackenzie* exhibited a portion of the bony septum nasi of a lady, who had one of the most fœtid catarrhs he had ever seen. She had been under the care of homœopaths and quacks. The entire cartilaginous septum was gone whilst the turbinated bones were necrotic. The nose had consequently sunk in, and from being quite pretty the patient had become thereby quite homely. The specimen consisted of the perpendicular plate of the ethmoid bone with part of the ethmoid cells. He insisted on the importance of two points in the treatment of these cases: 1. The necessity of local treatment. Ozaena means dead bone, the removal of which effects a cure. Usually the patient is given iodide of potassium and mercury and let alone. The patient above referred to was treated by the application of a solution of ether and balsam of Peru and oakum, the crusts being previously removed. Iodide of potassium was given with mercury to iodism, but was suspended producing no effect upon the disease. The patient was taught to make the applications herself, which she did twice a day at her home. In two weeks the bone began to separate and in three weeks was removed. Small pieces of the turbinated bones have since been removed, but there is still a small piece to come away. The patient has improved very much, but still has some odor, though there is scarcely any discharge.

GOLD LACHRYMAL TUBE REMOVED AFTER BEING IN THE NASAL DUCT 25 YEARS. —*Dr. Theobald* exhibited a specimen which he said possessed a historical interest. It was a gold lachrymal tube which had been introduced by Dr. N. R. Smith 25 years ago. Previous to its introduction the patient had attacks of inflammation with stillicidium; the former ceased but the patient continued to have more or less of the latter. Recently it fell through the nasal duct and into the nose from which it was removed. It was found to be a good deal corroded; one of the openings was closed by calcareous deposit, the other partly so. No one uses such an instrument now.

GLANDERS IN MAN.— *Dr. J. D. Arnold* reported two cases, which presented the usual symptoms and terminated fatally. They occurred in children and the origin was traced to a horse which had belonged to the father of the children and had died of glanders. The wood of the stall was packed away in the cellar, where the children played, to be used as fuel.

Dr. B. Holly Smith, 227 Madison Avenue was nominated for membership and *Dr. R. M. Hall* was elected a member of the Society.

BALTIMORE MEDICAL ASSOCIATION.

STATED MEETING HELD NOVEMBER 26th, 1883.

(*Specially Reported for the Maryland Medical Journal.*)

The Association met at the usual hour. DR. TANEYHILL was elected Chairman p. t.

HEPATIC COLIC.—*Dr. Gibbons* reported the case of a lady, greatly jaundiced, who for two years has had attacks of colic about every three or four weeks. Under the use of hydrated succinate of iron there was temporary abatement, but the attacks have since returned. No gall-stone has ever been found in this case.

Dr. Kemp insisted upon the necessity of finding the stone in order to establish the diagnosis. In the case of a gentleman who had attacks simulating those of hepatic colic every week or two, no stone could be found although careful examination was made for them.

A CASE OF CONCUSSION OF THE SPINE ACCOMPANIED BY ALL THE SYMPTOMS OF LOCOMOTOR ATAXY.— *Dr. Arnold* said Erb maintains that the tottering gait and inability to walk with the eyes shut in this disease is due to cutaneous anæsthesia; others, however, maintain a different view. In this case (the patient was here exhibited to the Society) there was no cutaneous anæsthesia. The following is the history of the patient: He is a Danish sailor. Three weeks ago he fell upon his back on board ship. On being raised he could not walk, but after a week or two he was able to walk to the hospital. Examination there revealed all the symptoms of locomotor ataxy: there was the straddling gait; on approximating his feet or closing his eyes he couldn't stand alone; in walking, he brought his feet

down flat, and there was the usual defect of co-ordination. The gross power of his muscles, however, was maintained; the limb could not be flexed when he voluntarily extended it. The reflex tendon responded normally. The temperature and sensations of touch and pain are normal. The patient can tell whether two or three impressions are being made with the compass. This case proves that all the symptoms of locomotor ataxy may be present and yet the cutaneous sensibility may be normal, thus showing that Erb is in error. This patient has improved very much, the treatment being a blister over the sacro-lumbar region and the iodide of potash internally to check inflammatory trouble in the lumbar part of the cord. The injury must have involved some portion of the cord which controls co-ordination. This function is by some assigned to the cerebellum, whilst others say that such centres exist in the cord.

DISLOCATION OF HEAD OF HUMERUS REDUCED BY THE KNEE IN THE AXILLA.—*Dr. Taneyhill* reported the case of a man, æt. 58, who fell from a pile of lumber, striking his left shoulder on a fence; in consequence the head of the humerus was dislocated downwards and forwards under the coracoid process of the scapula. The patient being brought immediately to D. T's office, reduction was effected without difficulty by the knee in the axilla, the foot resting on a chair, extension being employed simultaneously. The case illustrates the necessity of promptness in effecting reduction in such cases before much effusion has taken place.

Dr. Ellis had reduced a dislocation of the head of the humerus into the axilla without difficulty by his foot in the armpit, at the same time pulling upon the arm. The patient was under the influence of chloroform meanwhile. In two other similar cases he had failed. He thought the use of chloroform was very important.

PUERPERAL CONVULSIONS.—*Dr. Taneyhill* reported a case of puerperal convulsions which was treated successfully by injections of hydrate of chloral. Eight such injns. of 30 grs. each were administered per rectum within eleven hours. The patient was a primipara, and the first convulsion occurred during the labor, which resulted in the birth of twins. She was anasarcous, sightless for some hours, and the urine solidified completely in the test tube and would not flow out. She has entirely recovered and is now nursing the twin which alone survived. Dr. T. related the following remarkable family peculiarity of this patient: Her mother's grandmother had twins, her father's mother had twins once, her father's grandmother had twins twice, one of which is the father of this father. Her mother's sister's husband's mother had twins; the mother's brother married a lady whose parents had twins twice; her mother's father's aunt had triplets.

Dr. Arnold maintained that the albuminuria in these cases was entirely due to the pressure of the child on the vena cava inferior, leading to renal congestion and that little can be done besides hastening delivery. The temporary nature of the trouble shows that there is no serious organic injury to the kidneys. The convulsions he regarded as due to idiosyncrasy. He had never succeeded in effecting a reduction in the quantity of albumen in the urine by any treatment so long as the fœtus was in utero.

Dr. Smith said albuminuria was not a source of anxiety to him unless he found tube casts or sugar in the urine at the same time.

Dr. Taneyhill had seen dropsy subside under remedies and had also seen convulsions commence after labor. It is his custom to examine the urine of all pregnant women for six weeks previous to labor and he employs benzoic acid as a prophylactic against eclampsia in those in whose urine he finds albumen.

The regular subject of discussion, WHAT SHALL WE DO WITH ENLARGED TONSILS? was opened by *Dr. J. F. Perkins*, with a paper, of which the following summary is presented: Excision was considered the best procedure in most cases but it cannot always be practiced since patients shrink from the use of the knife and physicians often dread hemorrhage. After describing the various forms of enlargement, the author considered remedial measures under the headings, hygienic, therapeutic and surgical. The hyperplastic form has often a tendency to shrink up at puberty but we must not trust to that. Drugs can only be expected to palliate; cod liver oil, syrup of the iodide or tincture of the chloride of iron, guiac, salts of ammonia, quinine and soda are the standard remedies. Locally, astringent solutions in the form of spray or by insufflation may afford relief; also a saturated solution (℥j-ii to ℥j) of nitrate of silver applied by means of a brush. Caustics were included in this category. Tonsillotomy was considered a simple, safe and almost painless operation, especially applicable to the hypertrophic form, where the organ has become a constant source of irritation. A brief historical sketch was then made of the operation. The author preferred Mackenzie's tonsillotome; the gland should be well drawn out and care should be taken not to cut the anterior palatine arch. By depressing the tongue with the index finger of the left hand, the patient is caused to gag, the tonsils are at the same time projected from between the pillars of the fauces and can be engaged in the fenes-

tra of the instrument. There are five reported fatal cases from the use of the bistoury. Hemorrhage is an occasional, but very rare sequel. Dr. Lefferts has lately reported the cases and the author had met with one case of troublesome oozing after removal of a so-called "scirrhous" tonsil. Anæsthetics are not needed in tonsillotomy. After the operation a gargle containing tannic and gallic acids is advisable. No subsequent discomfort either to throat or voice is to be apprehended.

Dr. Mackenzie said there was but one treatment for hypertrophied tonsils and that was to take them out. But two things should deter from doing this: 1. The hemorrhagic diathesis; 2. Absence of instruments. As for co-operation by the patient,we don't want that in a child, and in adults the operation is painless and over in a minute, and they can always be persuaded. In view of the ill-effects on the lungs and general health, he considered it absolutely cruel to trifle with such cases and tell the patient that the enlargement will disappear. He had never known atrophy to take place when there was hypertrophy of tissue, and he declined cases when an operation was refused. Hemorrhage only occurred when the bistoury was used and the carotid artery wounded with the point of the knife, or in malignant disease or diseased arteries. There had not been a single case of fatal hemorrhage at the Golden Square Hospital, London,where Physick's instrument was used. He had operated there sometimes upon twelve in an evening; not only chronic cases but where the tonsils were acutely inflamed.

The operation was known centuries before Hippocrates. In the ancient Hindoo literature there is an excellent account given of tonsillitis by D'hanvantari, who recommends removal by the forceps and bistoury.

As for the use of caustics, the speaker characterized a tonsil thus treated as "a dismantled ruin." It becomes a source of irritation, and the stubs which remain give much trouble. These should be cut out, if possible, if not the galvano-cautery should be used, or as a substitute in the absence of this a red-hot wire. In the follicular tonsil pick out the plugs of mucus and thrust into the follicles a stick of nitrate of silver.

Dr. M. said in his remarks he referred to little children; the evil results then are inevitable. In adults the tonsils may be enlarged, but it is not necessary to operate upon them if no inconvenience or sore throat be present.

As to the effect upon the voice: Upon the pharynx and nasal fossae depends the timbre of the voice; if there be obstruction from enlarged tonsils the column of air is divided, air is lost on the tonsils and part of the tones go into the nasal fossae producing a nasal twang of voice; the intensity of the voice is diminished. The operation undoubtedly improves the voice and ought always to be advised in singers suffering from enlarged tonsils. It was performed on Madame Patti, the great singer.

In regard to the effect upon sexual appetite, the idea of diminishing this has been exploded, it has been even said to increase it.

Dr. Perkins in reply said that he had stated in his paper that the operation was known long before the time of Celsus, A. D. 10. He agreed fully with Dr. M. that tonsillotomy is the right procedure in most cases, and especially in children, even if parents in ignorance of the operation give unwilling consent. But how far a physician is justified in going with the patients in our public institutions or in his private practice is worthy of consideration. Dr. P. had operated on a number of cases in the Golden Square Hospital, London, and with excellent results. He had found greater opposition to the operation in the hospitals of this country than there, and hence cannot always resort to the same measures as he did when there—due in great degree to want of time and help, and perhaps to dealing with a different type of people. The simple remedies mentioned above have often been tried by him in the Presbyterian Eye, Ear and Throat Charity Hospital of this city, but more as placebos and in weak solution than as curative. The fruitless visits soon convince the patients of the necessity of operation. But when the operation is positively refused the stronger measures are resorted to rather than dismissing them without treatment. There need be no fear of leaving a sensitive or weak throat as the result of the operation. The voice will be benefitted materially by the operation and the procreative power will not be affected in the least.

Death of Dr. Johnson Elliot.—Dr. Johnson Elliot, a prominent physician of Washington, died in that city Dec. 30, of pneumonia. He had been ill for some time, but had recovered sufficiently to be out on the day after Christmas; this exposure led to a fatal relapse. Dr. J. had for many years held the post of metropolitan police surgeon.

According to the report of the Dispensary for Nervous Diseases 4,433 patients were treated during the past year. The institution, which is said to be the only one south of Philadelphia, is in charge of Drs. John and Claude Van Bibber. Steps are being taken to attach a hospital to it.

Editorial.

SOME PERSONAL REFLECTIONS SUGGESTED BY THE CLOSE OF THE YEAR 1883.—It is with a considerable degree of pride that the editors contemplate the progress the MARYLAND MEDICAL JOURNAL has made during the year which has just closed. Begun in 1877 as a monthly, and so continued through the first six volumes of its history, in 1880 a semi-monthly issue was ventured on, and as time rolled by and the demand became more and more widespread and conspicuous for the earliest possible information in regard to medical matters, we were emboldened to advance a step further. At the beginning of the year 1883 the JOURNAL was still being issued twice only in each month; in May, however, when it entered upon the 10th volume, we determined to place it at once in the forefront of medical journalism, and, accordingly, without any great flourish of trumpets, it quietly assumed the weekly form. Not only so, but at the same time there was an increase in its size and in the amount of reading matter, which has been still further augmented more recently by the addition of four pages, so that each number now contains twenty pages double column, and a still further increase, with such other improvements as may suggest themselves, is contemplated in the near future. With the augmented duties and requirements, we were fortunate enough to secure the co operation of a number of gentlemen, several of national reputation in their respective departments, and to them is due much of the success which we have met in our endeavors to make the JOURNAL a fitting representative of the great American profession. No better evidence could be afforded of development than the fact which has been observable to our readers of late—that the societies and profession of other large cities besides Baltimore are regular and extensive contributors to our pages. The book review department has become one of the most important, and the critical and impartial notices of books that have appeared in our pages have attracted widespread and deserved notice. Increased attention has also been paid to sanitary medicine, and the carefully prepared abstracts of Dr. Billings' excellent lectures on hygiene now appearing in our pages are well calculated to promote the study of this vitally important but (certainly in Maryland) much neglected subject. The responsibility, labor and expense, which the change above adverted to devolves upon the editors-in-chief, can scarcely be appreciated by those not familiar with such duties. It is needful, therefore, that we should have aid and assistance from many quarters. It is our desire to make the JOURNAL the best and at the same time the cheapest in the country, and we only ask that it shall be judged upon its merits. Hoping to receive a still more hearty support from our friends and patrons in the future, we conclude by wishing all of our readers a happy new year!

HYSTERECTOMY.—The operation of uterine extirpation for fibroid tumors was not considered a warrantable procedure until within recent years. It is now considered by some surgeons as scarcely justifiable except in a limited class of cases, and then only as a forlorn hope. Péan was an early and warm advocate of uterine ablation for fibroids. He, as early as 1873, published statistical tables from which he was led to consider the operation as no graver in character than extirpation of ovarian cysts complicated by adhesions. At that time he reported nine operations with seven recoveries. Of his collected cases there were 30 deaths in 44 operations. Such statistical tables as have been compiled by Thomas, Storer, Schroeder and others show a very heavy death-rate and go far to disprove the accuracy of Pean's opinion. Out of 73 removals of the uterus by Prof. Schroeder there were 55 deaths and only 18 recoveries. Sir Spencer Wells, in the last edition of his book, reports 39 complete hysterectomies with 20 deaths. Of 12 cases collected by Dr. Thomas 11 died and 1 recovered. It may be doubted, in view of this large mortality, whether the death-rate is compensated by the benefits received. Fibroids of the uterus differ from other tumors in having a limited life. Middle age brings relief from the threatening danger and torment incident to the menstrual epoch. A fibroid tumor may annoy and seriously jeopardize life for many months, and even years, and finally leave the tormented patient to enjoy an age of peace after the menopause. Hence it must always be a puzzling question to decide when to leave these tumors to take the course prescribed by nature and when to hazard the danger of an ablation. Until a few years ago these tumors were left alone. The patient was left to worry along until either death or the menopause freed her from her ailment Many cases died and many others found relief in the suspension of the menstrual function. In the light of the earlier statistics the let-alone policy was eminently wise. Viewed from the death-rate of more recent years hysterectomy becomes not only an admissible but a necessary procedure. The earlier operators paved the way to better results by their questionable sacrifice of life. They marked out the onward progress of abdominal surgery which, under the restless impulse of the age, knows, at present, no halting ground.

Ovariotomy a quarter of a century ago could show no such results as hysterectomy shows to-day. Dr. Thomas Keith, of Edinburgh, was the first surgeon who could show a death-rate of three per cent. in the former operation. He is now the first to show a death-rate of eight per cent. in hysterectomy. His recent contribution to the history of "Supravaginal Hysterectomy" (*Brit. Med. Jl.*, Dec. 8) is a masterly argument in defence of this surgical procedure. He presents facts and figures which fully establish the claim of the operation to universal recognition. Hysterectomy is no longer *sub judice* with an eight per cent. mortality. Dr. Keith states that he was slow to begin this operation, and many uterine tumors had passed through his hands before the necessity of operating was forced upon him. His first operation was done in Nov., 1873: his second in Dec., 1874; his third in Feb., 1875. Then followed two operations in 1878, one in 1879, two in 1880, two in 1881, seven in 1882 and eight in 1883, making a total of twenty-five cases with two deaths and twenty-three recoveries. Dr. Keith's own language is very suggestive: "With the exception of the cases in which the ovaries were removed to check the growth of bleeding fibroids—and all of these yet operated on have recovered—this list contains every case of uterine tumor with which I have ever interfered by abdominal section. Every operation was completed—some with great difficulty. In two cases there was a mistake of diagnosis between a fibrous cystic tumor and an ovarian tumor. All the rest were carefully and correctly diagnosed. All were cases of supravaginal hysterectomy. Nearly all were under observation for some years—some for many years. A gradual deterioration of health had been watched till the stage of uselessness and utter wretchedness was reached, when death seemed preferable to life. I have never seen such profound anæmia as existed in some of these patients; and this of itself certainly does not forbid an operation. The average weight of the tumours—nearly seventeen pounds—shows at least that there was no hurry in interference. All but three of the twenty-four were, from their condition in life, hospital patients. Their position was laid plainly before them, and they were allowed to decide much for themselves. Some preferred to let bad alone, and these are still working on in more or less discomfort and misery, waiting for the menopause. The argument that life was threatened was never used. I do think that cases 3, 13 and 15 had nearly seen the last of their days. Were I anxious for the operations I might ere now have done two or three hundred during the last ten year."

Dr. Keith's results, we believe, are far in advance of any other operator. To what are we to attribute his success? Undoubtedly to a large personal factor, to the skill of the operator. But Dr. Keith indicates how these results may be reached by others. "Eighteen operations were performed without carbolic spray, with one death. In six done under the spray, there was one fatal result He is insane who does not now accept, *toto animo*, the antiseptic principle in surgery; but in the surgery of the abdomen I draw the line at the carbolic spray."

Quoting Prof. Schroeder, he says: "The prognosis of the removal of large solid tumors of the uterus depends altogether on the development of the technical methods of operating." The removal of a large adherent solid fibroid filling the pelvis, and to get the patient well after it he regards no easy matter, but he does not think that the mortality after supravaginal hysterectomy should be greater than it now is in bad cases of ovariotomy. His results show a death-rate of eight per cent. but he says: "I am mistaken if this cannot be reduced."

Hospital Saturday and Sunday in Baltimore.—Last Saturday and Sunday were observed in Baltimore as Hospital Days, when collections were taken up in the churches, and by boxes placed in drug stores and other prominent places, or contributions were made directly to the treasurers. The amount collected last year, the first of the movement here, was $2,221.58. The fund is distributed among the following hospitals, which have representatives in the association: Union Protestant Infirmary, Protestant Episcopal Church Home and Infirmary, Presbyterian Eye and Ear Charity Hospital, Baltimore Eye, Ear and Throat Charity Hospital, Nursery and Child's Hospital, Woman's Hospital, Woman's and Child's Hospital, Hebrew Hospital. The Committee of Distribution consists of the Mayor, Postmaster, President of the Chamber of Commerce, Judge Fisher, Dr. J. Carey Thomas, President Gilman and Mr. Ulman. The fund is designed for the establishment in the various hospitals of free beds for the poor. Donors may designate the object to which they desire to contribute, but experience has proven that an undesignated contribution best promotes the interests of the movement. Contributions may continue to be made up to January 15. A report of results will be made in this journal about Feb. 1st.

Opening of the New Biological Laboratory of Johns Hopkins University.—The formal opening of this lately finished structure, of which a description was given in

the JOURNAL of Nov. 10th, took place Wednesday evening. Before an audience of physicians, scientists and students, assembled in Hopkins Hall, Prof. H. Newell Martin delivered a carefully prepared address on "Modern Physiological Laboratories: What They Are and Why They Are." By the favor of the author we shall have the pleasure of presenting this address in full to our readers. We will only now say that Prof. Martin traced the growth of modern physiological study and pointed out the important aid it has rendered to medicine. To it, he claimed, are due our present views of the nature of disease, and the cellular theory, and our knowledge of the instrumentality of germs in the production of morbid processes was ascribed to researches undertaken to decide the question of spontaneous generation. He claimed that physiological preceded chemical laboratories, the first of the former having been established in Breslau, Germany over fifty years ago. He said this structure was the only one in America devoted entirely to physiological work, and that the laboratory is "without a rival in America and not excelled anywhere in the world." The address, which lasted for one hour, was very impressively delivered and was listened to with the closest attention by the audience. After its delivery the new building was inspected by those in attendance.

THE SEWERAGE CONTROVERSY.—The lecture of Dr. Billings, delivered Nov. 21st, which gave rise to the paper of Dr. C. W. Chancellor, published in the JOURNAL of Dec. 15th, appears to-day in our columns in abstract, along with the communication of Dr. Billings and Col. Waring, in reply to Dr. Chancellor. Whilst this is purely an accidental occurrence, it serves a useful purpose by placing the matter more completely before the reader. Now that all the facts and the statements of the parties to the controversy are brought out so fully it is unnecessary for us to express any opinion upon them as readers can judge for themselves. Dr. Chancellor's original paper in advocacy of the Liernur system of sewerage will be found in the Transactions of the Medical and Chirurgical Faculty of Maryland for 1883. In order to be perfectly accurate we have taken the liberty of quoting Dr. Billings' remarks upon the Liernur system, from his lecture, *verbatim.*

Mr. Rochard, Medical Director of the French Marine, has entirely recovered from the gunshot wound inflicted some months ago by an assassin, although the ball still remains in his lung.

Miscellany.

RINGER ON ACTION OF DIGITALIS ON THE CIRCULATION.— In a paper before the Royal Medical and Chirurgical Society (*British Med. Jl.*, Dec. 1), *Dr. Sydney Ringer* said spasm of the heart—*i. e.*, arrest in systole —from sufficiently large doses of digitalis, is universally recognized as a result of the drug, being due to its direct action on cardiac tissue, but the condition of the arterioles is still in doubt. An artificial saline solution was circulated through the vessels of the hinder extremities of a tortoise, whose brain and spinal cord had been completely destroyed. Provision was made for measuring the rate of flow. As soon as there was a uniform rate of flow the drug was added to the saline solution circulating in the vessels. Invariably on adding the drug the circulation became slower even to almost complete stasis, showing a diminution of calibre due to action on the muscular tissue of the arterioles. More or less persistent spasm of the excised heart of the frog was also produced on applying the digitalis.

Experiments showed further that the calibre of the vessels could not be affected through the nerves. It was likewise shown that digitaline is a notable muscle-poison, the muscles dying rapidly and losing their excitability.

THERAPEUTICS OF DIGITALIS.—The common belief as to the action of digitalis was that it strengthened the action of the ventricles of the heart. If that were so, the best cases for its use would be cases of aortic regurgitation ; and though Dr. Balfour recommended its use in such cases, yet most physicians did not, and for himself, he could hardly agree that this strengthening of the action of the ventricles was its chief action. A case of aortic obstruction in which there was not compensating hypertrophy was the best test case, and in such cases he had found it did little good. In regulation of an irregular heart, it was pre-eminently the drug to be used, and he did not at all expect any of the other drugs he had discussed to be able at all to take its place.—*Ringer* in *British Medical Journal.*

A NEW METHOD OF DRAWING TEETH.— A dentist of Geneva has invented a new

and ingenious process of tooth-drawing. A small square of India rubber, pierced with a central hole, is pushed over the tooth till the upper part of the root is reached. The India rubber gradually contracts, pulls on the root, and the offending tooth is finally enucleated without causing the patient any pain whatever. Four or five days are generally required to complete the operation. Very slight bleeding and a slight swelling of the gum are the only inconveniences experienced.—*British Medical Journal*, December 8th.

KAIRIN.—Dr. Henry Ashby, of Manchester, contributes to the *Br. Med. Jl.* (Dec. 8) the following note on this new drug: "Kairin (oxy-chinolin-methyl-hydrate=$C_{10}H_{13}NO$) is one of a series of artificial alkaloids derived from chinolin (C_9H_7O) by the addition of oxygen, hydrogen and carbonic acid, and was first made known by the experiments of Fischer and Kœnig. Its remarkable anti-pyretic qualities were discovered by Filehne, and confirmed during the present year by Ewald, Guttman and Janssen (See *Berlin. Klinische Wochenschrift*, Nos. 16, 24, 31 and 46). It occurs in a whitish crystalline powder of a persistent, bitter, aromatic taste. It has the advantage over quinine of producing more decided and certain reduction of the temperature, unaccompanied by headache, ringing in the ears, or other unpleasant effects, though the impure alkaloid at first employed was not so free from unpleasant sequelæ as the purer drug now to be obtained. It has been employed in croupous pneumonia, typhoid, tuberculosis, scarlet fever, with satisfactory results as far as the temperature is concerned. The pulse and respirations have also been reduced in number. Its action is accompanied by sweating, and the urine becomes of a greenish color, reminding one of its condition in carboluria. Filehne employs the alkaloid in doses of 7 to 15 grains in an adult, given hourly for three or four successive hours; this usually reduces the temperature 2°—4° F., and then smaller doses of 3 to 5 grains every hour or two hours, unless the temperature again rises, or rigors occur announcing a rising temperature. Each dose is followed by draughts of water. As the anti-pyretic effect is of short duration, it is better to give repeated small doses than larger ones, and less frequently. To avoid the unpleasant taste it may be given in gelatine capsules. The alkaloid has now been given in a sufficient number of cases to establish its value as an anti-pyretic remedy, probably the most powerful we possess, and also that no deleterious results follow its administration in even large doses. On the other hand its action is only temporary, has the disadvantage of being unpleasant to taste, and at present somewhat expensive. While it is doubtful if it possesses the power of cutting short or even lessening the duration of any of the specific fevers, it certainly is useful in mitigating the effects of the fever by reducing temperature where a high temperature exists." Dr. Ashby illustrates the anti-pyretic action of kairin by a chart of a case of typhoid in a girl of 10 years under his care. Two grains of kairin were given when the temperature rose to 103°. When the temperature was taken within an hour, a decided reduction of temperature was noted. The effect of the drug may be increased by cold sponging or packs.

LAWSON TAIT ON THE RADICAL CURE OF HERNIA.—Mr. Lawson Tait contributes to the *British Medical Journal*, December 8th, a short paper "On the Radical Cure of Exomphalos" (umbilical hernia) in which he describes his method of operating. His plan is to open the sac, free all adhesions, remove redundant and irreducible omentum, pare the edges of the ring and stitch them together. He has now operated on eleven cases, all of which have recovered. He has never done the extra-peritoneal operation, and is of the opinion it can not be as safe as the operation by opening the sac.

In concluding his paper, Mr. Tait uses the following language: "Let me conclude by saying, that I have an impression that the radical cure of hernia, of other kinds than umbilical, will, by-and-by, be undertaken by abdominal section. I am not sure, but that it will be extended to operations for strangulated hernia. A few weeks ago I removed an ovarian tumor from a woman with a femoral hernia, in which intestine was adherent. It was a very easy matter to undo the adhesions, and, by means of a handled needle and a silk thread, to obliterate the ring in a manner which, I am sure, no operation from the outside could have effected. So much can be done through a two-inch incision, that, if I should be ever called upon again (as I very rarely am) to operate on a strangulated femoral hernia, I believe I shall proceed by abdominal section, and complete the radical cure of the protrusion at the same time that I relieve the obstruction."

RETENTION OF THE PLACENTA AS A SAFEGUARD AGAINST SECONDARY HÆMORRHAGE FROM ATONY OF THE UTERUS.—Dr. E. Thomann (*Centralblatt fuer die gesammte Therapie*," Sept. 1883) describes the case of a primipara, aged twenty-six, of leucophlegmatic and scrofulous constitution, whose labor lasted four days, in consequence of uterine inactivity with dryness and rigidity of the soft parts. There was no fever, nor were there other unfavorable symptoms, excepting those resulting from fatigue. The child was born in a state of asphyxia, but was resuscitated without much difficulty. After the usual interval, Dr. Thomann was about to take away the afterbirth, when the uterus, which had contracted quite firmly, suddenly relaxed, and lay like an empty bag within his grasp. Not a drop of blood escaped. The placenta lay partly in the vagina, but most of it was firmly fixed within the cervical canal, which it completely occluded. In order to obviate the risk of secondary hæmorrhage, it was thought best to leave it in this situation, where it might act as a natural tampon; and here, accordingly, it remained for sixteen days, when its removal was effected with considerable difficulty, but without the slightest loss of blood. The patient's condition was excellent, and she passed through her confinement without an untoward symptom.

This case, the author thinks, may serve to warn us against undue haste in forcibly effecting the extraction of the afterbirth—especially when the uterus has been exhausted by a difficult and tedious labor. Under the circumstances related, even if hæmorrhage should take place behind the retained placenta, the latter, together with the blood accumulated in the uterus, will hold it in check until this organ has had time to recover its contractility, discharge its contents, and remedy the mischief by its own inherent powers. There need be no fear that such delay will give rise to septicæmia, unless signs of endometritis have already been noticed, or unless hæmorrhage have occurred during the progress of the labor, indicating a partial loosening of the placenta, as a result of diseased conditions. In either of these cases, of course, the uterus must be freed from its burden as speedily as possible.—*N. Y. Med. Journal.*

RADICAL CURE OF HERNIA IN CHILDHOOD.—Mr. Pughe (*British Med. Jour.*) advocates the treatment of large herniæ in children by the open method, which consists of the usual operation of herniotomy with ligature of the sac at the internal ring. The sac is uncovered by an incision commencing a little above the internal ring and running down over the hernia for about three inches. The sac is next separated from the cord and freed from surrounding structures, and a ligature of chromacised cat-gut is passed round it with an aneurism needle. The contents of the hernia being now returned to the abdomen and the sac drawn down, the ligature is tied once or twice round its neck as high up as possible. Lastly the sac must be incised and drained. The author considers it all important to firmly and securely ligature the sac at the inner ring, that is, at the part where it becomes continuous with the general cavity of the peritoneum, so as to make the peritoneal surface perfectly level over the internal opening into the canal. The depression over the internal ring is thus obliterated; and by preventing the hernia from descending into the sac and dilating the canal, the tendency towards a reformation of the hernia is entirely done away with.

CONGENITAL GOITRE CURED BY A SINGLE APPLICATION OF MERCURIC BINIODIDE.—Dr. J. C. Worthington, Asst. Surgeon U. S. A., reports (*Medical Record*, December 29) a case of a child born with a marked goitrous swelling on the right of the trachea, as large as a hen's egg, cured by a single application of an ointment containing ten grains of mercuric biniodide to one ounce of lard.

The child was three months old when the treatment was instituted. The ointment was directed to be used as follows: "At ten o'clock A. M., on a bright sunny day, rub well into the skin over the whole tumor a lump of the ointment of the size of a filbert. Then hold the child with the tumor exposed to the sun, at a closed window, as the weather was cool, for a half hour, then for an hour in front of a fire. At 2 P. M. of the same day repeat the application and expose to the sun and fire as before." This treatment was carried out on the 17th of November, and on the 28th of November, eleven days after the application, the child was completely cured. There was no evidence of cutaneous irritation, no salivation or other indication of any constitutional effects of the mercury.

According to the *Med. Times and Gaz.*, Dr. Wilson Fox has publicly recanted his views as to the communicability of tubercle by inoculation, holding now the view of Koch and the German school, that it can only be produced from tubercle.

NERVE-STRETCHING FOR FACIAL NEURALGIA.—*Dr. Buzzard* (*Br. Med. Jl.*) reports two cases of epileptiform neuralgia (Trousseau) both of long standing and treated unsuccessfully with various remedies. Nerve-stretching was done and he reports the results three and two years respectively afterwards. In the first case the result had been to a certain extent encouraging, but the nerve had been cut after being stretched. It might, however, be safely concluded that some permanent good had been effected by the operation. In the second case there was distinct temporary but no permanent benefit. Dr. B. believes nerve-stretching acts by impairing the conductivity of nerve-fibres and gives rest to the nerve-centres, in which (as he believes) the lesion is situated. In the case of purely sensitive nerves as the supra- and infra-orbital, he doubts if the operation will have any important advantage over nerve section.

PROLONGED TRANCE.—There has been for some time in the Western Infirmary, Glasgow (*British Medical Journal*), a case of trance where the patient has been in what seemed one continuous sleep of nearly five months duration. She is a married woman about thirty-five years of age, and the mother of several children. The present seizure came over her in June last. When admitted to the Infirmary, at the beginning of August, she lay motionless on her back, with her eyelids closed, her arms by her sides, and her legs fully extended. Her breathing was natural, temperature normal, pulse eighty. She was fed daily by the aid of a tube passed into the stomach. The condition of catalepsy was profound. There was an entire absence of reflex movement. Consciousness seemed entirely in abeyance. When consciousness returned in November, she was entirely ignorant of all that had happened.

The Hutchinson testimonial, consisting of a "triennial essay prize" of $180, together with a massive centre piece of solid silver, purchased with the surplus funds after endowment of the prize, was presented to Mr. Jonathan Hutchinson, November 29th, on which occasion speeches were made by Sir Andrew Clark, Bart., and the recipient.

TREATMENT OF URTICARIA.—*Dr. McCall Anderson* publishes a lecture on this subject (*Br. Med. Jour.*), from which we deduce the following on treatment; First, find out and remove the cause. In acute cases a sharp purge is useful, especially if there be indigestion. If indigestible food is still in the stomach give an emetic. Avoid stimulating diet. In chronic cases by varying the diet we may trace the offending article of food—malt liquor, spirit, white wine, vinegar, fruit, sugar, fish, vegetables, etc. In some cases complete change in diet is not of the slightest avail. When no cause is apparent, or the disease continuing after its removal, we must treat empirically. Most is, perhaps, to be expected here from atropia ($\frac{1}{100}$ grain subcutaneously at night or night and morning), and bromide of potash (gr. x three times a day). Continue till physiological effects are apparent. Occasionally a continuous current twice a day is useful, the positive pole being placed at the top the negative at the bottom of the spine. We may also try sulphuric ether, 20–40 drop doses, or quinine in full doses, or arsenic. Complete change of air, scene and occupation, may become necessary and a visit to Vichy is sometimes advantageous. Relief is obtained by sponging with vinegar and water, Cologne, or ℞. Acidi carbolici cyst. ʒij; glycerini (Price) ʒvj; eau de Cologne ℥j; aquae destillatæ ℥iv, or ℞, Chloralis hydratis, camphoræ aa ℥ss; misce et adde glycerini (Price) ʒj, unguenti simplicis ad ℥j, or tarry preparations, as a lotion of equal parts of tar, soft soap and rectified spirit; the last may exceptionally yield permanent benefit.

THE MICROCOCCUS OF CROUPOUS PNEUMONIA.—Some observations upon the micrococcus of croupous pneumonia have lately been presented to the Physiological Society of Berlin by Mr. Carl Friedländer and Dr. Frobenius of that city. The microorganism is characterized and distinguished by the presence of a peculiar mucous capsule which it retains when re-cultivated in gelatine. Inoculation with this "cultivated" material was made into the lung-tissues of rabits but without effect. Similar injections into dogs and with still more constancy into mice produced all the phenomena of genuine croupous lobar pneumonia. In a few cases, inhalations of the material in pulverized form were equally successful.—*Med. Times and Gaz.*

Dr. W. H. Hooper, a native of Maryland and a prominent physician of Philadelphia, died Dec. 18th, æt. 59.

Sudden Death Due to Hæmorrhage from the Hepatic Vein.—Dr. A. F. Holt reports the following interesting and rare case, of a man fifty-six years of age (*Boston Med. and Surg. Jl.*, Dec. 20), who died from hæmorrhage from the hepatic vein. The patient had suffered at irregular intervals for ten or twelve years with severe attacks of colic, and for the last six or seven years was never quite well. Seven days before his death he was suddenly prostrated with a severe attack of pain in the region of the stomach, accompanied with nausea and faintness. Subsequently he vomited blood in the form of very large, dark clots, losing in this way over three pints. This continued at short intervals for about one hour, when it ceased. Three days later he vomited nearly two quarts of blood. He died forty-eight hours later, or a little less than seven days from the commencement of the sickness. No blood was passed by the rectum. At the autopsy, the bile duct was found larger than normal. Just inside the duct, lying loosely in the canal, was a gall-stone larger than the duct. The common duct increased in calibre as it approached the liver, until it and the hepatic duct were dilated into a sac of about two ounces in capacity. The walls of the sac were very thick and surrounded by a dense tissue. At the lower side of the sac near the gall-bladder was a cup-shaped depression the size of a chestnut. Ulceration was observed in this depression and a little blood was seen to flow from it, and an opening was readily found leading directly into one of the vessels entering the left lobe of the liver. This was believed to be a branch of the hepatic vein. The right lobe of the liver was rather large and darker in color. Its blood-vessels were nearly empty. The left lobe was of a uniform greenish-brown slate color; all appearance of structure had disappeared. A piece of this lobe could readily be broken with the hands, and the fractured surfaces had much the appearance of a nearly dried piece of mud treated in the same way. The source of the hemorrhage was the open blood-vessel supplying the left lobe. The blood found its way into the duodenum through the dilated duct and from the duodenum into the stomach. No explanation is given why the blood did not pass down the intestinal canal. The peculiar condition of the left lobe of the liver is attributed to a necrosis of the part from a complete cutting off of the blood-supply. The case is certainly very unique.

German Anti-Spasmodic Mixture.—The following prescription is taken from the German pharmacopœia, and is much used as an anti-spasmodic in hysteria.

From fifteen minims to a half drachm or more may be administered in potion or by enema two or three times daily.

The dose may be increased when the convulsive accidents are of great intensity :

℞.	Tinct. asafœtidæ,	℥ ss.
	Tinct. castorei,	℥ ss.
	Tr. opii,	ʒ j.

M.

—*Med. and Surg. Reporter.*

Eucalyptus in Acute Coryza.—Dr. Rudolphi recommends that a few dried leaves of the eucalyptus should be chewed, and the saliva swallowed. Provided the coryza is acute, it may thus be arrested in less than one hour. —*Lond. Med. Record.*

The British Medical Journal claims to have a weekly circulation of 11,650 copies, "which is about equal to the combined circulation of all the other weekly medical journals published in England."

Thirty cases of Resection of the Stomach have been reported in Germany alone. In twenty-six there was cancer, and seven of these recovered; in three there was ulcer and three recovered.

Dr. Koch and his assitants are pursuing their investigations with regard to cholera at Calcutta, having found that a more promising centre for their operations than at Bombay.

Prof. Jaccoud, of the Paris Faculty of Medicine, has been transferred to the chair of clinical medicine rendered vacant by the death of Prof. Lasègue.

Prof. Huxley refers to Sir Thomas Watson as "the venerable Sir Thomas Watson, the very type of a philosophical physician."

The Bazar recently held in Baltimore for the benefit of the Presbyterian Eye, Ear and Throat Charity Hospital, realized $6,500—net.

A reception was tendered recently to the medical students in Baltimore by the Young Men's Christian Association. The programme embraced literary and musical selections, addresses by President Wm. L. Stork, Sect'y. W. H. Morris, Rev. John Leyburn and Prof. S. C. Chew, and refreshments consisting of coffee, sandwiches, fruit, cake, etc. It is said nearly 800 students were present.

Medical Items.

The International Congress of Hygiene will hold its next session at the Hague, Netherlands Aug. 21, 1884.=The commissioner appointed to select a site for the proposed Marine Hospital of Baltimore has secured six acres on Remington avenue, in the northwestern part of the city, at a cost of $20,000, leaving $80,000 of the appropriation for buildings. The site is considered a very desirable one. It is expected that work will be commenced on the buildings as soon as spring opens.=Sixteen deaths from measles were reported in this city last week. Forty-two cases have occurred at the Nursery and Child's Hospital, where the disease has proved very fatal. There have been ten deaths since the appearance of the disease there, all due to brain or lung complications. The disease is also prevailing in Washington, and forty deaths are said to have occurred there in four weeks.=Receptions were given to Mr. Henry Irving, the distinguished English actor, during his stay here last week by Drs. Christopher Johnston and W. H. Crim. It is said the menu at the supper given by the former was one of the most elaborate ever gotten up in Baltimore.=Several miraculous cures of sick persons are reported by the priest in charge to have been effected through the instrumentality of a picture of the Virgin Mary at St. James Catholic Church in this city.=Dr. Robinson, a physician living near Cumberland, died recently, it is said, from a dose of morphine taken with suicidal intent.=One hundred and fifty children are said to be suffocated yearly in England by sleeping with their parents; in Germany parents are not allowed to have children in bed with them.=Dr. Harrison C. Moore, a prominent druggist, of Baltimore and a graduate of the Univ. of Md., died Dec. 24th, æt. 24.=The remains of Dr. J. M. Ambler, lost on the Jeannette Exploring Expedition, are expected at St. Petersburgh on their way homeward. They will be interred in Fauquier Co., Va.=Dr. Townsend Heaton, of Loudon Co., Va., died Dec. 17th.=The Supreme Court of Michigan has affirmed the judgment of the lower court awarding $20,000 damages to Dr. MacLean, of the Univ. of Michigan, against the Detroit Evening News, which had charged him with improper relations with a female patient.=The second graduation at the Nurses Training School of the Woman's Hospital, Philadelphia, took place Dec. 19th. Nine ladies graduated, three of whom are married.=The net proceeds of the recent bazar held at the Natatorium, for the benefit of the Baltimore Presbyterian Eye and Ear Charity Hospital amount to $6,500.=Prof. Martin in his address said that he would like to place over the door of his new laboratory the words of Descartes: "If there is any means of getting a medical theory based upon infallible experiments, it is after that I am inquiring."=Commencing January 1st, 1884, Dr. Wm. H. Coggeshall, of Richmond, Va., by purchase, will become half owner and full associate editor of the *Va. Md. Jl.* We wish this journal increased success under its new management.=Dr. J. S. Billings has been placed in charge of the Army Medical Museum at Washington as well as the Library of the Surgeon-General's Office.=According to Dr. Chadwick, the Nurses' Directory in Boston yielded last year over $1200 profit, net.=The Baltimore Policlinic has secured a building on Hanover St., south of Camden.=Prof. Martin said that some people's idea of physiological experiments was that all you had to do was to put an animal in at one end of an apparatus—a sort of sausage chopping arrangement—and shortly draw out a valuable discovery at the other end.=The Baltimore Polyclinic will take possession of a large and commodious building on Hanover street near Barre, on January 15th, and will at once establish a large dispensary. This offers an opportunity to physicians who wish to engage in dispensary work to secure positions as chiefs of clinic to members of the Faculty. The field in South Baltimore is very large and rich in clinical material.=Dr. A. F. Holt, of Cambridge, has been appointed to the position of surgeon-general on the staff of Governor Robinson, of Mass.

CHANGES IN THE MEDICAL CORPS OF THE NAVY during week ending Dec. 29, 1883:

Medical Director A. L. Gihon—To the Naval Hospital, Washington, D. C.

P. A. Surgeon Charles W. Rush, U. S. S. Colorado, granted sick leave for three months.

Original Papers.

REMOVAL OF FOREIGN BODIES FROM THE SURFACE OF THE EYE AND LIDS.

BY S. L. FRANK, M. D.,

Surgeon to the Baltimore Eye, Ear and Throat Charity Hospital, etc.

(*Read before the Clinical Society of Md. Jan.* 4, 1884.)

A few days ago a patient called to see me with the statement that his family physician, whom he had consulted the day before about the pain in his right eye, told him he had a stye coming on the lid, which was the cause of his suffering. Finding no relief from the poulticing ordered, he called to see me.

Upon examination I found no stye but a foreign body (particle of iron) upon the cornea, which I removed, and the trouble was at an end.

This mistaken diagnosis has recalled a number of like nature which have come under my notice the last few years.

This is a state of affairs which I think ought not to exist. A general practitioner should make himself at least perfectly capable of diagnosing a foreign body in these regions, and in many cases be able to remove them. Of course I leave out of the question entirely the removal of foreign bodies from the interior of the eye or those cases where the foreign body, although in the cornea, has also passed partly into the anterior chamber. It is for this reason that I have confined the subject this evening to the *surface* of the eye only. A general practitioner should no more be expected to deal (successfully) with foreign bodies within the eye than he is expected to do resections of bones, ovariotomies, lithotomies or other serious operations.

The discovery of foreign bodies is easy in most of the cases with the naked eye, the patient being seated facing the window, in a good light, or at night by oblique illumination. When very minute, they can be seen with a magnifying glass, and the removal in most of the cases is easily effected.

Why is it, then, that these mistakes are so often made of not recognizing the cause of the trouble? Is it a dread of touching the eye or ignorance how to look for foreign bodies? The latter in some cases that I have seen was the more likely. Thus I recall a case where a mould, in which red-hot iron had been poured, exploded and some particles of the hot iron flew into the inner canthus of the eye and lodged on the conjunctiva and remained there for four days; although fully the size of a small tack-head, two physicians, whom the man had consulted, without examining the eye, ordered an astringent wash. The removal of the piece of iron by me, with a little sweet oil instilled afterwards, ended the trouble. This picture is not overdrawn. I am sure my colleagues present this evening can recall also many cases in which patients with foreign bodies on cornea were treated for eye diseases which did not exist.

Now, where do we generally find foreign bodies and consequently where must we look for them? As a rule on the cornea or under the upper lid. If the patient is a mechanic he probably will tell you that a piece of iron or steel has flown into his eye, either whilst at work or grinding his tools. In this case it will be an easy matter to seek for the foreign body.

Where are we to look first? As a rule at the cornea, that being the spot where the body most frequently lodges.

The patient being seated facing the window, separate the lids and carefully examine the cornea, letting the eye follow a finger in all directions so as to throw the light well on all its parts; if not to be found in this way with the naked eye then examine by oblique illumination, a lens of two or three inches focus being used to concentrate the light upon the different parts of the cornea; if the foreign body is so minute as not to be seen even in this way, it can be still more magnified by concentrating the light, as before stated, through a three-inch lens and at the same time examining the cornea by looking through a 2 or 2½-inch glass. In this way it will be impossible to overlook a body, no matter how small. Some of the smallest I have ever seen and a number of which could not otherwise be detected, have been tiny pieces of percussion caps fired from toy or other pistols.

Dr. Noyes, in his work on Diseases of the Eye, pages 213 and 214, gives the drawing of a contrivance with a lens attached to a ring which can be put on the index finger of the left hand and thereby the light concentrated upon the cornea whilst

holding the lids apart with the fingers, so as to bring out the spot where the foreign body is lodged and assist in its removal.

Should the patient be a traveller, coming by rail, the probabilities are we are dealing with cinders from a locomotive, and it is surprising what an amount of irritation and inflammation is sometimes seen in these cases; here we very often find the foreign body under the upper lid near the edge. Having struck the eye it is usually carried by the movements of the ball under the upper lid where it remains and keeps up a continual friction upon the eye.

I know of no simple trouble of the eye where such profuse thanks are as often given by the patient as in the removal of cinders, the relief being of course almost instantaneous.

How are we to get at the corpus delicti when under the upper lid? The simplest method, and I think the least disagreeable, is to hold a probe or pen-handle or any hard substance horizontally across the middle of the upper lid with the right hand (in the lower lid it is of course not necessary, as it is easily pulled down and outwards);then by pressing the probe backwards and downwards and catching the lashes or edge of upper lid and telling the patient to look down at the same time, pull the lashes and edge of lid upwards with the thumb and index finger of left hand; by this manœuvre the lid is easily turned over. We have now no trouble in examining the lid to the retrotarsal fold; as a rule the cinder or whatever else it may be, is found lying just beyond the edge of the lid on the conjunctival surface, and can easily be wiped away either with a bit of cotton wrapped around a piece of wood or end of handkerchief.

Should the patient be neither a mechanic nor traveller, then the history of the case, and suddenness of the discomfort,will attract our attention to the possibility of a foreign body on the eye; in fact, it is a rule in all cases to examine cornea, conjunctiva and lids, before going to the interior.

Having found the foreign body on the cornea, what instrument do we need and how shall we remove it? If it is a bit of cinder, metal or other substance merely on the surface of the cornea, it can be easily removed by a simple method which was first brought to my attention by my friend, Dr. Russell Murdoch, and consists of a wooden tooth-pick or match around one end of which a little absorbent cotton is wrapped; this being a soft substance, it pains but very little, if at all, when carried across the cornea and the foreign body is removed.

Should the foreign body be imbedded in the substance of the cornea, it can be removed by a spud, cataract needle or a scoop, with which it is easily picked out of its bed; the latter is my favorite instrument, especially where the metal was hot when it struck the eye, and has burnt the tissue around it; the latter can be thoroughly cleaned out with this instrument. My method of placing patients is generally seated, whilst I stand behind them and let the head rest backwards against my chest (of course facing the light and near a window), then separate the lids with the fingers of the left hand and at the same time with middle finger press upon the eyeball sufficiently to steady it; in this way no assistant will be necessary. With a child or very nervous person it may be necessary to anæsthetize them.

If the above procedure cannot be carried out, holding lids and eyeball steadily a lid-holder can be introduced and the eyeball steadied with forceps. Of course this method is more painful than the other, but is perhaps the one a beginner or a person less experienced would prefer.

After removing particles of iron, a rust stain sometimes remains; this need not be removed, as it will disappear of itself in a few days.

If a good deal of epithelium has been scraped off in getting out the foreign body laying some of the corneal nerves bare, or the eye is very sensitive, it is well to put a drop of atropine in the eye and then bandage it for a day or so. This will be all that is necessary in most cases.

If the foreign body is on the ocular conjunctiva it can easily be removed, if not too firmly imbedded, with the spud, cataract needle or bit of absorbent cotton.

In the October number of the *Centralblatt der Augenheilkunde*, this year, Hirschberg, in a review of Simeon Snell's work on the electro-magnet and its employment in ophthalmic surgery, adds a report of some additional cases of his own; these all refer to the foreign body in the interior of the eye. At the same time he reports two cases (Nos. 18 and 19), in the former of which the

patient's physician had made twenty-five ineffectual attempts to remove the triangular piece of iron imbedded deeply in the parenchyma of the cornea and part of it in the anterior chamber also. Hirschberg inserted a lid-holder, and holding the eye with forceps he shaved off part of the cornea above the foreign body with the keratom and then extracted the foreign body with the electro-magnet, the piece weighing three milligrams. Case No. 19 was a similar case and was relieved in the same manner, the foreign body weighing 1.5 milligram. The first case left the hospital in twenty-four hours, the eye being free from irritation. The second case had slight irritation of the eye for a week from rust, which had remained behind.

I merely mention these cases in order to bring before you this new method of removing iron from cornea, the most recent triumph in modern ophthalmology.

Mr. President, if with these few words I succeed in calling attention to the importance of the subject, and the easy manner in which, in so many cases, sufferers, especially among the laboring classes, may be promptly relieved of their trouble, I shall feel that my labor has not been in vain.

PRESSURE IN THE TREATMENT OF BUBOES.—O. Petersen (*Centralblatt fuer Chirurgie*) treats buboes, after fluctuation is clearly determined, as follows: A large incision is made and the cavity of the abscess is cleaned out with a sharp spoon. The bleeding is stopped and iodoform powder is applied. Then comes the pressure bandage, which is the important principle in this treatment, and its application is as follows: First, a ball or wad of salicylic cotton or some soft, pliable material, made antiseptic with salicylic acid, is formed of the size of the cavity, and placed over it; upon this wad are then placed several layers of the same material; then a second ball or wad made of tow or oakum and about four times as large as the first, is placed upon this. Over this oil-silk or wax-paper, and the whole is firmly fastened with a gauze or elastic bandage. This bandage remains unmolested as a rule, from seven to ten days. The average length of healing, in a trial for three years of this method, was twenty-three days; previously the average was from seventy to ninety days. Twenty per cent. of the cases healed under one bandage, twenty-five under two, twenty under three; more than seven bandages were in no case necessary. The average number of bandages was two.—*Bost. Med. and Surg. Jr.*

NITROGLYCERINE AND THE CHLORIDE OF GOLD AND SODIUM IN THE TREATMENT OF ALBUMINURIA.*

BY ROBERTS BARTHOLOW, M.D., LL. D.

Hitherto the therapeutics of renal diseases have not advanced in the same ratio as our knowledge of their pathology. It cannot be said now that a cure has been found, but that two remedies of real value are available. My contribution to this symposium on albuminuria, consists in an attempt to define the place which these remedies should occupy in a curative scheme. To do this, in even the briefest way, I must clear the ground with a preliminary statement.

I start with the proposition that those renal lesions united by the common symptom—albuminuria—are of neural origin. There is a kinship between diabetes and Bright's disease. One of these is sometimes substituted for the other; and during the course of some rare cases of exophthalmic goitre this substitution occurs. Irritation of a certain part of the floor of the fourth ventricle is followed by glycosuria; of another part by albuminuria. The recent observations by Da Costa and Longstreth prove that a relation exists, whether casual or sequential, between certain renal lesions and degenerative changes in some ganglia of the abdominal sympathetic. The hypertrophy of the muscular coat of the arterioles, discovered by Dr. George Johnson, and the increased tension of the vascular system due to an irritation of the vaso-motor centre in the medulla, both present in the chronic forms of albuminuria, are further evidences of the agency of the nervous system. It was, more especially the condition of elevated tension of the vessels which led to the use of nitroglycerine. This remedy before all else reduces the vascular tension. It also lessens the work of the heart by removing the inhibition exercised by the pneumogastric nerve.

This remedy appears to have been first used by Mr. Robson, an English surgeon, in cases of albuminuria, and by him employed, because the high tension of the vascular system has proved to be so pronounced an element in the more chronic cases. I have,

*Read before the Philadelphia County Medical Society, December 19, 1883.

myself, seen some remarkable instances of relief—indeed of cure—effected by it. If time were now available, I could give some striking examples. In cases of mitral disease accompanied by albuminuria, it also renders the highest service—for diminished peripheral tension lessens the work to be done by the heart, and assists in the more equal distribution of the blood. The effect of this in relieving the renal congestion is obvious.

Chloride of gold and sodium has quite another function. It has long been known that this remedy has a special direction to the genito-urinary apparatus. The ovarian and uterine organs in the female, the testes and vesiculæ seminales in the male, are stimulated by it, and the kidneys, by means of which it is eliminated, and in which it tends to accumulate, are decidedly affected by it in function and structure. In common with some other agents of the class to which gold belongs—for example, corrosive sublimate—the chloride acts on connective tissue and checks its over-production, or its hyperplasia. It would be quite impossible in this note to go over the evidence on these points, and hence I must ask your assent to these statements. They have been accepted as true of gold, from the days of the alchemists and iatro-chemists, as any one may ascertain from that curious collection of mediæval medical learning—the Anatomy of Melancholy. It has happened, strangely enough, that Hahnemann and his followers have profited by this knowledge, and have used gold preparations—especially *aurum potabile*—in the treatment of renal diseases with success.

How and when are these remedies to be used?

Nitroglycerine is now administered, as all present know, in the form of the centesimal solution—1 minim of the pure drug to 100 minims of alcohol. The initial dose of this one per cent. solution is one minim, which should be increased until the very characteristic physiological effects are produced. The susceptibility to the action of nitroglycerine varies greatly, and hence the dose cannot be stated in advance. It is necessary to produce some obvious effect. To maintain the same level of action, a slight increase in the dose may be required from time to time. As the effect is not lasting, the interval between the doses should not exceed three or four hours.

The administration of nitroglycerine should begin in acute cases immediately after the subsidence of acute symptoms. It is indicated in chronic cases at all periods, but is more especially useful, if given before hypertrophy of the muscular layer of the arterioles has taken place. When it acts favorably, the amount of albumen in the urine steadily diminishes. The mechanism of its action consists in the lowering of the pressure in the renal vessels. How far any curative effect proceeds from action of this remedy on the sympathetic system, remains to be determined.

Chloride of gold and sodium is indicated in the subacute and chronic cases, especially the latter. The earlier it is given the better, if structural changes are to be prevented or arrested. The good effects to be expected from it will depend necessarily on the extent of the damage already inflicted on the kidneys.

The usual dose is $\frac{1}{20}$ grain, twice a day, but this may be much increased, if necessary. At the outset, $\frac{1}{10}$ grain may be given; in a week the dose should be lowered to $\frac{1}{15}$ grain, and after a month the regular dose of $\frac{1}{20}$ grain should be steadily pursued, with occasional intermissions. Indigestion, gastralgia and colic pains, nausea or diarrhœa, are occasionally caused by it; and if so, the quantity administered must be reduced. It is usually borne without any discomfort; but after prolonged administration, salivation, weakness, emaciation, trembling and other nervous phenomena may occur possibly. Such effects, however, are wanting in my experience.

The treatment of albuminuria by nitroglycerine and the chloride of gold and sodium, does not necessitate the exclusion of other means—hygienic, climatic, or dietetic. These remedies should, however, be given uncombined at different hours, and their actions should not be hindered or obscured by the effects of other agents given with like purpose. To this general statement there may be two exceptions: with nitroglycerine, amyl nitrite or sodium nitrite may be given; with the gold and sodium chloride, corrosive sublimate may be combined. If doubts may be felt in regard to the propriety of depending on the utility of these remedies, they need not be long experienced, for if no good effects are observed in two weeks, they may then be discontinued.

THE SUPPOSED CONNECTION BETWEEN EAR DISEASE AND KIDNEY DISEASE.*

BY CHARLES H. BURNETT, M. D.

Early writers on disease have shown a knowledge of the fact that alterations in hearing occur in the course of general diseases, as for example, in diseases of the kidneys. It was supposed by them that the alteration in the functions of the ear, in this form of disease, was due to changes in the auditory nerve. But the results of the more reliable modern investigations tend to show that if an ear disease be due to a kidney disease, the lesion usually occurs in the tympanic cavity, and not in the auditory nerve.

Certainly, accidents of a hemorrhagic or apoplectiform nature might be expected either in the tympanic cavity or internal ear, in Bright's disease, when we reflect upon the deterioration of the blood, and upon the malnutrition and friability of the vascular system, in the later stages of the malady. Further, as Bright's disease is characterized by a tendency to inflammation, especially in serous membranes, and as the membranous structures of the internal ear, or labyrinth, belong to this class of membranes, very naturally organic change in these tissues might be looked for in Bright's disease of the kidneys.

However, as late as 1856, Rau, in his "Ohrenheilkunde," published in Berlin in that year, claimed that there was not a solitary reliable observation at that time on record, in favor of any symptomatic relation between the ear and the urinary organs.

In 1869, Schwartze‡ reported a case of extravasation of blood into the tympanum, as peculiar to Bright's disease, though of rare occurrence, and in the same year, Dr. G. M. Smith of New York,† "called attention to the fact that impairment of hearing was at times one of the symptoms of Bright's disease, and a symptom which could not be explained by referring it to uremia."

In 1873, Dr. Roosa, of New York, in his treatise on the ear, refers to an obstinate case of suppuration and pain in the middle ear in a man 61 years old, suffering from Bright's disease. In this case it was supposed that the effect of the renal disease on the tympanic vessels was the cause of the acute suppuration, and it was also supposed that the disease in the drum cavity was originally hemorrhagic in nature. The subject was deemed of enough importance to place a physician on his guard for renal disease in cases of hemorrhage into the tympanic cavity.

It must not be forgotten, however, that there is a purely sthenic form, otitis media hemorrhagica, occurring in subjects entirely free from kidney disease, in which the only effusion is pure blood, the removal of which from the tympanum by paracentesis, is followed by cessation of pain and return of hearing.*

Again, in 1878, Schwartze† states that serious catarrh of the tympanic cavity is found in syphilis, heart disease, pneumonia, Bright's disease, naso-pharyngeal catarrh, and apparently may be due sometimes to vaso-motor disturbances. The same author says, hemorrhages into the labyrinthine cavity and the membranous labyrinth occur in kidney diseases.

Also, that extravasations of blood into the tympanum (hæmato–tympanum) occur spontaneously with acute inflammations in morbus Brightii, cynanche diphtheritica, and in endocarditis verrucosa recens et ulcerosa (op. cit., p. 94).

Dr. Paul Pissot,‡in an inaugural thesis, is disposed to consider three forms of aural disease which may arise in Bright's disease, viz: tinnitus aurium, partial deafness and complete deafness. His conclusions are that affections of the hearing may arise at the beginning or during the course of the renal disease. Intermittence seems to be characteristic of these forms of deafness, which may be contemporaneous with the œdema, or may precede it. They appear with all forms of the disease, and are manifested with variable intensity. But he can not say to what special lesion of the ear or of the nerve of hearing, their symptoms

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*Read before the Philadelphia County Medical Society December 19, 1883.

‡Archiv. f. Ohrenheilkunde, Bd. iv, p. 12.

†N. Y. Academy of Medicine. See Roosa's Treatise, 1873, p. 257.

*Roosa, Transactions Amer. Otol. Socy., 1872, and O. D. Pomeroy, Ibid, 1875.

†Pathological Anatomy of the Ear. J. O. Green's Translation, pp. 97 and 157.

‡These pour le Doctorat en Médicine. Faculté de Méd. de Paris, April 4, 1878.

are attributable. Delacharrière, a responsible aurist, examined the cases upon the history of which the thesis is based, and found rupture of the membrana tympani, abnormal vascularity of the manubrium, and sclerosis of the tympanum, and was disposed to regard the conditions as causative forces. Pissot held that the hypothesis of Rosenstein, according to which there is œdema in the course of the auditory nerve within the cranium, may explain the intermittence and variations of intensity in these morbid manifestations. This latter process may be analogous to the œdema of the glottis and vocal cords noted in Bright's disease, by Fauvel, in 1864. A similar symptom has been noted by See.

In alluding to chronic, non-suppurative, aural catarrh in children, Von Troeltsch* says: "A greater blood pressure from increased action of the heart, as in Bright's disease, must necessarily produce a certain hyperæmia, even in the mucous membranes of the head."

Albert H. Buck,‡of New York, expresses the opinion that in some instances a serous fluid deeply tinged with the coloring matter of the blood, finds its way into the tympanic cavity through other than inflammatory causes. "Instances of the latter form of disease are very rarely met with, and then usually in connection with a depraved state of the general nutrition, as in morbus Brightii."

Dr. Maurice Raynaud† expresses the opinion that diabetic otitis is not only more frequent than is supposed, but that when this has once become a well-known fact, it may prove a pathognomic index, like anthrax, diffuse phlegmon, and certain erythematous eruptions about the genitals, and arouse suspicion of the presence of the renal disease thitherto unsuspected. He cites a case of well marked diabetes mellitus, in which there suddenly occurred one evening a severe earache, after the patient had been in the hospital two weeks and most carefully watched, so that no chilling could have been the cause of the ear pain. The pain became intense, and toward midnight of the same evening in which the pain set in, there occurred an abundant hemorrhage from the drum-cavity of the affected ear, which was followed by immediate relief. This was followed for several days by a copious sero-sanguinolent, and then serous discharge, which contained leucocytes and albumen, as shown by heat, but no sugar. Post-mortem examination, twenty-three days after the attack of otitis, revealed a large perforation in the anterior segment of the membrana tympani, red, fungous and bleeding mucous membrane in the drum cavity, in which there was a pink purulent liquid. The ossicles were not dislocated, but were imbedded in granulations, and near the stirrup was a clot of blood. The mastoid cavity was filled with a rose-colored liquid, containing pus-cells, and its bone substance was greatly injected and marbled, presenting all the appearances of inflammation of bone tissue. The labyrinth showed no alterations. The author concludes that ostitis in the petrous bone is a peculiar and constant symptom of diabetic otitis.

P. McBride,*in an article devoted to the consideration of the various causes leading to aural disease, states that "occasionally the ear is affected in Bright's disease by hemorrhage into the tympanic cavity. The tympanum becomes filled with blood, which probably either becomes absorbed or leads to suppuration. Schwartze was perhaps the first to observe this condition." McBride further says: "I am not aware that sudden labyrinthine deafness in the course of Bright's disease has been described, but it seems probable that such a contingency might be looked for here and also in pernicious anæmia, in which retinitis hemorrhagica is not uncommon."

In the recently published work of Prof. Politzer,†on the ear, the author's experience is that in cases in which a supposed connection existed between the organic renal disease and an aural malady, the fundamental cause lay in very apparent changes in the middle ear. He has also found that "catarrhs of the ear run an unfavorable course in tuberculosis, Bright's disease, and all cachexiæ by which the nutrition of the general system has become deteriorated."

*Diseases of the Ear in Children. J. O. Green's Translation, 1882, p. 67.

‡Diagnosis and Treatment of Diseases of the Ear, N. Y., 1880, p. 164.

†Clinical Lecture at La Charité, Paris. Annales des Maladies, de l'Oreille, etc., March 1881.

*Edin. Med. Journal, February and March, 1882.

†Cassell's English Translation, 1883, Philada.

CONCLUSIONS.

1. Evidences in favor of either frequent or well-marked aural lesions, dependent upon renal diseases, are extremely meagre.

2. Those lesions in the ear, which have been found in connection with Bright's disease and diabetes mellitus, and which may have been dependent upon the dyscrasia induced by these renal disorders, are in the form of sero-sanguinolent and hemorrhagic effusions into the drum cavity. But the latter must not be mistaken for the sthenic form of otitis media hemorrhagica.

3. From the serous nature of the membranous structures of the labyrinth, organic changes might reasonably be expected in Bright's disease, but positive proof of the occurrence of such lesions based on ante and post-mortem history is wanting.

DEATH FROM RUPTURE OF AN ANEURISM OF THE AORTA.*

BY W. T. TAYLOR, M. D.

F. D. B., a letter-carrier, aged 36 years, came to see me on October 15, 1883, for a hoarseness, his voice at times being reduced to a whisper; a troublesome tickling cough, with an expectoration of frothy mucus, and pains through the left breast, extending sometimes down the left arm. He was slightly oppressed in his breathing after exertion, and generally debilitated.

He had not slept for several nights, and an apothecary had given him a chloral mixture, which did not relieve him, but "produced strange feelings and uncomfortable dreams," so that he would take no more of it.

On examining his throat, I found a bifurcated uvula with the right branch much elongated; this was clipped off, relieving somewhat his tickling cough. There was slight dullness under the left clavicle, with some mucous rales, although the respiration generally was vesicular. The heart sounds seemed distinct, but feeble, and the circulation was regular. His temperature was normal.

The Mist. Glycyr. Comp. with Ammon. Murias was given to him for his cough and hoarseness. Tinct. Iodine was applied externally to his throat and under the left clavicle, and the painful parts were bathed with Linim. Chloroform.

He was ordered to drink milk freely, to take beef tea and easily digested food.

For his insomnia, I gave him a tablespoonful at bedtime of the following:

℞

Ammon. Bromid. ℥i.
Elix. Ammon. Val.
Liq. Morph. Sulph. aa. ℥i

℔

This, however, only caused temporary rest, and had to be repeated frequently.

On October 26, as the hoarseness and cough still remained, I gave him some cod-liver oil and lactophosphate of lime as a restorative, although I did not consider him tuberculous, for there was no hereditary tendency to phthisis in his family, and he was well developed physically.

I advised him to go out on pleasant days, but not to tire himself with long walks, fully expecting that in a few weeks he would be able to resume his occupation.

The pains which affected his breast and left arm began to extend to the back, between the shoulder and up to the occiput, and became so violent that they could be only partially relieved by bathing with laudanum and chloroform liniment, and the internal use of anodynes.

On November 1, accompanied by his wife, he went to a bathing establishment to take a Russian bath, which some person had advised as being a positive cure for rheumatism. Arriving at the place he disrobed himself, preparatory to being bathed, when, on giving a slight cough, he raised some blood, which the attendant perceiving, he was advised to dress again. This he did partially, but in a few minutes such large quantities of blood issued from his mouth that Dr. Benj. Lee, who was in the building, was summoned to his relief.

The hemorrhage, however, was so excessive, that he died in a few minutes.

An autopsy was made, the next day, by Drs. R. B. Cruice and Alexander, which revealed a rupture of an aneurism of the aorta, at the intersection with the left carotid artery, which had opened into the trachea. The heart was of normal size, but its muscular fibres were very firm and large; the pericardium was distended with serum. There was some congestion in the

*Read before the Philadelphia County Medical Society December 19, 1883.

upper part of the left lung, and some adhesions about the aneurism; but no tubercle was seen. The liver and other organs were healthy.

The pressure of this aneurism upon the trachea was the cause of his hoarseness and cough; but being behind the lung, I did not hear the aneurismal thrill, and, therefore, was entirely ignorant of the disease until revealed by the autopsy.

Hospital Reports.

PRESBYTERIAN EYE, EAR AND THROAT CHARITY HOSPITAL.

ANNUAL REPORT FOR 1883.

The following extracts are taken from the Report of Julian J. Chisolm, M.D., Surgeon-in-charge of the Hospital:

The growth of the Hospital work has been steadily increasing. The number of patients treated during the year was 4,553, with an attendance of 28,642, an excess of 5,206 over the preceding year. During the six years that the Hospital has been in operation the daily attendance aggregates 130,123 persons. The largest number seen on any one day was 179, with an average of 92 patients for each day of the twelve months. In the Hospital wards 297 patients have been treated, representing 3,397 days stay in the Hospital, an average of eleven days for each one admitted. Of the 4,553 patients, 3,241 were eye cases, 650 were treated for diseases of the ear, and 662 for diseases of the throat; 3,983 were white and 570 were colored patients. During the year 1,067 operations were performed, of which 73 were for cataract, 98 for strabismus, 110 for tear drop, 141 for lid diseases, 16 for artificial pupil. The aggregate of operations for the six years is 4,245, of which 369 were for cataract, 578 for strabismus, 490 for tear drop, 133 lost eyes enucleated, 665 operations for lid diseases and 158 for artificial pupil. Upon the ear for the restoration of hearing and upon the throat several hundred operations have been successfully performed.

As soon as the Spring opens extensive improvements and additions will be made to the Hospital buildings so as to adapt them to the comfort of the very large number of persons who apply for admission. Large charity wards will be erected for the accommodation of white and for colored patients, male and female. To the Hospital property are attached ample grounds for the additions to be erected. Besides the wards there will be a number of handsomely furnished private rooms for the accommodation of pay patients.

The Presbyterian Eye, Ear and Throat Charity Hospital of Baltimore is now one of the largest special hospitals in the country. There are very few, even in New York City, which can exhibit a list of 4,553 new patients for a year's admissions and 1,067 operations for the year's work.

The surgical staff of the Hospital are: Dr. Julian J. Chisolm, executive surgeon; Drs. H. Harlan, H. Woods, W. W. White, F. W. Pearson and J. F. Perkins.

Correspondence.

LONDON, DEC. 27, 1883.

Drs. Ashby & Cordell;

DEAR SIRS:—Unlike most medical students who come to stay but a short while in a vast medical centre, I have confined my attendance principally to one hospital, the National for Epilepsy and Paralysis, where I have constantly attended the clinics of Professors Gowers, Ferrier and other physicians there. The number of out-patients is very large, averaging about one hundred daily, and of course including many rare and interesting cases. Hysteria in its aggravated forms seems to be far more common than with us. Some time since in Dr. Gowers' clinic, two patients with pseudo-hypertrophic paralysis were presented at the same time, rather remarkable for this rare disease. At his last clinic, Dr. Ferrier presented a patient with Pott's disease of the sixth dorsal vertebra, with consequent transverse myelitis, therefrom resulting descending sclerosis of the cord, with great spastic contracture of the extremities; the disease progressing so far as to produce anesthesia as high as the waist. Ordinary measures failing to give relief in anywise, Mr. Adams cut the ham-string and gastrocnemii tendons on both sides, somewhat less than a year ago. The man is now able to walk about, scarcely requiring the aid of the two sticks which he carries. The legs are straight; he is able to strongly flex the knees, has foot motions, and excepting the gait from the sclerosis of the cord, he is able to walk about at pleasure.

In the Middlesex hospital, Mr. Morris uses in the place of a drainage tube what to me is a novelty—a chicken bone decalcified and thoroughly carbolized is placed in the wound, the idea being that the bone, like catgut ligature, will be gradually ab-

sorbed, and removal and consequent tearing of granulations avoided.

St. Bartholomew's hospital, apart from a medical view, is well worthy of a visit from the traveller in England. Originally founded in A. D. 1123, it was rebuilt by Henry VIII, but the present quadrangular edifice was erected in 1733. Over the gateway is a statue of Henry VIII, with a sick man and a cripple at the sides. An inscription on the wall commemorates the burning of three Protestant martyrs by Queen Mary. It is perhaps the richest institution of the kind in the world, now having an income of £40,000, which is constantly being increased by the falling in of rentals. Artificial light is used nearly always in operations, daylight being a scarce commodity at this season of the year. A striking feature of all the wards of the several hospitals is large open fires, that give them a pleasant, almost home-comfort-like appearance.

St. Thomas Hospital, on the Surrey side, is a most magnificent institution, built in seven sections united by arcades. I had the pleasure of witnessing several operations by Sir William MacCormac, excisions of the hip and elbow joints, besides minor ones. Mr. MacCormac operates with the skill of the master workman. This hospital has an out-patient attendance alone of 60,000 annually.

Wherever I have been, or had intercourse with the physicians, I have been treated with the utmost kindness and politeness, every facility being afforded for observation; but politeness is not confined to the higher classes; what would one think in Baltimore, if, on handing his nickel to a conductor of the White Line, he were to hear "thank you," or to be bade "good morning" on leaving the car?

The museums attached to Guy's, St. Bartholomew's, and that of the Royal College of Surgeons, especially the latter, are very fine, and of unusual interest to an American, for we have nothing to compare in anywise with them. The student of London has, in this respect, one great advantage over us. I notice, however, that good preparations in nervous pathology are lacking in most of them.

Fog, rain and snow are the order of the day now, preparations for the coming festivities of the holiday season.

Very sincerely, H. J. BERKLEY.

Society Reports.

BALTIMORE ACADEMY OF MEDICINE.

STATED MEETING HELD NOVEMBER 20, 1883.

(*Specially Reported for Maryland Med. Journal.*)

The Academy met at 9 P. M., DR. F. T. MILES, President, in the Chair.

REMARKS BY THE PRESIDENT.—In taking the Chair for the first time for the present session, the President delivered a brief address, in which, after acknowledging his sense of the honor conferred on him, he alluded to the sentiments and design of the founders of the society which were not exclusively or even chiefly for critical discussions but rather for contributing and comparing clinical experiences. He also referred to the importance of such experience in the development of therapeutics. He said that while it was almost impossible to overrate physiological investigations in the laboratory, it was too much the fashion nowadays to ignore clinical observation and to regard experiments upon dogs and the lower animals as alone calculated to increase our knowledge of the subject; to sneer at experience whilst pinning our faith to experiment. He did not see why observations made upon human beings in sickness were not as valuable for purposes of science as experiments conducted upon healthy frogs and dogs. He quoted the adage, "All that is new is not true; all that is old is not mould," and spoke of the eagerness to accept what were called "discoveries" without reflecting that the fate of most of these "discoveries" was to be forgotten.

EXECUTIVE COMMITTEE'S REPORT.—The Executive Committee made a report through Dr. Van Bibber, Chairman, in which two prizes were recommended: 1. For the best paper by a member. 2. For the best paper by any physician of Maryland. After discussion the following resolution was adopted:

Resolved, That a prize of $50 be awarded for the best original paper prepared and read by any member, before the Academy, during the present fiscal year (from Oct., 1883, to June, 1884) provided that such paper has not been read or published previously; but this resolution shall not apply to theses presented for membership.

Further action upon the report was defered until the next meeting.

Unsuspected Albuminuria Rapidly Developing.—*Dr. McKew* reported the following case: A boy, æt. 15, presented himself suffering with severe headache; he was otherwise apparently perfectly well. Examination of the urine revealed exceedingly delicate traces of albumen, amounting to merely a slight opalescence. The microscope revealed casts. A cautious opinion was given. The disease has advanced rapidly until now the patient is dying of bronchial effusion. There is no assignable cause for the albuminuria in this case. At 3 the patient had scarlet fever, and 1½ years ago he had typhoid fever. He has had nystagmus for some years. The urine now contains 50 per cent. of albumen. The case teaches the importance of examining the urine whenever the cause of disease cannot elsewhere be found.

Dr. I. E. Atkinson was surprised to hear that a bad prognosis had been given on the symptoms detailed. He had known a number of cases in which recovery had taken place after such symptoms. If there be not interstitial nephritis the prognosis is always hopeful. There was no reason to suppose there was parenchymatous disease here; too short a time had elapsed for that. He had also seen the chronic interstitial form prolonged for twenty years and over, although there is an invariable tendency towards a fatal result. He had also seen two or three cases of anasarca and ascites following scarlet fever in whom there was no albuminuria, the examination being repeatedly made through four to five weeks.

Dr. McKew replied that the vomiting, coma and microscopic appearances, together with the rapid and serious character of the symptoms, justified an unfavorable prognosis. This boy has every evidence of interstitial nephritis. The large amount of albumen, the granular and hyaline casts, the decided uraemic symptoms (stomach and brain) notwithstanding he passes 50 to 60 ounces of urine a day, and absence of any anasarca—were adduced in proof of this.

Dr. Chew referred to a case where there was prolonged and persistent headache. The physician in attendance said he had been unable to find any albumen in the urine on repeated examinations. Sight failed and the patient became nearly blind. On examination he found the specific gravity of the urine 1000, and it was loaded with albumen. Dr. Chisolm also found albuminuric retinitis. In another case there had been headache, double vision and almost constant nausea, with slight febrile movement; the urine became almost entirely albumen in the test tube. For these symptoms digitalis and acetate of potash had been given. Dr. C. now saw the patient. There was almost constant nausea. The urine amounted to but six to eight ounces in twenty-four hours, yet there was no albumen, and only a few casts, and the s. g. was 1025. He did not know what to make of such cases, and in view of them was much less certain in his prognosis than before.

Dr. Atkinson said Mohammed, of London, claims that there is a pre-albuminuric stage of chronic Bright's Disease which he believes to be curable. In it the arterial tension is increased as shown by the sphygmograph. He claims that we do not have albuminuria until the renal parenchyma is involved. Dr. A. related the following case: An elderly gentleman had symptoms pointing to a gouty origin, although he had never had gout. He had great depression of spirits and high arterial tension, although no albuminuria. The case progressed, and hyaline casts appeared in the urine. The legs became œdematous and he finally died, it was supposed, of cerebral hæmorrhage. Many examinations were made of the urine, but no albumen was ever detected. Another gentleman had high arterial tension and excess of urates. Many examinations of the urine were made with negative result. Fibrosis began ten years ago with lead poisoning, but only recently the renal parenchyma has become affected. He was inclined to believe in the pre-albuminuric stage.

The President said he had had occasion to make very many post-mortems and had observed how frequently cysts are to be met with in the cortical substance of the kidneys. He thought that in these cases it is likely albuminuria would have been found on examination of the urine during life. Albuminuria is not serious by itself.

Dr. McSherry referred to a case where the strongly accentuated second sound of the heart had suggested renal trouble. The

urine was accordingly examined and found to be loaded with albumen. To-day (within a week) no albumen is to be found.

SUBMAXILLARY CALCULUS.—*The President* exhibited a specimen belonging to Dr. Chisolm, of calculus, which had been removed from the duct of the submaxillary gland. It had been a long time in the mouth and was seen under the tongue as a large mass, so loose that a simple twist effected its removal.

VALUE OF BLOOD-LETTING.—*Dr. McSherry* related the following cases: A man had copious expectoration with extensive mucous râles on the right side. For two or three days he was delirious. He then experienced a feeling of oppression on the left side and it was evident that there was a commencing congestion there. There were the characteristic sputa. There was not much improvement under remedies. At this juncture the lancet was used, with great relief. He believed that he had headed off a pneumonia by it.—A very fat lady, accustomed to menstruate very freely, was bled for headache with relief.—A boy entered the University Hospital with continued fever. He had some fine râles under the right scapula and capillary bronchitis and catarrhal pneumonia were diagnosticated. One wet cup was applied over the seat of disease. This was on yesterday. The result was that in twenty-four hours the temperature has fallen from 104° to 98 2-5°. Blood-letting is one of the most important therapeutic agents we have ever had and nothing but the tremendous abuse of it has caused the present undeserved neglect.

PARALDEHYD.—*Dr. Uhler* read a paper upon this agent which had proven in his hands a very valuable hypnotic in doses of ʒss to ʒii, given largely diluted in water. It is excreted by the breath. It leaves no bad sequelæ. It also possesses antiseptic properties and seems to prevent fermentation.

NEW OPERATION FOR INVERTED UTERUS.—*Dr. Browne* read a paper on his case operated on Nov. 2 (an abstract of Dr. B.'s remarks is given in the JOURNAL for Dec. 29th).

The Annual Oration of the Medical Society, D. C., was delivered on the 9th inst. by Dr. James E. Morgan. The subject was "A Defense of Medicine and of the Medical Profession."

OBSTETRICAL SOCIETY OF PHILADELPHIA.

STATED MEETING HELD THURSDAY, JANUARY 3D, 1884.

(*Specially reported for the Maryland Medical Journal.*)

The President, R. A. CLEEMANN, M.D., in the chair.

BATTY'S OPERATION.

Dr. E. E. Montgomery corrected a statement made in the report of the case of ovariotomy narrated by him at the meeting of Dec. 6, 1883. Silk ligatures, not catgut, were used to tie the pedicles.

The convalescence of the patient had been very satisfactory. The temperature did not rise above 99°F. In performing this operation no antiseptic was used; all instruments, sponges, etc., were washed in boiling water, and boiled water was used in washing the wound and abdominal cavity. The mental condition of the patient was such that she was kept constantly under mechanical restraint, and on one occasion, when she had been left alone for a few minutes, she tore all the dressings off the wound, and at the next visit it was found bare, but no bad result followed. The sutures were removed on the eighth day. Some pain in the lower part of the abdomen and slight fever commenced on the twenty-fifth day, but she has since again improved. Her mental condition is at the present time better than it had been for a year before the operation, and she can now converse rationally.

SEPTICÆMIA AFTER ABORTION.

Dr. W. H. Parish reported the following case: A young woman, twenty years of age, came into the Philadelphia Hospital in the finishing stages of an abortion which had been coming on for some days. The cause was unknown but was probably instrumental. At the time he first saw her, three days after her admission, her temperature was 103° to 104°F and pulse 150. She had had a chill before admission, her abdomen was distended and tender, and the uterus was very sensitive. The right parotid gland was swelled and painful. It continued to enlarge, and fearing septicæmia, he gave fifty grains of quinine daily by rectum as the stomach was too irritable to retain it; one ounce of whiskey was given by the mouth every hour, day and night. A small quantity of morphia was given to relieve the abdominal tenderness. The pulse and temperature fell rapidly, but the gland continued to be swelled and painful; it was quite hard but was discolored. There were no chills now, but fearing the presence of pus, he made an opening by Hilton's method, incising the

skin and using a director to tear an opening through the gland tissue; this opening was enlarged by passing a pair of forceps, closed, along the grove of the director and withdrawing them opened. This opening gave exit to two or three fluid-drams of pus. The gland now improved in appearance, but another abscess opened behind the gland and discharged freely. The two abscesses did not communicate. The patient is now convalescent.

OFFICERS OF THE SOCIETY FOR 1884.

President—Richard A. Cleemann, M.D.

Vice-Presidents—B. F. Baer, M.D., W. T. Taylor, M.D.

Secretary—W. H. H. Githens, M.D.

Treasurer—Alfred Whelen, M.D.

Librarian and Curator—T. Hewson Bradford, M.D.

Councillors—R. P. Harris, M.D., Lewis D. Harlow, M.D., Wm. Goodell, M.D., T. M. Drysdale, M. D.

Publication Committee—John H. Packard, M.D., James V. Ingham, M.D., Elliott Richardson, M. D., B. F. Baer, M.D.

THE BALTIMORE MEDICAL COLLEGE.—As announced in the MD. MED. JOURNAL, of Dec. 22d, the Faculty of this college have purchased a large church in East Baltimore for hospital and collegiate purposes. The purchase is considered to be a very judicious one, the property itself being very valuable and the site being admirably adapted for the use intended. The Eastern section of the city offers almost unrivaled clinical advantages, which have scarcely as yet been touched by existing institutions (except in one department, the eye and ear). The ground embraced in the purchase fronts 110 feet on Baltimore Street and extends back along Lloyd Street 160 feet to Watson Street. The buildings are a spacious church surmounted by two spires, a chapel, parsonage and stable. It is proposed to use the stable for anatomical work, the parsonage as a lying-in hospital and the church as a general hospital, with laboratory and clinic rooms in the basement.

Lectures have already commenced in the new buildings, but the quarters on Paca Street hitherto used will not be given up entirely for the present. It is stated that the Sisters of Charity have offered to take charge of the new hospital. It is also stated that the Faculty of the College will ask for an appropriation from the Legislature on the ground that State aid has been extended to other similar institutions of the city.

Editorial.

THE OUTBREAK OF TRICHINOSIS AT EMERSLEBEN.—Consular Reports, No. 35, for November, gives an account of an investigation by the American Consul of this outbreak, of which brief reports had already been received by telegraph. Emersleben, the chief seat of the epidemic, is a village of 700 inhabitants, situated near the Hartz mountains, five miles from Halberstadt, in the province of Saxony. It is one of the most prosperous localities in the Prussian Kingdom. The Consul's visit was made October 23d. The sickness was first noticed about September 16th, when several persons were taken ill with nausea and acute diarrhœa, symptoms which were attributed to cholera morbus until swelling of the eyes, face and extremities, combined with high fever, showed its trichinous origin. Four hundred and thirty-three cases had occurred in all (within a circuit of 2 miles), of which thirty six had proved fatal and more than nineteen others were expected to terminate in death. An official investigation traced the outbreak to one Hungarian and three Saxon hogs butchered about September 12th, the meat of which had been eaten raw, either as "chopped meat" or "blood sausage." It appears that an inspection is required by law of all swine slaughtered, and this is done by the village barber, who is the official inspector. His duty consists in making at least three preparations for microscopic examination; if this be favorable the meat may be sold for consumption. A circumstance that favored the spread of the disease at the time and to which its extent and virulence are in great measure due was that it was the season of the potato harvest, during which to avoid the loss of time that would be required in coming from and going to the midday meal, a simple repast of raw meat and bread was taken in the fields by the villagers. As a result of the caution adopted on all such occasions, a number of diseased swine have been discovered since the outbreak began. In view of the above circumstances, the fact cannot be emphasised too strongly that there is always risk of trichinosis in the use of uncooked pork, which no amount of inspection will altogether remove, but that thorough cooking is a sure preventative.

THE "ARCHIVES OF PÆDIATRICS."—The first number of this new monthly journal, devoted exclusively to the diseases of infants and children, is a most creditable publication, both in its contents and appearance. The journal is edited by Dr. Wm. P. Watson, of Jersey City, a gentleman eminently qualified for the duties of the editorial chair. Dr. Wat-

son is assisted in his work by an eminent corps of co-laborers and contributors composed of leading specialists in this country and Europe. The first number now before us contains sixty-four pages of reading matter. The contents will be found on an advertising page elsewhere in the journal.

The value of a journal devoted exclusively to the diseases of infancy and childhood can only be fully appreciated when the fact is considered that a large share of the work of the general practitioner is in this field. We believe this is the only journal devoted exclusively to Pædiatrics published in the English language. The journal is well worthy of a liberal support.

A Monument to Dr. J. Marion Sims.—If the memory of any physician is deserving of a perpetuation in bronze or marble, surely that honor belongs to Dr. Marion Sims. We are, therefore, glad to see that the idea of erecting a monument to Dr. Sims, first suggested, we believe, by Dr. Harvey L. Byrd, of this city, is about to take a practical shape. A movement, we understand, has been set on foot to erect a suitable monument in memory of Dr. Sims in Central Park, New York. In order, however, to give this movement a more practical shape, that venerable member of our profession, Prof. S. D. Gross, has suggested that a committee consisting partly of gentlemen and partly of ladies be at once formed to take charge of the matter. As soon as this object is effected Prof. Gross will tender his check for $100 as a donation to this memorial fund. We have no doubt there are a large number of physicians who would willingly and gladly contribute to this fund were they permitted. It is to be desired, therefore, that a committee shall be selected at an early date to receive such donations as may be made. We would suggest to such a committee, when appointed, that the appeal should be made universal and for small donations. There are many physicians and others who have been greatly benefitted by Dr. Sims' genius and skill; no doubt all such would esteem it a privilege to give something to so worthy an object. Let the larger donations be made first and next those of smaller amounts. We believe that if any effort at all is made a large sum will be realized.

We will forward to this committee our individual contribution and any donations made through us. Let us all, however, honor the memory of one who was an honor to his age, to his profession and to his country; one whose labors in behalf of humanity were greater than those conferred by many of the most illustrious jurists, statesmen and divines of his generation. Such a monument as a grateful people may erect to Dr. Sims will add no lustre to his fame but it will stimulate the living to imitate the example of one whose life was full of good works and beneficent achievements.

Health Commissionership.—The indications are that the wishes of the profession of Baltimore in regard to this important office will shortly be accomplished. A delegation called upon Mayor Latrobe on Saturday last to present a petition signed by nearly one hundred physicians (which might easily have been increased by a little effort to several hundred),requesting the appointment of the former Commissioner, Dr. James A. Steuart. The grounds urged were his peculiar fitness for the position, the experience he has already acquired in its duties, and the zeal and ability with which he discharged its functions during his former incumbency. The Mayor received the committee most cordially and acknowledged the right of the medical profession to be heard in matters pertaining to the public health. As the only object of the profession in the interest they have manifested in this subject has been the securing of a competent officer for this vitally important position, they are to be congratulated upon the prospective success of their efforts.

Medical Legislation in Virginia.—A bill has been introduced before the Virginia Legislature, now in session at Richmond, and favorably reported back to the House for action, which aims to regulate the practice of medicine and surgery in that State by enforcing a system of examination and registration. The bill provides for the appointment of a State Board of Medical Examiners, consisting of one member from each Congressional district and two from the State at large, said Board to consist of men learned in medicine and surgery who shall be appointed by the Governor from a list of names to be recommended by the Medical Society of Virginia. The members of this Board are required to qualify and take the usual oath of office before the county or corporation court of the county or corporation in which they respectively reside. The Board may organize at its first meeting and may prescribe its own rules and regulations for its goverement and for the examination of candidates for the practice of medicine and surgery by its individual members. It is made the duty of the Board at any of its meetings, and of the individual members of said Board, at any time, to examine all persons making application to them who shall desire to commence the practice of medicine and surgery in the State. When an applicant shall have passed an examination

satisfactory as to proficiency before three individual members of said Board, or before the Board in session, the President of the Board is authorized to grant to such applicant a certificate to that effect. A fee not to exceed ten dollars shall be paid by each applicant before such examination is had. In case any applicant fails to pass a satisfactory examination before the Board he is not permitted to stand any further examination within the next three months thereafter, and not then until he shall have again paid the fee prescribed by the Board. It is provided that no applicant shall be rejected upon his examination on account of his adherence to any particular school of medicine or system of practice, nor on account of his views as to the method of treatment and cure of diseases.

The bill further requires every physician who obtains a certificate from the President of the Board of Examiners to registar his name in the Clerk's office of the County or Corporation Court for the county or corporation in which he shall reside, the fee for which registration is one dollar. The date fixed for the enforcement of the act is January 1st, 1885, after which time no person shall practice as a physician or surgeon for compensation without having obtained a certificate and caused his name to be registered as aforesaid, The penalty provided for violating this act is a fine of not less than fifty nor more than five hundred dollars for each offence. He is further debarred from receiving any compensation for professional services rendered.

The bill provides that any physician residing in an adjoining State within ten miles of the boundary line of the State, shall be entitled to stand the examinations and receive the certificate, and such certificate shall be registered in that county in the State which is nearest to the place of residence of the applicant. The bill exempts dentists and physicians residing in other States called in consultation with the physician residing in the State. It does not change in any way the law in reference to the license tax now paid by physicians, surgeons and dentists.

Iodide of Potassium in Frontal Headache.—Dr. Haley, in Australian Medical Journal, claims that minimum doses of iodide of potassium are of great service in frontal headache. A two-grain dose dissolved in half a wine-glass of water will often cure a dull headache which is situated over the eyebrow. The action of the drug is quite rapid. —*Medical Summary.*

Reviews, Books and Pamphlets.

Annual Report of National Board of Health for the Fiscal Year Ending June 30, 1883. Washington: 8vo. Pp. 102.

No one could read this report without being convinced of the injustice and folly that have been perpetrated by our authorities in doing away with the services of so valuable an agency in the preservation of the national health. Occasion is taken in this brief report of 102 pages to review the history of the Board from 1879, when it was first clothed with adequate powers to discharge the functions naturally devolving upon such a body, until the termination of these powers by limitation of the law conferring them in 1883. The volume contains a masterly presentation of facts and figures. Called originally into existence just after a severe epidemic (that of 1878) it was distinctly provided that the Board should have no independent power with regard to quarantine, but should co-operate with local boards in executing their regulations for the prevention of the introduction of contagious and infectious diseases into the United States or from one State into another. The report states that the Board has consistently observed this provision of the act throughout its short career, and we have not the least doubt of the perfect correctness of this statement. It is true that certain rules and regulations with reference to sanitary matters have acquired the force of law in many places, but it was only upon the recommendation of the Board and after adoption by the local authorities.

The difficulties which arose in connection with quarantine at the port of New Orleans are frankly stated. The point is made (and all experience proves its correctness) that local health authorities cannot be implicitly trusted for correct reports in connection with the prevalence of infectious diseases. This was shown by the epidemic of 1878 in New Orleans. The report mentions with pardonable pride the fact that the proposition of the Board to exclude infected vessels from the waters of Louisiana by requiring them to stop at Ship Island and be disinfected, which encountered such fierce and angry opposition on the part of the State Board of Louisiana, has been fully vindicated by a resolution passed by the latter Board last summer requesting the Governor to carry out this very same precaution.

It is well known that strictures were passed upon the Board for alleged extravagance in connection with scientific investigations carried on under its auspices, which culminated in the disgraceful scene in Congress. The fact is that in no year did the expenses equal one-half of that which had been recommended to be appropriated for this

purpose by the Nat. Academy of Sciences, and that nearly all the eminent scientists engaged in the researches did not receive anything at all for their personal services. The value of these researches also has been fully conceded by the highest authorities. In reference to the general expenses, figures are given which show that $128,000 remain of the appropriation made by Congress. In concluding, the Board respectfully urges that Congress adopt such legislation as may in its wisdom seem best to enable the Board to carry out the purposes of its institution and asks for an appropriation of $37,700, under the act of March 3, 1879—a very modest sum indeed. Whatever answer Congress may see fit to make to this appeal, whatever may be the fate of the Board, it is a most significant fact that sanitarians, and health authorities, and health organizations throughout the country have with almost unanimity heartily approved its work and testified to its usefulness.

STUDENTS' SERIES OF MANUALS.

Elements of Histology. By E. KLEIN, M. D., F. R. S., Joint Lecturer on General Anatomy and Physiology in the Medical School of St. Bartholomew's Hospital, London.

Surgical Pathology. By A. J. PEPPER, M. B., M. S., F. R. C. S., Surgeon and Lecturer at St. Mary's Hospital, London.

Applied Anatomy. By FREDERICK TREVES, F. R. C. S., Senior Demonstrator of Anatomy and Assistant Surgeon at the London Hospital.

Human Physiology. By HENRY POWER, M. B., F. R. C. S., Examiner in Physiology, Royal College of Surgeons of England.

Pathological Chemistry. By CHARLES H. RALFE, M. D., F. R. C. P., Assistant Physician at the London Hospital.

Henry C. Lea's Son & Co., Philadelphia.

A growing demand for concise and authoritative manuals on the various branches of medical science has induced the publishers of the above-named books to issue a series of such books in a cheap and portable form. The authors are well-known teachers and authorities on the subject, about which they write, and they have presented these subjects in a clear, concise and practical manner, adapting them admirably to the wants of students and making them serve a good purpose as works of quick reference to the general practitioner. The first five volumes, as announced above, are bound in red limp cloth and present a handsome appearance. These volumes are profusely and accurately illustrated and contain from 300 to 500 pages each. When complete the set will embrace fifteen volumes. The remainder will be issued by the publishers at an early date.

Allen's Human Anatomy. Section V, *Nervous System.* 4to.=*Index to Transactions of American Medical Association.* Vol. I to XXXIII. Prepared by WM. B. ATKINSON, M. D., Permanent Secretary. Phila.: 1883. 8vo. Pp. 130.=*A Plea for the Cure of Rupture.* By JOSEPH H. WARREN, A. M., M. D. 8vo. Pp. 117. Boston: 1884.=*On the Pathology of Phthisis Pulmonalis and its Laryngeal Complications.* By CARL SEILER, M. D. Reprint from Journal of Amer. Med. Association. Pp. 7.=*Antisepsis in Ovariotomy and Battey's Operation. Eighteen Cases, all Successful.* By ROBERT BATTEY, M. D., of Rome, Ga. Reprint from Va. Medical Monthly, Aug. 1, 1883. Pp. 18.=*Introductory Address Delivered Before the Medical Class of Dartmouth College, August 1st. 1883,* by LOUIS ELSBERG, A. M., M. D., Professor of Laryngology. Published by the Class. 1883. Pp. 23.

STERILITY DUE TO CONTRACTION OF THE UTERINE CERVICAL CANAL, COMPLICATED OR NOT BY FLEXIONS OR VERSIONS, SUCCESSFULLY TREATED MECHANICALLY BY THE UTERINE BOUGIE.—Undoubtedly the most numerous cases of sterility are due either to a simple contraction of the cervical canal, or to such contraction complicated with one of the various flexions or versions of the uterus, and although treatment of the former by dilatation and the latter by pessaries has long been in vogue, patients and gynæcologists have shared their disappointments innumerable. Convinced that pessaries in women who have not borne children frequently give rise to irritation or inflammation, thereby adding another impediment to conception. *Dr. E. A. Spooner,* in *The American Journal of the Medical Sciences* for January, 1884, states that he has long since abandoned their use in the treatment of these cases, employing such supports for patients requiring relief from prolapsus or other displacements without regard to the question of conception. Fortunately, many cases of flexions or versions are amenable to the treatment of the uterine bougie, and when occuring as complications of a partial atresia of the cervical canal, the correction is readily made coincident with the dilatation, and he has been surprised at the ease with which long-existing and extreme flexions have yielded to the plan of treatment by bougies which he describes in detail, and illustrates with the histories of several successful cases selected from his note-book.

Miscellany.

MULTIPLE CUTANEOUS ULCERATION.—In the number of *The American Journal of the Medical Sciences* for January, 1884, Dr. I. Edmondson Atkinson records a case of universal interest and almost unique character, which is closely related to that rare and remarkable disease known as symmetrical gangrene.

The symptoms were briefly a papulation and vesiculation, followed by a very superficial destruction of the epidermic structures and the most external dermal tissue. This was followed more or less rapidly, by ulceration of progressive character, so that, in the highest degree, in a very short time, not only muscle, fibrous tissue, and cartilage, but even bone was destroyed. At no point was there gangrene in mass, if we exclude the secondary destruction of bone, but on the other hand, rapidly progressive and molecular gangrene. This ulceration, while showing a tendency to affect similar parts of corresponding members and regions, could hardly be termed symmetrical. The right side of the face suffered much more severely than the left, while the left upper and lower extremities were decidedly more affected than those of the right side.

The extent to which motion and sensation were impaired was indeterminate. The child lost the power of locomotion, but whether from diminished nerve influence directly, or from increasing general debility, was not evident. Certainly there was no complete paralysis. Similarly with sensation, it was difficult to determine the true condition. That there was abnormal sensation was certain, but whether there was itching or paræsthesia was a matter of doubt. There were no scratch marks, nor was any expression of pain elicited upon handling the parts. On the other hand, there can be no doubt that the sensation of pain was blunted, as shown by insensibility to quite rough usage, and by the violence with which the child bit and rubbed her extremities, even to the production of lesions and the copious discharge of blood. This bluntness of sensation extended beyond the area of lesions, and amounted to a decided numbness. Distinct symptoms of vaso-motor disturbance were not observed; the description of the mother, however, that the extremities became dry and wrinkled, is of significance, though it must be admitted that this was not observed while the child was under treatment. The color of the child's skin would also doubtless interfere with the recognition of vaso-motor phenomena.

As causes of this remarkable condition, Dr. Atkinson was able to include mercurial intoxication, and that from ergot or other medicaments which occasionally excite gangrene or destructive ulceration in those into whose bodies such agents have been introduced.

Dr. Atkinson thinks there can be no doubt that this disease belongs to the group of affections which the late Oscar Simon first named "multiple arthritic gangrene." According to Simon, it attacks, almost exclusively, children between one and two years old, and begins with vesicles which dry into scabs. These fall off and leave a loss of substance of varying depth, in some cases even reaching to the bone. In all cases, cachexia may be recognized. He regards the process as a gangrene produced by a cachetic thrombosis. It is not unlike the forms of gangrene produced by ergot, morphia, or in the course of diabetes, typhus, or in paraplegics. The prognosis is good. The treatment should be principally of a tonic character.

In the absence of definite knowledge of the pathogenesis of these and kindred lesions, and in view of the unmistakable vaso-motor disturbances observable in the more pronounced forms of the affection known as symmetrical gangrene of Raynaud, Dr. Atkinson thinks we can do no better than provisionally accept the theory of Weiss, according to whom the disease is a neurosis, in which the vaso-motor centre is, from whatever cause, readily thrown into a state of hypertonus; the importance of the symptoms depending upon the dignity of the parts upon which the vascular spasm is developed. Contraction of the cutaneous arteries will produce a bloodless condition of the skin. By venous spasm is produced local cyanosis; and by contraction of vaso-dilators local active hyperæmia. Similarly, by vascular spasm of these portions of the posterior columns standing in functional relation with the skin, will be produced nutritive disturbances of the skin and epidermic structures.

THE TREATMENT OF TUBERCULOSIS BY ARSENIC.—In the *Centralblatt fuer die Med. Wiss.*, of November 24th, the results obtained by three observers, who have treated tuberculosis with arsenic are given. G. Kempner treated very unfavorable cases with arsenious acid, raising the amount gradually to ten milligrams (one-seventh of a grain) daily. The local processes were not apparently altered. The drug could not be regarded as an antipyretic, since it did not cause lowering of temperature independently of disease; but, on the other hand, the subjective condition, especially as to appetite, was much improved by the use of arsenic, so that the general condition was often really better, and there was relative lowering of fever. Of twelve patients, in whom loss of weight would have occurred if allowed to run their own course, only two, in fact, lost weight. The author thinks the

use of arsenic in phthisis would bear favorable comparison with the most costly hygienic mode of treatment. H. Lindner also observed no distinct influence upon the fever from arsenic, but a favorable one upon the quantity and kind of expectoration, a distinct improvement upon the general condition, with lessening of night-sweating, and an increase of bodily strength following upon decided improvement of the appetite. Although he only obtained transitory improvement in his cases, which included tuberculosis, diseases of the bones and joints, also lymphoma and lupus, Lindner advises further clinical trial. R. Stintzing gave arsenic in daily amounts of $\frac{1}{32}$ to $\frac{1}{7}$ grain in sixteen cases of phthisis, of which three were light, eight were moderate, and five were severe; so that in from three to nine weeks, between two and six and a-half grains were used. The consequences were throughout unfavorable, judged collectively by the objective phenomena.—*Br. Med. Jl.*, Dec. 15th.

When not to give Chloroform in Parturition.—In a paper read by Dr. Savill before the East Surrey District of the Southeastern branch of the Medical Association, he lays down the following rules to be observed in not giving chloroform during labor:

1st. Never give it to a woman who has a tendency to flood during every confinement, or to those who have great relaxation of fibre, or weak, anæmic women in their eighth or tenth confinement, except for necessity.

2d. Do not give it where labor is complicated with severe vomiting, or with acute heart or lung trouble unless there be an imperative demand for it

3d. It should not be given to complete anæsthesia except for operations, convulsions or spasms of the cervix, and then one person should devote his entire attention to it.

4th. The inhalation should be stopped directly the pulse becomes weak or the respiration irregular.

5th. Do not give it if there be grounds to fear a fatty or enfeebled cardiac wall.

6th. In all cases where it has been given, there should be extra care to prevent postpartum hemorrhage.—*The Obsteric Gazette.*

Puerperal Fever and Abortion.—According to M. Hervieux ("*Gaz. Hebd. de Medicine et de Chirurgie*," Nov. 9, 1883,) out of 16,763 confinements that took place in the Paris Maternite from the year 1861 to the close of the year 1872, 5,236 or 32.05 per cent. were premature. This may be accounted for to a certain extent, by the unfavorable physical and moral influences generally affecting the beneficiaries of such institutions, and arising from their condition in life, they being for the most part unmarried women. But some other explanation is required from the fact that from 1861 to 1867 the percentage of abortions at the Maternite varied between 33.93 and 41.50, while from 1868 to 1872 it rose no higher than 27.57—the lowest point being 18.99—with an evident tendency to decrease toward the end of this period. That is, during the latter term the proportionate number of abortions was less than during the former by over one-third. The general causes already adverted to remained in operation throughout; and even when they were greatly aggravated, as in the years 1870 and 1871, the number of abortions continued to diminish. This state of things could not be attributed to meteorological conditions. Writers on veterinary subjects, however, make frequent references to the fact that cows sheltered in certain stables are especially liable to repeated abortions. Now this, according to M. Franck and M. Ruloff, is the direct result of contagion. The former has ascertained that if matter from the genital passages of an animal, in which abortion has recently occurred, is introduced into the vagina of another that is pregnant, the latter will be caused to abort likewise—an effect due to the presence of micrococci or bacteria in immense numbers on the fœtal envelopes, which ultimately bring about their decomposition. It is easy to see how readily this accident may take place in cow-stables, and how it may lead to an indefinite series of abortions. Hence we may infer the possibility of premature births occurring epidemically among human beings as the result of infection or contagion. The figures cited by M. Hervieux show, in fact, very clearly, that the years during which puerperal fever raged most fiercely at the Maternite were precisely those marked by the greatest number of abortions, and that the latter diminished in proportion as the sanitary condition of the establishment improved. Nevertheless, the premature births went on increasing for a considerable period after 1864, the year of highest mortality. This was because the puerperal contagion, like that of some other diseases, operates in different directions—striking, now the mother alone, now the unborn child, and now both together—while, in the reports of lying-in asylums, no regard is paid to the mortality of the newly born, the mothers' death-rate alone being taken into account. In short, it is proved by statistics that residence in these institutions tends to abridge the period of gestation, so that the longer a pregnant woman remains in one of them the less chance she has of reaching her full term. The practical conclusion is, that a woman in this situation should never be allowed to enter a lying-in hospital while puer-

peral fever exists as an epidemic within its walls; and at other times the date of her admission should approximate as closely as possible that of her expected confinement.—*N. Y. Med. Journ.*

PROF. JOHN MARSHALL ON NERVE-STRETCHING.—In the Bradshaw Lecture, delivered Dec. 6th, by *Prof. John Marshall*, President of the Royal College of Surgeons of England, the operation of nerve-stretching is strongly advocated for the relief or cure of pain. He believes its dangers are comparatively few. He showed that a long piece of nerve will stretch more than a short one; a living nerve is also more extensible than a dead one. Nerves bear a great amount of stretching, the branches of the fifth cerebral, for instance, bearing a weight of 6–12 lbs. before breaking, whilst the great sciatic will bear about 180 lbs. An inexperienced operator fearing a rupture is liable to subject the nerve to tension insufficient to do any good, indeed, capable of doing harm. A diseased nerve bears less stretching than a healthy one, but a personal experiment with the dynamometer will convince any one how difficult it is to apply a weight of 30 lbs. to a nerve. The motor and sensory properties are both diminished by stretching, but the sensory most. Slight tension increases irritability, stronger diminishes and extinguishes it. The stretching of a nerve is not transmitted to the spinal cord. The fact cannot be doubted that nerve-stretching will cure neuralgia, which the lecturer attributes to a certain extent to stretching and a partial destruction of the nerves that supply nerves passing along their sheaths. These are liable to irritation at certain points where the nerve to which they are distributed passes around a bone or out of an osseous foramen. Thus some of the phenomena of neuralgia may be explained. The value of the operation in tabes is due to the effect upon the ganglia of the cord and the excitation of the vaso-motor or trophic centres, and to the reaction that takes place in the changes thus produced in the nerve-elements we must look for the benefit in tabes and locomotor ataxy. Prof. M. spoke also favorably of subcutaneous nerve-stretching as practiced by Billroth and Trombetta.—*Br. Med. Jl.*

CHARCOT ON SCIENCE IN MEDICINE.—"If I believe firmly that there exists in medicine a domain which pertains entirely to the physician, which he alone can cultivate and fructify, and which must necessarily be closed to the physiologist, who, systematically confined to his laboratory, disdains the instruction of the hospital wards, I no less firmly believe that the free intervention of the anatomical and physiological sciences in the affairs of medicine is an essential condition to its progress. I believe that practical medicine is not a real autonomy; that to live it must borrow; that without a constant scientific renovation, it would soon become a dull routine. I think, finally, that as regards the qualities of quick-sightedness, ingenuity and practical skill, which all have to be perfected by use and are not bestowed in completeness by nature, these are as much needed by the pathologist as by the clinician. This, very briefly, is my *credo*; I have always held to it, and I must always continue to do so."—*Med. Record.*

SCHOOL HYGIENE.—*Prof. C. J. Lundy*, of Detroit, in concluding an article on this subject (*Sanitarian* for Jan.), read at the late meeting of the Amer. Pub. Health Assn. suggests the following rules as calculated to remedy existing defects:

1. Avoid the cramming process in education, and the nervous excitement due to the spirit of rivalry.
2. Reduce the number of subjects in the curriculum, and shorten the periods of study.
3. Ventilate the school rooms in accordance with the most approved methods.
4. Regulate the temperature of the school room—an atmosphere which is too warm debilitates the system.
5. Provide properly constructed and arranged seats and desks.
6. Instruct pupils to sit erect and hold the book or paper at least twelve inches from the eye.
7. Provide highly myopic pupils with proper spectacles which will enable them to read at the natural distance of 12 inches.
8. Furnish pupils with well printed books.
9. Furnish abundance of light, without producing glare. Let it come from the left side if the room is narrow, from both sides of the room if wide.
10. Provide for the physical education of school children and teach them the importance of out-door exercise.

A CASE OF AINHUM.—In *The American Journal of the Medical Sciences* for January, 1884, *Dr. L. A. Duhring*, reports a case of ainhum, of which but few have been reported in our country. Its geographical distribution includes chiefly the West Coast of Africa, and certain countries in South America, more particularly Bahia, Rio de Janeiro, and Buenos Ayres. As the disease becomes better known, it will, doubtless, be found that it is met with throughout our Southern States, though probably, as one of the rarer diseases. Appended to the paper is an exhaustive study of the microscopic appearances.

NECESSITY OF IRIDECTOMY IN ACUTE GLAUCOMA.—"In spite of all that has been done by specialists, and in spite of the fame which iridectomy cures have obtained, it is still the fact that a large proportion of cases of acute glaucoma are unrecognized during the first fortnight by those under whose observation the patients come. Practitioners of the most scrupulous care, of wide general information, and the most conscientious regard for their patients' good, are yet very commonly misled by the acute congestion and severe constitutional symptoms which often attend the early stages of this disease. It was my fortune some years ago to operate upon three cases of this kind in one week, in all of which the proper time for interference had been allowed to pass by on account of the patient's severe general illness. In one instance I became acquainted with the facts of a case in which a benevolent country surgeon, aided by two or three friends, was himself maintaining a lady who had lost her sight and consequently her occupation, from double acute glaucoma. He had himself attended her from the beginning; and when I gently hinted at the possibility—to me a practical certainty—that iridectomy at the proper time would have saved the lady's sight for the rest of her life, he promptly replied, that "the eyes were so much inflamed in the first instance and the patient so ill, that he was quite sure I should never have thought of operating." I said no more; for it would have been cruel to tell him that these were the very symptoms which denoted the necessity for an operation."—*Jonathan Hutchinson in Brit. Med. Journ.*

ENDOWMENT OF HOSPITAL.—We learn from the daily press that Messrs. Johnston Bros. & Co., bankers, of Baltimore, are about to endow a Home or Hospital for Boys and Girls, connected with which there will be a Training School for Nurses. A charter has already been recorded for the "Harriet Lane Home for Invalid Children."

SALICYLIC ACID AS A PRESERVATIVE.—*Prof. Brouardel*, medical jurist, was lately charged by the Comité Consultatif d'Hygiene to report upon the practice of using salicylic acid in the preservation of food, wine, beer, etc., in order to preserve them, a practice which has become quite common in Paris and which has led to several accidents. The practice is known as salicylage. The following are his conclusions:

1. The daily use of even the smallest dose of salicylic acid is unsafe, its innocuity not having as yet been demonstrated.

2. It is certainly dangerous for the subjects of lesions of the kidneys or of the liver from old age or by some degenerative process.

3. The prohibition of "salicylage" should be strictly maintained.

TREATMENT OF ECZEMA OF THE GENITALIA; PRURITUS AND LEUCORRHEA.—In cases of eczema, in which glyceroles and unguents have failed, the following formula has been successful:

Chlorate of potassium, -	30 grains;
Wine of opium, - - -	50 grains;
Pure water, - - - -	1 quart.

Applied to the parts by linen compresses covered with oiled silk. If there is much inflammation, precede this with warm hip-baths and cataplasms sprinkled with powdered carbonate of lime. In obstinate pruritus, associated with leucorrhea, a tablespoonful of a mixture of equal parts of tincture of iodine and iodide of potassium, in a quart of warm tar-water (tar-water holding the iodine in solution), used daily, night and morning, removes the pruritus and ameliorates the leucorrhea. In fetid leucorrhea, two or three tablespoonfuls (in a quart of warm water, morning and evening, as an injection) of the following formula will be found useful:

Chlorate of potassium, -	13 parts;
Wine of opium, - - -	10 parts;
Tar-water, - - - - -	300 parts.

Or,

White vinegar (or wine), - -	300 parts;
Tinct. eucalyptus, - - - -	45 parts;
Acid, salicylic, - - - - -	1 part;
Salicylate of sodium, - - -	20 parts.

One to five teaspoonfuls in a quart of warm water, as an injection, two or three times a day.—*Obstetric Gazette.*

SOCIETY BULLETIN: *Acad. of Med.* will meet Tuesday, Jan. 15th, 8.30 P. M. Dr. Van Bibber on "Cancer of Omentum." *Med. Assn.* will meet Monday, January 14th, 9 P. M. at Rennert's, N. W. corner Calvert and German. Eighteenth Annual meeting, election of officers and supper. Subscription tickets $2.50, to be had of executive committee. Drs. Steuart, Ashby and Taneyhill.

Medical Items.

The number of students at the College of Physicians and Surgeons of Baltimore is 378; at the University of Maryland it is between 200 and 210.=The new Sewerage System of Boston, the cost of which was $4,544,272, went into operation on the 1st. The sewage is intercepted and conveyed to deep water, where it is discharged at ebb tide so as to be carried

out to sea by the receding current.=A neurological society has been organized in Philadelphia.=Quite a contest is said to be going on in Washington over the post of surgeon-general of the navy, the candidates being Dr. Horwitz, and the present incumbent, Dr. Wales.=The medical profession in France has increased since 1876, from 1 to every 3,807 of the population, to 1 in 3,235.=MM. Straus and Roux, of the French-Egyptian cholera mission, are to be made chevaliers of the Legion of Honor.=Owing to his new duties as editor of the Philadelphia Medical Times, Dr. Frank Woodbury has retired from the editorial staff of the "Col. and Clin. Record."=Mr. Wm. Bowman, of London, the distinguished oculist, has been created a baronet.=The death of a boy under ether is announced to have occurred recently at Bellevue Hospital; the lungs and heart were apparently sound.=An Anthropological Society has been organized in New York.=The Chicago Public Library is going to have a medical department, to aid the inception of which the Chicago Medical Society has subscribed $500.=In a communication to the N. Y. Medical Record, Prof. S. D. Gross suggests that a special appeal should be made to the women, throughout the world, who have benefitted by Dr. Sims' genius and skill, to contribute toward the Sims' monument. He suggests the formation of a committee of ladies and gentlemen to take the matter in hand.=Dr. Koch has made a second report of researches in Egypt, into the essential nature of cholera. The results, as far as regards the non-susceptibility of animals, and the appearance of bacilli in the intestinal mucous membrane, correspond with those previously obtained.=The use of coffee is said to be on the decline in England, owing to its frequent adulteration with chicory, dandelion, and other vegetable matter. Of 90 samples of ground coffee purchased in London, but five were genuine.=Prof. Owen has just retired at the age of 80 years, from the post he has so long held, at the head of the National Zoological Collections.=The Dermatological and Syphilological Society of London has been named the "Willan Society of London," after Willan, the father of English dermatologists.=In syphilitic iritis, atropine should be used from the first, frequently, freely and in strong solution; mercury and iodide of potassium are also very useful and ought always to be given, though in no degree comparing with mydriatics. *Hutchinson.*=Dr. J. R. Quinan began a course of lectures on Med. Jurisprudence, at the Woman's Medical College of Baltimore, on Monday afternoon, to continue every alternate Monday until May 1st.=According to the *Canada Medical and Surgical Journal*, Dr. Archibald Lawson, one of the most prominent physicians, and lecturer on the principles and practice of medicine, in Halifax, has fled the city, in consequence of a verdict at a coroner's inquest, charging him with criminal abortion.=A Medico-Legal Society has been organized in Philadelphia.=A suit has recently been brought against a physician in London, by a man who sucked the tube after tracheotomy performed on his child, and contracted diphtheria; he claimed that it was the duty of the doctor to suck the tube himself. The decision being against him, he then brought suit for manslaughter, because of the child's death; the suit is still pending.=Dr. Wigglesworth, of Boston, reports a case where a scarlet, non-elevated, purpuric, irregular circular patch, the size of a half-dollar, appeared on the forearm, one hour after taking one grain of quinine; she took eleven more grains, and more spots appeared; on stopping the drug, the spots desquamated and disappeared.=Vossius recommends iodoform in all ulcerations of the cornea, especially ulcus serpens, and in wounds of the conjunctiva cornea and sclerotic.=Dr. Wallace, in *Canadian Practitioner*, for December, reports a case of labor rendered difficult by cicatricial bands stretching antero-posteriorly across the vagina, resulting probably from lacerations from previous confinements. Delivery was effected with difficulty, with forceps, but the woman died with symptoms of internal hemorrhages eleven days afterwards.=Dr. W. G. Balfour, of Bombay, who has devoted much time to the investigation of the causes of cholera has discovered in the blood of a fish—the Banela or Bombay duck—bacterial organisms resembling those found by Koch in intestines of cholera patients in Egypt. He points out that the consumption of these fish at particular periods of the year seems to play a part in the production of the disease.

CHANGES IN THE STATIONS AND DUTIES OF THE OFFICERS SERVING IN THE MEDICAL DEPARTMENT U. S. ARMY, from Dec. 31st to Jan. 7th, 1884:

Appel, Daniel M., Captain and Assistant Surgeon, having relinquished the unexpired portion of leave of absence granted by G. O. 68 Hdqrs. Division of the Atlantic, November 16, 1883, and reported for assignment, assigned to duty at Fort Porter, N Y.

Havard, Valery, Captain and Assistant Surgeon, assigned to duty in charge of office of Medical Director Department of Texas during the temporary absence of that officer.

CHANGES IN THE MEDICAL CORPS OF THE NAVY during week ending Jan. 5, 1884:

Med. Inspector A. Hudson from duty as Assistant to the Bureau of Medicine and Surgery, on the 18th inst., to the U. S. S. "Lancaster," as the relief of Medical Inspector N. L. Bates, who is to be detached and ordered home.

P. A. Surgeon A. C. H. Russell from the Navy Yard, Washington, to hold himself in readiness for sea service.

Original Papers.

WHAT IS MEANT BY NERVOUS PROSTRATION?*

BY ROBERTS BARTHOLOW, M. D., LL. D.,

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The popular conception of the condition now known as "nervous prostration" is a state of debility, in which nervous derangements predominate. A man actively engaged in business or in public life, presently finds himself unequal to his daily tasks; he suffers odd sensations in his head; his digestion is disordered; he is weak; wakefulness, mental depression, and a thousand and one new sensations of strange character and fearful portent, are superadded. The unfortunate subject of these ills now recoils from his work, gives himself up to the consideration of his symptoms, and relaxes his hold on the interests and occupations of his life. All the word declares that he has "nervous prostration," and this explanation satisfies. Physicians say "neurasthenia" or "hypochondria," according to their habits of mind or to their training. Sometimes this condition is called the "American Disease." Indeed, there is a general notion, widely prevalent, that neurasthenia is a peculiarly American malady. The late Dr. Beard was the apostle of this dispensation, and he not only was noisy and persistent in his advocacy of that veiw, but claimed, indeed, to have first clearly defined neurasthenia, and to have classified under this designation the numerous symptoms pertaining thereto. If we cannot admit Dr. Beard's claim in its entirety, if we experience repulsion at his tremendous but unconscious egotism, we are still compelled to acknowledge that his work in this connection is the most important that has appeared. He was peculiarly fitted to differentiate this malady by reason of the quickness and acuteness of his intellect, his power of analysis in its subtlest aspects, and his far-reaching, his omnivorous faculty for related facts.

The term *neurasthenia*, advocated by Beard, is by no means of recent origin. The corresponding French word, used in the same sense as we now employ it, has been a stock word of French neurological medicine for fifty years. Under the terms spinal irritation, hysteria, hypochondriasis, the nervous state, etc., symptoms of the same character as those now included in the word neurasthenia have been described. Besides the general state, similar derangements of functions of particular organs have been separately considered, as palpitation of the heart, headache, flatulence, impotence, etc. In the word neurasthenia—popularly, nervous prostration—the whole morbid complexus is included. The question I have to consider is whether this is a real, a substantive disorder. Are the notions now generally entertained about it founded on a true conception of the condition?

I need not enlarge on the importance of a correct understanding of a morbid state, which is supposed to be due to the conditions of modern, especially of American, life. Without stopping now to question the soundness of the prevailing doctrine, I will place before you the clinical history of two cases, representatives of the two types of neurasthenia. These may be designated respectively as the *congestive* and the *anæmic* varieties. The latter are greatly more numerous, but the former are not uncommon, as Beard admits.

Case I.—The Congestive Type.

Mr. ——, æt. 44, president of one of the largest railroad corporations of the West. He is now a robust man, 5 feet 10 inches in height, 196 pounds in weight, and has a very dark complexion, his type of constitution being the so-called bilio-nervo-sanguineous. Beginning his career at an early age in a subordinate position, he has, by the force of a superior intellect and of a physique that no labor could subdue, risen to the highest office, and now controls vast interests. Ambitious, enterprising, resolute, he has carried these faculties into all his work, and has shrunk from no tasks, however severe—from no responsibility, however onerous. As he has risen in position, social engagements have also added to his burdens. His mode of life has changed to some extent. His habits have become more sedentary, although diversified by frequent railroad journeys; the pleasures of the table, including wine-drinking and late suppers, have been more and more indulged

* Read before the Philadelphia County Medical Society, December 19, 1883.

in; excessive smoking has been added to these indulgences; and thus, whilst his physical powers have been slowly impaired by bad hygiene, the demands on his mental powers have increased. Extensive interests, uncertain, often precarious, business arrangements, and the incessant watchfulness required when vast combinations may be wrecked through failure at any point, demand the highest use of every faculty; and thus to work is added worry.

Three years ago Mr. —— observed that he was not feeling well, and that he could not work as before. He became dull especially after meals, had a constant headache, dizziness and throbbing of the temples; he applied his mind with difficulty, and all of the head symptoms were increased by the efforts made; he had a good, rather a keen, appetite; a heavily coated tongue, flatulence, constipation and some colic pains. The bladder was rather irritable, especially at night; sexual inclination had declined with lessened power, and various ill-defined but annoying sensations were felt about the penis, scrotum and perineum. During the first year the symptoms increased; the attacks of vertigo were sometimes very severe, so that he had to support himself for a moment to save him from falling. On several occasions he became very much dazed, even lost consciousness momentarily, and once wandered some distance from the proper route he was taking. Anomalous sensations of creeping and crawling, coldness and tingling, and often a burning heat, were felt in the scalp; sudden detonation in the centre of the head apparently; buzzing and singing in the ears, and very constant headache, were also experienced. In the extremities, the tongue, and the genitals, there were felt peculiar tingling, numbness, coldness, creeping, and similar sensations. During the whole time of the existence of his symptoms, Mr. —— suffered from depression of spirits, a deep melancholy in fact, and he lived in constant apprehension of failure of mind.

Physicians whom he consulted in the West, located the malady in the brain, diagnosticated cerebral hyperæmia, the prelude to softening.

When Mr. —— came to see me, sixteen months ago, the symptoms just detailed continued, and were rather increased than diminished. The objective examination furnished the following details:

His face is full, the eyelids puffy, and the lower lid swollen into a bag; the conjunctivæ are injected, the sclerotic muddy, and the pupil slugglish in movement. On ophthalmoscopic examination, the fundus is seen to be injected, small vessels prominent, veins swollen. There is no optical defect, except that due to his age. The membrana tympani is also rather deeply red, and vessels too small to be seen under ordinary circumstances are now in view. Hearing is unaffected. Motility, sensibility —the tactile, pain and temperature senses —are unaffected; and the reflexes remain normal, although probably a little sluggish. The electrical reactions are normal.

His tongue is heavily coated, the breath foul. His appetite is good, but a sense of fulness at the epigastrium persists for several hours after meals; acidity and eructations of rather foul gas now and then occur. The stools have the normal appearance—consistence, color and odor. The urine is copious, acid, specific gravity rather high (1025 to 1030), and there are traces of sugar, as is usual under such circumstances.

The action of the heart is good, the pulse regular, the tension of the vessel rather high. The respiratory movements and murmurs are normal. The area of hepatic dulness is rather enlarged, and the splenic dulness seems, also, to be increased.

Subjectively the following symptoms are experienced: Various strange sensations in the scalp, a persistent headache; blurred vision at times; vertiginous feelings occurring irregularly and of varying severity; despondency, vague apprehensions; fear of places, especially of crowded assemblages; difficulty of deciding questions very trivial or otherwise, in place of former promptness; impaired memory, for persons, names and things.

Notwithstanding this extended list of symptoms, Mr. —— did not have an ill look, but, on the contrary, on superficial examination, appeared to be robust. To him and to his immediate family the situation seemed in a high degree alarming. The surrender of his position and his business interests was regarded as imminent. To the apprehension awakened by his head symptoms was added the diagnosis of cerebral congestion, and hence the profound melancholy in which he was plunged.

Commentary.—My conclusion was that the disturbance in the functions of the

brain and nervous system were secondary to derangement of the assimilative processes—of the primary and secondary assimilation—and that to the functional disorder thus caused are added the effects of introspection, and the realization by the centres of conscious impressions to an unusual extent, of ordinary peripheral excitations. My reasons for coming to this conclusion will appear hereafter. The remedies consisted in a careful regulation of the diet, in baths, exercise, in a reduction of the hours devoted to work, but not the cessation of work; in the use of a laxative quantity of sodium phosphate daily, and in the administration of the aqueous extract of ergot, with the chloride of gold and sodium, and a minute quantity of bichloride of mercury. If time and space would allow, the details of the hygienic management—so important in these cases—could very profitably, I think, occupy our attention. But I must pass on to the next case.

Case 2.—The Anæmic Type.

Mr. ———, æt. 57; lawyer by profession. His type of somatic constitution is the nervo-sanguine; weight, 145; height, 5 feet 9 inches. He has immense mental energy, extraordinary quickness of perception, a capital logical and critical faculty, and fine oratorical power. These native abilities, conjoined with extensive cultivation, soon placed him amongst the foremost men at the bar of the city where he practiced, and have long maintained him in that position. For many years he has been a dyspeptic, and suffered much from eructations of gas, from acidity and flatulence. At times—months, even years intervening—he has experienced very severe seizures, accompanied by extreme mental depression, alternating with as extreme mental exaltation. During the past five years he has had two attacks of gout, neither severe nor protracted. During the whole course of his professional life he has sustained no reverses, encountered no other anxieties than those of a successful lawyer, and has been rather singularly free, indeed, from the worries of life. Receiving last summer the nomination as a candidate to an important office, this cultivated gentleman, scholar and lawyer, this man of nice tastes and high tone, entered on a canvass marked by vituperation and slander to an unusual extent. About the same time some business interests became entangled and caused no little worry. During the campaign he visited some malarious districts and spoke several times at night in the open air. A speaker of great readiness and power, he never suffered from any considerable fatigue after public speaking, and hence he was now surprised to find himself exceedingly tired after even a brief effort. He began to have drenching night sweats, lost his appetite, grew weak and was compelled to return home. It was then ascertained that he had malarial fever, and was treated accordingly. But at this time, and subsequently, symptoms not necessarily of malarial origin appeared. He became frightfully dyspeptic, had enormous eructations of gas, and very considerable flatulence; his arms and legs had a numb feeling, attended with "pins and needles;" he walked with some difficulty, partly because of weakness; he was somnolent and slept a good deal, and his spirits were extremely depressed, especially on awaking in the morning. During these periods of depression he was so overwhelmed with despondency that he was apprehensive he would lose his self-control entirely.

When he placed himself under my charge, he had still a slight daily paroxysm of fever, the exacerbation occurring in the morning, but this disappeared in a few days under the action of some efficient doses of quinine. He was very weak, pallid, and emaciated, and slept a good deal of the time. He had no headache; his vision was rather dull, and ideas and speech slow. Every morning on awaking he was profoundly melancholic, and all the annoyances which the campaign had developed were gone over in his mind. He could talk of nothing else—think of nothing else than his ill feelings and the disagreeable political and personal slanders of which he had been made the victim. He complained much of the numbness of his hands, of weakness in the limbs; and he talked incessantly of his depressed feelings. The bladder became irritable, and he was compelled to rise every two or three hours during the night, the urine being acid, and depositing heavily of uric acid. Presently the somnolence was displaced by insommia, and he slept less and less, and rose in the morning haggard, exhausted and horribly nervous and depressed. Ordinary hyp-

notics proved unequal to the effect of forcing sleep, and increasing doses of chloral became necessary. His mental activity, heretofore so remarkable, declined, and the effort to force his mind to the performance of any work, such as letter-writing, caused a sensation of fatigue. He also became undecided, even in small matters, ceased to have any inclination to go out and mingle with the public, and grew more and more averse to political movements. He reached a point finally when to meet strangers caused him great distress, excited the circulation, and induced a cold sweat.

As it became indispensable that he should resume the canvas, he made a strong effort, and notwithstanding the fatigue, mental and moral depression and exposure of public speaking, handshaking, and others of political expediency, he actually improved somewhat. The insommia, irritable bladder, and hypochondriasis, however, continued, but to a less degree. In a few weeks, by means chiefly hygienical, I succeeded in stopping the chloral, natural sleep was resumed, although it remained somewhat fitful. Suitable dietetic regulations, baths, exercise and medicines, *pro re nata*, removed, or at least greatly modified, the principal symptoms. Two weeks at Atlantic City accomplished no little good, and when he returned to Philadelphia last week he appeared to be nearly his old self.

Commentary: In this case we have exhibited that complexus of symptoms entitled neurasthenia or nervous prostration in its anæmic form, produced by several factors—moral and somatic. The moral were very influential, but unless the conditions producing bodily depression had occurred, the former causes could hardly have effected such results. Long-standing dyspepsia had prepared the way; malarial intoxication and fatigue contributed an important series of changes, and upon this weakened bodily state were precipitated crushing moral influences.

These cases, whose histories I have just read, are typical—each is the representative of a group. The causes are complex; the effects are not limited to one organ, or set of organs, but involve the system in general. To name this malady from the disturbance in one system seems to me an error, unless the definition is sufficiently elastic to include all the functions affected. Neurasthenia names one, only, of the parts involved. To entitle this the "American Disease," is a strange misnomer. It might with more propriety be called the "French Disease," for a condition known as "the nervous state," as "nervism," as "neurasthenia," and similar terms, has been recognized and frequently described by French writers from an early period in this century. In France have existed the causes in the most influential form. The frequent political convulsions, the exacting social life of the great cities, and the harrassing struggle for existence inseparable from the state of the great mass of the population, induce—if any mere external conditions can—that which is called nervous exhaustion. There are two factors supposed to be especially influential in this country—work, and our exciting political and social life. I believe that the effect of these is greatly overrated.

The brain, of all the organs of the body, illustrates, in the most perfect manner, that which has been happily styled "the principle of least action." That is, to execute given tasks, it expends the least possible force, or, to express the same idea in another form, its work is done with ease, with the minimum of effort. Given a certain amount of repose—sleep—and supplied with proper nutriment—healthy blood—the brain will do its allotted work continuously during its working—the waking—hours. So far from being injured by severe labor carried on under normal conditions, the brain is improved by it. Mental activity, like muscular exercise, keeps the brain in a healthy state. When, therefore, a man says he is suffering from the effects of mental overwork, I want to know what his vices are. Worry may be one of these. Worry is exhausting. The worries of life do infinitely more harm than the work of life, how onerous, soever, it may be. The cases I have just read illustrate this.

I deny that life is more exciting on this side of the Atlantic. The one prize of life is money, and to get possession of it is the supreme purpose, to the attainment of which every energy is put forth. Is it less so elsewhere? Who are the people that despise money and make no effort to obtain it? Here life is less exciting, because our political condition is stable, and but comparatively little exertion is required to

secure a comfortable subsistence. I am speaking now of the mass of the population, and not of the few consumed by ambition for political and social distinction or led by a pitiless greed. It is the very ease and luxury of our American life that cause mischief. It is the indulgence in eating and drinking, the abuse of alcohol and tobacco, sexual excesses, sedentary habits, and too luxurious lives generally, that induce the state of the system causing nervous exhaustion. If I had time, each of these should be considered in relation to this subject. In the first place I narrated, the pleasures of the table and disordered assimilative functions caused the trouble. In the second case, dyspepsia, malarial toxæmia and unusual fatigue were the pathogenic factors. In both, the effects of these causes were increased by moral influences —in one, the anxieties involved by vast business enterprises; in the other, the excitement of a hot political contest. These moral causes would have had no injurious effect, had not the somatic conditions been unfavorable.

I come now to the most difficult part of my subject. I have to answer this important question: Why are the somatic derangements caused by the conditions referred to, in some cases accompanied by the mental and nervous symptons which belong to neurasthenia? Why do some subjects with indigestion and assimilative disorders, or with the results of dyspepsia and malaria, suffer from the derangements of the mental and nervous functions, and not others? I might here take refuge behind an accepted generalization, and say that the presence or absence of the neurotic type of constitution explained the difference in the result. There is aptness in this explanation, but it is not entirely adequate. There is a mental condition of great importance, and unless we comprehend this, we fail to realize all the possibilities of the nervous side of these cases. I, however, barely hint at the main points, under these circumstances. Besides, I wish to avoid a too metaphysical discussion of the subject.

In the conduct of life every man who has a position to make or to maintain, exerts a certain moral force to hold himself up to his work. Some men are so happily constituted that they are quite unconscious of the effort and stand in the front, serenely confident. Others are all the time laboring, they feel it and know it, and like the soldiers of Thomas's corps at the battle of Chickamauga, sorely pressed, now and then looked back to see whether their grim and resolute commander was still behind them with his invincible courage. Men conscious of the effort making to keep up, need but little excuse to surrender themselves to their sensations. At the present time nervous prostration is much feared; its symptomatology is a common subject of discussion, and hence, familiar with its character, a man who is arrested in his career by some of the ailments supposed to belong to it, his imagination readily supplies the rest. When a man begins the study of his bodily sensations, having a certain model in his mind, he has little difficulty in filling out the details. All the world knows that when the attention is strongly fixed on an organ of the body, functional disturbances of it ensue, and finally structural changes may be induced. No part of the body is without sensation, even in health. To perceive these sensations, the attention needs to be withdrawn from external things, and concentrated on the part. Thus it is when the subject of neurasthenia pursues his introspection, he becomes conscious of numerous sensations, which, because now felt for the first time, are new. Under these circumstances, also, the seat of conscious impressions becomes most acutely perceptive. Suggestion adds its quota of symptoms.

To the indefinite and multiplying nervous symptoms developing thus subjectively, must be added the reflex. Headache, vertigo, *tinnitus auriun*, amaurosis, diplopia, hallucinations and illusions, defects of speech, paralysis, are reflex symptoms on the part of the brain; palpitation, intermittent pulse, angina pectoris, laryngismus stridulus, asthma, are amongst the reflexes of the respiratory organs and heart; neuralgia, anæsthesia and other disorders of the sensory nerves, and local paralyses, affections of the motor nerves, included amongst the nerve reflexes, may all be dependent upon reflex excitations proceding from the stomach. Indeed, there is no symptom in Beard's catalogue of those belonging to neurasthenia that may not be due to merely reflex influences, having their initial seat in the digestive apparatus. It follows that the term neurasthenia, or its common equivalent, nervous prostration, is

either inadequate, or it expresses too much. Inadequate if the complex of symptoms includes the functional disturbances of all the organs affected, expresses too much if the malady is merely a nervous one.

In reply to the question "What is meant by nervous prostration?" I respond "a disease usually functional, situated in one or more organs, during the course of which reflex disturbances of the brain occur, and numerous subjective sensations in all parts of the body are realized by the consciousness."

I deny that neurasthenia is a primary nervous affection, or that it is a substantive disease. I hold that it is symptomatic and secondary.

This conception fixed in the mind, the treatment of neurasthenia is successful or unsuccessful according to the measure of our skill in localizing the initial disturbance, and in addressing our remedies to that as well as to the general state.

NOTE ON SOME RECENTLY SUGGESTED DELICATE TESTS FOR ALBUMEN.*

BY JAMES TYSON, M. D.

Most of the members of the Society are probably aware that recently several delicate tests for albumen have been suggested by different observers. Among them are: 1. A saturated solution of picric acid, by Dr. George Johnson; 2. Saturated solution of ferrocyanide of potassium, after free acidulation by citric acid, suggested by Dr. Pavy; 3. Standard solution of potassio-mercuric iodide, suggested by Tauret,† after acidifying the urine by citric acid; 4. Equal parts of a saturated solution of sodium tungstate (1 in 4), saturated solution of citric acid (10 in 6), and of water; 5. Acidified solution of potassio-mercuric iodo-cyanide. The last two were suggested by Dr. George Oliver in the *Lancet*, February 3, 1883. To complete our list of available tests, we may add: 6. The ordinary heat and acid test; 7. The nitric acid test, by Heller's overlaying method; and 8. The acidulated brine, suggested by Dr. Roberts, of Manchester, England, and consisting of an ounce of hydrochloric acid added to a pint of water, saturated with common salt, and filtered.

The whole subject of these delicate tests has been gone over by Dr. George Oliver, of London, who has published the result of his labors at various times in the London *Lancet*, early in 1883, and more recently in a little volume of fifty-four pages, published by Lewis, of London.

As all of the tests which are not distinctly acid require the previous acidulation of the urine, Dr. Oliver has modified the picric acid solution by adding two drachms of citric acid to one ounce of the solution.

Leaving out the potassio-mercuric iodo-cyanide as a solution troublesome of preparation, Dr. Oliver's results as to all the other tests just named are as follows:

Adopting Heller's method of overlaying the test solution by the urine (all of them as above prepared are specifically heavier than ordinary urines, while the pure picric acid solution is lighter), ONE PART OF ALBUMEN may be detected in

PARTS OF URINE.		TESTS.
20,000	by the	Iodo-mercuric, Picric, Tungstate.
10,000 to 12,000	by the	Ferro-cyanide, Acidul'd brine.
6,000 to 7,000	by the	Heat, Nitric acid.

I have carefully repeated Dr. Oliver's testings, and have arrived at results which, while not identical, may be said to be practically the same—except, perhaps, in the case of heat and acid combined, which, used in the manner directed in my book "On the Examination of Urine," I find decidedly more delicate than the pure nitric acid, and more delicate than the acidulated brine solution. So, also, I do not find the sodium tungstate solution quite as delicate as the picric acid and the potassio-mercuric iodide; but they may be placed in the same category. As the result of this experience, it appears to me that the use of nitric acid may be altogether substituted by the acidulated brine, as a solution at once more delicate and, on account of its non-corrosive properties, altogether more satisfactory to manipulate.

In the *Medical News* for October 27,

*Read before the Philadelphia County Medical Society, December 19, 1883.

†Mercuric Chloride, 2.7 grains; Potassium Iodide, 6.4 grains; Distilled Water, 100 c. c.

1883, Drs. Charles A. Cooke and Ralph B. Watkins, resident physicians in the Bay View Hospital, Baltimore, published a paper on the "Value of Picric Acid as a Test for Albumen," in which they prove that the urine of persons taking six grains of sulphate of quinia or sulphate of cinchonidia daily will invariably give a precipitate with picric acid, nine or ten hours after the administration. Also, that solutions of sulphate of quinia and of cinchonidia containing $\frac{1}{120}$ grain gave a decided precipitate, and one containing $\frac{1}{180}$ of a grain an appreciable precipitate.

With a view to testing these results, I tested my own urine on a given day with picric acid, and found no response. On the following day I took twenty-two grains of sulphate of quinia in three doses, taking the last dose at 6.30 P. M. The urine passed at 8.30 P. M. gave a beautifully distinct white line, when overlaid by a pure picric acid solution. So also did the urine passed at 9 A. M. the next day; but that passed at 3 P. M. did not respond. I also found that a solution of sulphate of quinia containing $\frac{1}{160}$ of a grain to the fluid-ounce responded similarly.

I then repeated the experiments with the remaining tests, and found that the potassio-mercuric iodide gave identical results with the picric acid solution, *but that the sodium tungstate and ferrocyanide of potassium solutions did not.* So that we shall have in these two test solutions, and particularly in the sodium tungstate, a test solution more delicate than heat, acid or brine, which is not open to the objection of precipitating quinine in solution.

Picric acid has also been shown by Dr. George Johnson to precipitate artificially prepared peptones. And the same is true of potassio-mercuric iodide and sodium tungstate; and as peptones have been shown to be present in a considerable number of urines, they must be admitted as possible sources of error, the exact importance of which is as yet to be determined. The ferrocyanide solution does not precipitate peptones, but, in common with the others, occasionally precipitates amorphous urates. But these, behaving precisely like the amorphous urates thrown down in the Heller test by nitric acid—that is, they form a smoky cloud rather than a distinct layer, and are easily dissipated by a moderate heat—need not be a source of error. An excess of albuminous urine dissolves the precipitate formed by picric, but this need not be a source of error. It is said, too, that potassium salts are precipitated. But, so far as we know, no other agencies likely to be found in urine can lead to error, so that, if we remember to eliminate quinine as a source of error, the picric acid solution, acidulated with citric acid, is still an available test of great delicacy, which is further recommended by its cheapness and easy preparation; although, so far as our present knowledge goes, the sodium tungstate solution is the best, and least liable to cause error.

DISCUSSION ON ALBUMEN TESTS.

Dr. Dulles: The error caused by the precipitation of quinine by picric acid, may be corrected by adding nitric acid, which dissolves the quinine precipitate, but not that of albumen. Early in this year, my attention having been attracted to the articles of Dr. Oliver, of Harrowgate, England, in regard to his "test-papers," I wrote to him, asking for some information about them. In reply, Dr. Oliver has been kind enough to send me a set of these papers, with the request that I would report the result of my experience with them. As soon as they came to hand, I instituted some tests to see whether they could be safely trusted to take the place of the old-fashioned boiling and nitric-acid tests for albumen. The result of my investigations was to lead me to conclude that they could not. This opinion rests upon the fact that I found the test-papers to react, and indicate the presence of albumen after I had removed all that was possible, by careful and thorough acidulating, boiling and filtering. I found that albuminous urine thus treated, and no longer giving a reaction to nitric acid or renewed boiling, did react in the presence of certain of Dr. Oliver's papers, though not of all. Some months later I communicated this objection to Dr. Oliver, who replied with a statement that the process relied on to get rid of albumen was not to be depended upon, and gave his own observations, as follows: "(*a*). Urines which afforded no precipitation with the test-papers were charged with ov-or serum-albumen, and were then boiled carefully, acidulated by acetic acid, and filtered through two thicknesses of Swedish filter-paper. The perfectly clear filtrate afforded a cloud (as when a small quantity of albumen is present) by the test-papers. Re-boiling, however, produced no further opacity, and strong nitric acid afforded negative evidence. (*b*). Pure serum-albumen was dissolved in distilled water. After boiling, etc., as above, the clear filtrate, in which nitric

acid gave no proof of the presence of albumen, produced a cloud by the test-papers, though the latter, of course, afforded no such deposit in distilled water only. (*c*). Albuminous urine treated in the same way gave precisely the same results." Dr. Oliver concluded that "a very small quantity of albumen can remain in solution, even though the albuminous liquid is subjected to thorough boiling; and though this trace of albumen cannot be discovered by strong nitric acid or by re-boiling, it can be brought to light by the other tests." It would certainly appear from Dr. Oliver's experiments that, in this conclusion, he is right; but there is still an objection to these test-papers, founded upon what is claimed to be their chief merit, namely, their delicacy. I am afraid that a test which may disclose the presence of very minute quantities of albumen in the urine may increase the number of alarmists and of the alarmed about "Bright's disease." If this objection can be obviated by the diffusion of common-sense views in regard to the true significance of occasional small proportions of albumen in the urine, I think much might be gained by employing this ingenious and handy way of testing, proposed by Dr. Oliver. (The package of test-papers was passed round for inspection among the members of the Society.)

Dr. John Aulde: Having given this subject some study and investigation recently, I may be able to add something to what has already been said by the gentlemen who have preceded me. That a saturated solution of picric acid is a delicate test for albumen in the urine, none will question; but there is an objection to it, and the same may be said in regard to nitric acid, namely, that it stains the hands and clothing of the operator. The points in its favor are, that a solution can easily be prepared, and it is safe to handle; but there are chances of error, and unless these are first eliminated, the physician may be misled by this method of examination alone.

If a quantity of albuminous urine is placed in a test-tube, and a single drop of the solution allowed to fall upon it, a distinct coagulum will be formed; but when there is an excess of albumen, agitation of the mixture will cause it to be readily dissolved. If there are peptones in the urine, the addition of picric acid will be followed by a precipitate; and, contrary to the opinion of Dr. Tyson, Gerhardt has frequently observed peptones in urine free of albumen, either as a forerunner or consequence of ordinary albuminuria, while Senator states that peptones exist in every albuminous urine in slight quantities. Another source of error arises from the use of quinine, a substance excreted largely by the kidney, and it has already been stated that a weak solution of the alkaloid, when brought in contact with picric acid, will show the characteristic reaction, but there are other alkaloids which will act in a similar manner, although I am not able at present to name them. The presence of urates will likewise throw down a coagulum with this solution, but not until after some minutes; but it should be stated that there is a material difference between this and the coagulum formed by albumen. In the case of urates it is crystaline, while that of albumen is granular.

We may conclude, therefore, that the picric acid test is an extremely delicate one, but that it is not decisive, and may be used with advantage only as a method of corroborating other tests, and then only after the chances of error have been eliminated.

It will not be out of place here to call attention to the possibility of laying too much stress on the single fact that there is albumen in the urine, as it has been shown that it does not exist in normal urine. The recent work of Dr. Millard, entitled "Bright's Disease," is authority for the statement that in a series of examinations, conducted by French surgeons, the urine of soldiers supposed to be in good health and free from hereditary taint, discovered the presence of albumen in no less than eighteen cases out of one hundred.

Dr. Leffmann: Undoubtedly, the more delicate a test is, the greater its scientific value. While it is true that undue fear may be excited by detecting very small amounts of albumen in urine, yet, on the one hand, if albumen is ever an ingredient of normal urine, it is only by these delicate tests that this fact can be established; and, on the other hand, if it is always pathological, the recognition of its earliest appearance will be of much clinical value. In my own experience I have found the glacial phosphoric acid the most delicate and easily applied test.

Dr. Tyson: The questions which suggested themselves to Dr. Dulles, have, of course, suggested themselves to me. In speaking of picric acid, I took it simply as a type of a group, and I found that all the urines that gave the reaction with it were from cases showing symptoms of kidney or genitourinary irritation, such as gravel, mild forms of cystitis and the like. I agree with Dr. Dulles as to the unnecessary public alarm in reference to Bright's disease; but I still think that in these delicate tests we have an important addition to our means of early diagnosis. I recall the case of a gentleman subject to gout, who consulted me last spring, because a trace of albumen and a few casts had been found in his urine, which was also of low specific gravity, during an attack of gout. My examina-

tion was made after the attack had subsided, and I found neither albumen nor casts. Six months later I re-examined the urine and found a trace of albumen by the ordinary heat and acid test, and also a few hyaline casts. The patient was put upon lithiated potash, and in two weeks I examined another specimen. This time I again found no albumen by the heat and acid test, but a distinct white line was revealed in overlaying the urine with a pure picric acid solution and underlaying it with the sodium tungstate. I think it may be fairly concluded from such results as these, that if the more delicate tests had been used in the first instance, I would then have detected the albumen. Again, I do not believe in the existence of a *normal* albumninuria. It is pretty certain that we often find small albuminurias which are of no significance. Such an albuminuria may be harmless and of no significance, but it is still not a normal albuminuria I am aware that peptones occur in urine, and that these are precipitated by picric acid, and I referred to this fact in my note; but this fact need not necessarily interfere with the utility of these delicate tests after they have been thoroughly studied. The whole matter is now *sub judice*.

I have used Dr Oliver's papers and find them delicate. I have myself never placed a very high estimate upon bedside testing, preferring to use the solutions at home. They certainly are a great improvement over all previous measures suggested for bedside testing.

CONSERVATISM IN THROAT PRACTICE.

BY H. CLINTON MCSHERRY, M. D.,
Prof. of Throat and Chest Diseases in the Baltimore Polyclinic and Post-Graduate School.

There is no longer any novelty in reports of successful removals of laryngeal neoplasms, but recent published accounts of growths disappearing from the use of local applications without operative procedure are so rare that I feel justified in calling attention to this method of treatment, which, though not new, is the most judicious in some, perhaps in many cases. The two questions in regard to the treatment of growths in the larynx which require thoughtful answers are:

1st. What are the objections to the evulsion of growths, which, although small, are of sufficient size to allow them to be grasped by the forceps?

2d. Do topical applications ever give results which justify their being employed in the treatment of growths, which might easily be removed at the first sitting, and if so in what cases?

In reference to the first question, if we exclude the danger of serious damage being done by any want of expertness in manipulation, the issues that must be carefully considered before evulsion is undertaken, are, whether there is good reason for the belief that recurrence is frequent, and that the growth of the secondary formation is apt to be more rapid and attain a larger size than the primary, and also if it is possible, that after the removal of a benign growth it may on its reappearance assume a malignant nature?

Speaking of papillomata, which constitute about seven-tenths of all growths occurring in the larynx, and are the most apt of all benign formations to reappear, Morell Mackenzie says, "in sixty-seven cases the number of recurrences was four," but he adds "after the operation, some were lost sight of at a comparatively early period. The proportion of recurrences is therefore in all probability rather greater than my statistics indicate."

Lennox Browne, who in 1878, stated that he had seen over twenty thousand throat cases, put the number of recurrences at twenty per cent., and he also says, "it is worthy to be remarked that where there is a tendency to fresh growth in another part of the larynx, or to occurrence in the original situation of the first formation, and repetition of the operative procedures is made, the interval between each successive recurrence almost invariably becomes shorter."

Cohen says, "patients from a distance should be taught the art of auto-laryngoscopy, so that they can examine their own laryngeal structures from time to time and detect any recurrence of the growth in its early stages."

Stoerk says, "after the operative removal of the papilloma it frequently reappears."

Turck, referring to papillomata says, "if the roots are not successfully destroyed after extirpation there is frequent recurrence.

Prosser James says, "recurrence is common in papillomata."

There is no necessity to dwell longer on this point as laryngoscopists generally agree that after removal of papillomata there is frequently reappearance, but I will give the history of an illustrative case from Stoerk's practice of which I have never seen a translation. The growth, a large one, was entirely removed, and the voice restored in May, 1866, but in October of the same year the patient returned with a recurrence of the growth which was removed, and the roots cauterized with caustic potash and the patient sent away apparently well. In May, 1868, he reappeared with the growth, but little smaller than at first, and it was entirely removed again, after

which hardly a year passed that Stoerk did not remove papillomatous growths until 1879, thirteen years from the time of the first operation, when he removed two groups of papillary masses and published an account of the case.

The second point in regard to the first question is, do benign formations ever reappear after removal as malignant growths?

Without attempting to enter into the pathology of cancer, I will state that the weight of recent pathological investigation favors its local origin, and that the cancerous cachexy is secondary, and that Virchow, Sir W. Jenner and others, affirm, that irritation of healthy structures may produce hetero-plastic growths, and when cancer does appear as a result of irritation, whether it is due to a constitutional vice or not, certainly its local development is facilitated by such irritation.

Cohen says in this connection, "it occasionally happens that papillomas became transformed into epithelial carcinoma sometimes from mere local irritation from cough and pressure, and sometimes from irritation set up by repeated and unsuccessful attempts at removal." He adds, adenomas are likewise liable to become malignant. These assertions of benign growths being transformed into malignant ones after operation would not be conclusive unless substantiated by some cases, and without very particular research I have found six occurring, one each, in the practice of Gibb, Mackenzie, Rumbold, Bruns, Stoerk and Clinton Wagner.

In answer then to the first question we may admit that there are some drawbacks to the removal of growths, that there is liability to recurrence, that the secondary formation is usually of more rapid growth than the primary, and also that there is the possibility of a benign neoplosm reappearing after removal as a malignant growth. We will now take up the second question. Do topical applications ever give results which justify their being employed in the treatment of growths in the larynx which might be removed at the first sitting with the forceps, and if so in what cases?

In the early days of laryngoscopy, before it was known how tolerant the larynx usually is of manipulations and injuries inflicted on it, instrumental interference was very cautiously undertaken and then many cases were treated in this conservative manner, and in a number of instances with marked success. Indeed of all the growths in the larynx, 286 in number, reported up to 1870, twenty-one were treated by astringents and caustics alone, and of this number there were eleven cases of cure, nine of improvement, *i. e.*, the relief of dyspnœa, improved voice and diminished size of the growth, and one case which gave a negative result. Among these twenty-one cases are not included those of multiple growth, where after the removal of the largest, the others were treated by clinical means, of which quite a large number are reported, nor, it is hardly necessary to mention, does it include those treated by galvano-cautery.

These growths varied considerably in size and were classified as papillomata, myxomata, fibromata, and benign epithelial formations, and some others the pathological nature of which was not given, and to the latter class belongs the one case where a negative result was obtained.

Eighteen of these twenty-one cases occurred before 1864, that is within five years of the time when Czermak first saw a growth in the larynx, but as physicians became more skillful in laryngoscopy and manipulations about the larynx, the temptation to prove their dexterity by the removal of a growth when seen was so great that we can hardly be surprised that any other treatment than evulsion was nearly abandoned, and now, though astringent applications are spoken of as a means of treating small excrescences, this method is rarely employed by physicians, except when foiled in the attempt to get hold of a growth, either on account of its small size or point of attachment. It is truly a brilliant piece of professional work for a laryngoscopist to look into a man's throat who has been suffering for months or years with unaccountable hoarseness and cough, tell him he has a growth in his larynx, introduce a pair of forceps—take them out—tell him the source of his trouble is gone, and hand him the *corpus delicti* which the patient takes home to show to his friends, or which the doctor puts into a bottle of alcohol intending at some future time to exhibit to a medical society, by which he fulfils some of the conditions necessary for medical success. In a recent number of the *Medical News* there is an editorial criticising an operation (cardiacentesis) which, though apparently not more likely to benefit the patient, than a very simple, though now, unfortunately, rarely employed method (phlebotomy), is certainly attended with two conditions which are generally pleasing to what is called a bold surgeon, namely, 1st, it has the spice of some risk to the patient, and 2nd, it will probably give some notoriety to the operator if the patient does not die. In this editorial the following sentences occur: "To reach eminence quickly the young surgeon must startle. He must explode, so to speak, under the ancient surgical edifice, a cask of dynamite to awaken the inmates of this conservative institution to a realization of the tremendous revolution go-

ing on about them." And again: "The small difficulties in the way of the brilliant operation are of little moment compared with the magnificent *coup de theatre* of the procedure itself." These sentences apply tolerably well to my point, but still more apposite is the following from Lennox Browne: "Since Czermak, in 1859, first discovered with the laryngoscope a growth on the right vocal cord, and Lewin, eighteen months later, removed one, the goal of every student in throat diseases has been to find an excrescence in the larynx, and having found it to remove it *vi et armis* without for a moment considering how slight might be the symptoms he was attempting to relieve, or what serious results might ensue to his patient by the operative interference he adopted."

Now, although from what has been said, it may be seen that I think that the removal of some growths is undertaken not only unnecessarily but injuriously, there can be no doubt that in many cases the only proper treatment is evulsion and it remains to be decided, which those cases are, and in what instances it is proper to make use of local applications.

Not to make this paper too long I will state in a general way that I think that every growth which produces marked dyspnœa should be removed, but if only slight hoarseness and cough is occasioned it should not be removed at once, unless it produces very decided paroxysms of coughing, or is a polyp with a small point of attachment. Further, I think that every sessile growth with a broad point of attachment should be treated with astringents and caustic applications a long time before its removal by operation is undertaken, unless some of the urgent symptoms mentioned above are present, but if after the prolonged use of local applications the growth does not diminish in size and the disagreeable symptoms continue, operative removal may be undertaken.

I will give as briefly as possible two cases, showing the good results from conservative treatment, one taken from Dr. Morell Mackenzie's report and the other from my own practice. The first, a man æt. 43, had been suffering for fourteen months when he applied for treatment. The laryngoscope showed a small, smooth, pale growth (benign epithelial) on the right vocal cord. There was no change in the tumor for two months while under observation but not under treatment, but after strong solutions of the nit. silver, iron, alum and persulph. of iron, had been applied twice a week for six months the growth entirely disappeared and the voice became perfectly clear.

The second case is that of a gentleman, æt. 60, who applied to me about the first of October, 1881, for treatment of a small growth on the right vocal cord which I had had under observation and irregularly under treatment for a year before without any marked change in it in any way. As it was a small, white, uneven looking, sessile growth I diagnosticated it a papilloma, though Cohen truly says: "It is absolutely impossible to pronounce positively as to the nature of a laryngeal neoplasm before some portion of it has been removed. * * * * Certain physical appearances, however, together with the locality occupied by the growth often furnish sufficient evidence for an approximately accurate diagnosis."

I did not think that much good would be done by interference with this growth but as he had been annoyed by hoarseness for nearly eighteen months, he had become impatient and requested me to remove it, and on my asking him to allow me to make a fair trial of astringents before resorting to evulsion, he said that he would, if I consented, consult some other throat specialist about it before he decided what to do. Of course I made no objection, and he was examined by a well-known laryngoscopist, who wrote me the following opinion: "I am inclined to think the growth fibrous rather than papillomatous in its nature. He seems anxious to have something done, and I advised him that I thought you could safely remove it at this time." About the same time he was examined by another gentleman, who gives special attention to throat diseases. He made a drawing of the larynx, showing the growth, and expressed the opinion that it was a mucous formation and should be removed.

Notwithstanding the opinion of these authorities I prevailed on my patient to allow me to make use of the topical applications. I applied ferri perchlor. gr. xl to ʒi every other day from the 3rd of October, 1881, until the 5th of January, 1882, three months, when the growth had entirely disappeared and his voice become perfectly clear. Eighteen months afterwards I examined his larynx and there was no vestige of the tumor, and now, two years from the time of its disappearance, there has been no recurrence and the gentleman tells me that he has had no trouble of any kind with his throat and that his voice has remained perfectly clear.

The history of this case suggested my paper, as I feel quite sure that many specialists in throat diseases overlook the possible danger from the operative removal of growths, as well as the good results which may be effected by the more conservative treatment.

Mrs. Annie Jessie Chambers has been appointed public vaccinator for the district of Morgan, South Australia.

Society Reports.

CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD DECEMBER 21, 1883.

(*Specially Reported for Maryland Med. Journal.*)

The Society met at the usual hour, DR. J. EDWIN MICHAEL in the Chair. Dr. George S Shannon was elected to membership; Dr. B. H. Smith failed to receive the requisite number of votes and was declared not elected.

SPECIMEN OF SARCOMA OF UTERUS.—*Dr. Scarff* presented such a specimen, weighing 19 pounds, obtained post-mortem from a patient æt. 39, married seven years. The history of the case dated from about three years ago. The patient had been tapped several times for ascites. Two days after the last tapping symptoms of peritonitis set in, of which the patient died. The first diagnosis made was extra-uterine pregnancy.

Dr. I. E. Atkinson said he had made a microscopical examination of the tumor and from this he considered it to be a fibro-sarcoma.

Dr. Chunn asked why the case had not been operated on. The ascites depended upon the tumor and would have disappeared on its removal.

Dr. Scarff replied that Dr. Miltenberger had diagnosed a malignant tumor and both he and Dr. Howard had declined an operation. Before they saw the patient she had come very near being operated on for extra-uterine pregnancy.

Dr. Atkinson said the tumor had developed principally in the front wall of the uterus. The uterine cavity runs through the tumor and is very much elongated. The Fallopian tubes are much dilated. Any operation undertaken would have involved the removal of the uterus and its appendages.

Dr. Chambers pointed out the vascular nature of the tumor and said the general appearances suggested rather a sarcoma than a fibroma.

Dr. Atkinson said there were multitudes of microscopic hemorrhages through it.

RUPTURE OF PELVIC ABSCESS WITH FATAL PERITONITIS.—*Dr. Chunn* reported the following case: A patient who had suffered pain for three months from an abdominal tumor presented herself for treatment. Examination revealed a cystic mass behind the uterus, the size of an orange or cocoanut and pushing the organ forward. This mass was punctured with a hypodermic needle and clear serum obtained. As there seemed to be (microscopically) no pus nor blood corpuscles, it was inferred there was no cellulitis. The uterus was not enlarged. After a while she began to have slight fever for some days, which was treated by calomel and opium. There was no indication of suppuration anywhere. One day she experienced sudden pain followed by collapse; pulse 160. Stimulants were resorted to and ether was injected hypodermatically, but death ensued in a few hours, three weeks after the use of the hypodermatic syringe. Post-mortem revealed the cause of death to be the bursting of a pelvic abscess and consequent peritonitis. Two large cavities were found, one above the other and communicating with each other. Dr. C. said that he had thought if pus were not developed after three months it would not form at all. Hence when he drew the serum he supposed he had to deal with an œdematous collection.

FIBROUS EPIPLOIC APPENDAGE.—*Dr. Winslow* exhibited a fibrous or cartilaginous tumor, which he had found in the dissecting room, growing from the large intestine. It was of interest because had the patient lived it would probably have become more and more separated until the small pedicle would have been broken and the growth would have been set free in the peritoneal cavity.

PARESIS OF SUPERIOR OBLIQUE MUSCLE RAPIDLY CURED BY SPECIFIC TREATMENT.—*Dr. Frank* related a case of paresis of the superior oblique muscle of the right eye accompanied by double vision, in a married man whose wife had had two miscarriages. This suggested specific treatment and accordingly he was put upon iodide of potassium, gr. v, and bichloride mercury, gr. 1-24, ter die. After six doses of these the paresis ceased.

POST-MORTEM SPECIMEN OF FATTY PANCREAS.—*Dr. Chambers* exhibited a specimen of fatty pancreas from a man, æt. 62, who had suffered from symptoms of intestinal dyspepsia, nausea, vomiting, jaundice, fatty and loose (not watery) stools. He also had severe epigastric pain. An epigastric tumor was felt which, owing to its being somewhat lower and more fixed than the pyloric indurations, was referred to the head of the pancreas and the case was supposed to be one of malignant disease of that organ. There was great emaciation before death. Post-mortem revealed a fatty liver and pancreas but no malignant disease. The head of the pancreas was enlarged and indurated and contained a cyst. The pancreatic duct is enlarged and at its lower end occluded. Dr. Chambers remarked that fatty degeneration of the pancreas is uncommon.

POPLITEAL ANEURISM.—*Dr. Coskery* related the following case: A gentleman, æt. 30, a harnessmaker by occupation, and for three years a soldier, twisted his knee in May, 1883. He got better, but on exerting himself the pain returned in the knee. Oct. 12th there was a small swelling in the popliteal space, which Oct. 13 had developed into a pulsating

tumor. Forced flexion was resorted to and all pulsation ceased. The next month (Nov.) the patient came under Dr. Coskery's care; he then presented a tumor in the popliteal region, hard to the feeling, non-pulsating and non-fluctuating. Iodide of potassium was given with morphia, q. s. to relieve the excessive pain. He went on from bad to worse; the swelling increased, spreading in every direction; the pain extended down the posterior part of the leg. The patient asked for an amputation on account of the extreme pain. An aspirating needle was thrust into the swelling in three places, but nothing came except a small quantity of blood. After the needle was withdrawn the tumor was then laid open and one pint of blood clots was removed, after which the thigh was amputated at the lower third. There had evidently been a rupture of a sacculated aneurism, with infiltration and destruction of cellular tissue.

Had the condition been correctly appreciated before the sac was opened, Dr. Coskery thought he would have tried ligation of the femoral in Scarpa's triangle; notwithstanding the unfavorable results of this operation for diffused traumatic aneurism. When the sac was opened, however, he could see but three modes of treatment to adopt: First, to tie the artery in the sac above and below the opening. On account of the numerous points of hemorrhage into the sac when the finger was taken off the femoral, and of the irregular and seriously sloughy state of the tissues forming the sac, that operation was set aside. Second, to ligate the artery above. Condsidering that the man had been going down hill very rapidly of late, Dr. Coskery did not think that he could possibly stand the drain of the large suppurating cavity in the popliteal space, nor proper to subject him to the great and common accident following this operation for the very condition now under discussion; reference was had, of course, to gangrene. Dr. Coskery was then thrown back upon what he thought the last and safest alternative—amputation.

(P. S.—Jan. 12th, 1884. The line of incision, which was circular, united in great part, by first intention, and patient is making an excellent recovery).

Dr. I. E. Atkinson said he had seen the case at Bay View Asylum and it was a typical case of popliteal aneurism. He had seen eight to ten cases of aneurism, chiefly of the aorta, and in almost all there was previous syphilitic history. Hence he had come to regard the affection as due to syphilitic disease of the arteries.

Dr. Coskery said: May the rupture not have been at the time of forced flexion treatment? The patient was only 30 years old and presented absolutely no history of syphilis. However, all the cases which Dr. C. had seen in the last year or two had syphilitic histories. Reference was also made to Prof. Welsh's experience at Netley Hospital.

Large Pedunculated Tumor From Vulva.—*The President* exhibited a pedunculated tumor which he had removed from the left labium majus of a woman, who had been confined three days previously. It had been observed since her childhood, increasing slowly in growth except during her two pregnancies, when the growth was more rapid. Finally it reached a length of five inches, hanging down to about the level of the patient's knee. The patient was accustomed to carry it in a bag suspended from her waist. Dr. M. had been called in on account of its sloughy, decomposing condition. When removed it was found to weigh about two pounds.

Puerperal Convulsions Cured by Hypodermic Injections of Veratrum Viride. —*Dr. Latimer* related the following case: He was called, on Dec. 6th, to the country to see a patient suffering from puerperal eclampsia following labor. She had had a normal delivery at 12 o'clock the night before, it being her second confinement. One hour afterwards she had a violent convulsion, and this was repeated at intervals of forty to sixty minutes so that she had had twenty when he saw her, and the intervals were then about twenty-five minutes. The convulsions were extremely violent, the pulse quick, skin cold and clammy, and the patient was only semi-comatose during the intervals. The urine, on being tested, contained fully 90 per cent. of albumen. A hypodermic injection of 15 gtt. of Norwood's Tinct. of Veratrum Viride was at once given and repeated at intervals of fifteen minutes until the pulse fell to sixty. There were but two paroxysms after the first injection, the first thirty-five minutes after, and the second following that at an interval of 1½ hours. Two days after the albumen was reduced to twenty-five per cent. and now there is merely a trace. Dr. L. had previously treated a case by the same drug given by the stomach with apparent benefit but did not avert a fatal issue which took place in a convulsion. Dr. L. objected to blood-letting because it promotes the condition which gives rise to effusions. Veratrum viride lessens the force and frequency of the pulse, diminishes the amount of blood in the brain and does not promote a tendency to effusion.

Dr. Steuart was perfectly satisfied with the action of chloroform. He had kept one patient under its influence twelve hours, another six hours, both being relieved.

Dr. R. Winslow referred to a case of eclampsia developing before miscarriage. The urine

appeared to be almost pure blood. Her tongue was almost chewed off and hung out of the mouth a great swollen mass. Remedies failing to give relief, he drew a large quantity of blood, which was followed by immediate and permanent relief.

Dr. Meierhoff related the case of a woman, æt. about 22, with general œdema, who had had three convulsions. She was found to be pregnant and about at the eighth month. Chloroform was given at short intervals with only transitory effect. He then gave ⅛ grain of pilocarpine hypodermatically and repeated it several times; no sweating followed but intense salivation which interfered with her breathing. The urine became nearly solid with albumen. The convulsions continued and abortion occurred. The case terminated fatally. This patient had been taking twelve to fifteen gr. doses of chlorate of potash every two or three hours before Dr. M. saw her.

Dr. Rohe had witnessed a similar effect from the pilocarpine, viz.: no perspiration but free salivation.

Dr. Reid had had good results from bleeding, morphia and chloral; he had also experienced failures from each.

Dr. Latimer, in reply to a question, said he had used the hot air bath in the case above reported. The indication is to relieve congestion of the brain; this blood-letting accomplishes but it at the same time renders the blood watery; it is desirable, then, to find some remedy that will relieve the congestion without altering the character of the blood. The dose of the veratrum viride was unusually large, but upon its largeness and the promptness of its administration depends the success. There was entire relief within an hour, and without bad symptoms of any sort.

Dr. Meierhoff said that Bartholow strongly recommends the same remedy in his last edition.

Dr. Chambers said a Georgia journal had reported three cases treated with favorable results by the same drug given hypodermically.

Dr. Atkinson said he had no experience in such large doses of the remedy, but had seen very decided results from small doses—two drops, for example. Norwood, however, claims that he has never had a death from it.

In the cases under discussion we find kidneys inactive and urine loaded with albumen. Not pilocarpine nor hydragogue purgatives are indicated, but a washing out of the tubules as we would a drain; remedies to increase excretion of urine are superior to those acting by other channels.

Dr. Latimer had seen but the two cases referred to, in his life. He thought Dr. Atkinson radically wrong in his therapeutics. We have to deal with an acute congestion and the thing to do is to endeavor to divert blood from the affected organ to other areas. The skin is the largest area we can affect, and hence by using the hot-air bath we promote a return of the kidneys to healthy function. He referred to the case of an old woman suffering with acute renal congestion. There was no urine in her bladder, showing suppression of function. The use of a hot bath caused renal excretion to be resumed immediately.

Dr. Atkinson maintained that diuresis was the most important object to be attained.

Dr. Frank referred to a case in which digitalis failed to cause urine to flow until after the birth of the child, when there was a profuse discharge.

Dr. Meierhoff had used jaborandi with excellent results in suppression of the urine occuring in acute Bright's disease.

Dr. Chambers thought it wrong to irritate kidneys already in the first stage of inflammation, by diuretics. Nor can we rely on these—they do not act quickly enough. He doubted if the kidneys could be stimulated to action in acute congestion while their functions were suppressed.

Dr. Atkinson said he had referred to diuretics which stimulate secretion, not increase the blood.

Dr. Latimer, in concluding the discussion, said that he would not venture to use such large doses of the veratrum except in cases of violent convulsions.

THERAPEUTICS OF IODOFORM.—*Fruehwald* reports twenty-six cases of diphtheria which were treated with iodoform in Prof. Widerhofer's clinic at Vienna. It was employed by insufflation, or by dusting; also by applications of a ten per cent. iodoform-ether solution. In some cases, especially in mild ones, there was an early expulsion of the diphtheritic deposit. In others, particularly in severe cases, neither a local nor a general effect was accomplished. Also in one case of a diphtheritic wound, iodoform proved useful as a topical application. In another case of diphtheritic conjunctivitis the effect was less marked. In ten of these twenty-six cases the patients died. Iodoform also proved to be very useful in the treatment of stomatitis ulcerosa, the affected parts being brushed over, once daily, with cotton which had been dipped in iodoform powder. Gelatine bougies containing fifty per cent. of iodoform, six centimetres long, and from three to five millimetres in diameter, were, in certain cases, remarkably effective in vulvo-vaginitis. Unpleasant results were never observed.—*Archives of Pediatrics*, January, 1884.

Reviews, Books and Pamphlets.

Annual Report of the Surgeon General, United States Army, 1883.

This report of 45 pages is for the fiscal year ending June 30th, 1883. It was prepared by the late Surgeon-General, C. H. Crane, and is submitted without his signature by acting Surgeon-General, D. L. Huntingdon. Though brief, it contains many interesting statistical data. For the medical and hospital department $158.477 were disbursed during the year, $93.669 of this being for artificial limbs, $2.098 for trusses, $7.905 for museum and library. There were 503 trusses furnished, and 727 artificial legs, feet, arms and hands either furnished in kind or commuted. The health reports are of interest. The average strength of the army for the year was 20,914 white, 2,390 colored, and 208 Indian Scouts.. The number of cases of sickness among the whites was 1,802, per 1.000; among the colored, 1,962 per 1,000; a considerable increase in both cases on the figures for previous years. The proportion of deaths to cases treated was about the same. The chief causes of sickness were in the order of their frequency: 1, diseases of respiratory organs, 2, wounds, accidents and injuries; 3, malarial fevers; 4, diarrhœa and dysentery; 5, rheumatism; whilst venereal diseases come 11th, a much lower rate than in the English, and a higher rate than in the German army. The favorable showing of the colored troops in regard to alcoholism and its results is striking, the rate being 4 per 1,000 for them, and 76 per 1,000 for the whites; on the other hand there was an inexplicable preponderance in them of nervous diseases, the figures being respectively, 204 and 133 per thousand. Four cases of smallpox are reported. The chief causes of death were fevers, respiratory affections, circulatory do., digestive do.; in the order named. The principal causes of disability discharge were nervous diseases, respiratory do., digestive do., circulatory do., syphilis and chronic rheumatism, in the order named. In the army medical museum 638 specimens were added, the total now amounting to 23,202, of which a manuscript catalogue is now in course of preparation. The additions to the library were 3,912 volumes, and about 5,000 pamphlets, making a total of about 60,900 volumes, and 68,700 pamphlets, Vol. V. of the Index catalogue, including the remainder of the letters F. and G. and the greater part of H. is in an advanced state of preparation, and the first part is now going to press, and the hope is expressed that an appropriation will be made for printing Vol. VI. The increasing use of the library by the medical profession is noted; over 2,000 letters were required in conducting the correspondence of the year. The vital importance of a fire-proof building for the safe preservation of the museum and library is strongly urged. Many other points of interest to the general medical reader occur in the report which our space does not permit us to note.

The Law of Heredity. A Study of the Cause of Variation and the Origin of Living Organisms. By W. K. Brooks, Associate in Biology, Johns Hopkins University, Baltimore: John Murphy & Co., Publishers. 8vo. 1883.

The author tells us that the subject of heredity has occupied his thoughts for the past ten years, but he has refrained from publishing his views, hoping that he might be able to submit them to the test of experiment. Heredity he declares to be the most marvellous of all the wonders of the material universe, implying "the existence in a simple unorganized egg, of a power to produce a definite adult animal, with all its characteristics, even down to the slightest accidental peculiarity of its parents; a power to reproduce in it all their habits and instincts, and even the slightest trick of speech or action." It would seem well nigh hopeless to endeavor to explain by physical principles the nature of the forces acting to produce such effects, yet the human mind has sought to grasp the difficult problem, and the author details the hypotheses—of epigenesis and perigenesis and evolution—that have been advanced by Bonnet, Buffon, Haeckel, Jäger, Loeuwenhoeck, Darwin, Huxley and others. These theories may all be included in two classes—one in which development is supposed to begin with a preformed embryonic organism, the other where the accumulation of materials for the formation precedes the manifestation of such an organism. Up to the end of the last century the prevailing opinion—after Bonnet—was that each ovum contained a completely formed but dormant organism. The author rejects the explanations hitherto offered and proposes a theory which partakes of the nature of both of the above classes: the ovum derived from the female is the vehicle of heredity, while gemmules or cell-germs from cells in all parts of the body are transmitted to the ovum, chiefly by the male cell; in the ovum each gemmule impregnates that particle which is destined to give rise in the offspring to corresponding cells, thus causing variation of structure when and where it is needed. It would be impossible within our brief limits to elaborate the author's views so as to render this theory (of which he declares he has little hope of its acceptance in its present form) —or the various interesting questions, as re-

version, a sexual reproduction, natural selection, the intellectual differences between men and women, etc., intelligible, but we will well refer the reader to the work itself which will repay perusal. The work is dedicated to the memory of Charles Darwin, whose influence and writing in its preparation are freely acknowledged by the author. E. F. C.

Editorial.

Students' Medical Societies.—One of the points of greatest difference between student-life in purely literary colleges and universities and those designed for professional instruction, is the presence in the one and the almost entire absence in the other of organized association among the students. Now we venture to think that this subject is one whose importance deserves greater attention and more personal interest by our college faculties than it at present receives. It is one, too, that may be viewed from more than one standpoint. That is, it may be regarded with reference to its effects upon the institutions on the one hand and upon the students on the other.

Let us illustrate: Suppose that the students, faculty, assistants and others especially interested in an institution should assemble—say one evening in each month—for the double object of social enjoyment and of intellectual improvement; let us suppose that they have constituted themselves into a society with suitable rules and regulations; that for that one evening in each month the distinction of professor and student is as far as possible laid aside and all have equal rights and privileges.

The first part of the evening, we will say, is devoted to the reading of papers, exhibition of specimens, reports of cases, etc., in which the teachers take active part, having in view the elementary nature of the knowledge of many of the company and seeking also to draw out and encourage the junior members to contribute their observations and to take part in the proceedings. Every student witnesses cases in the hospital or dispensary, and the reporting of these will prove a useful exercise for him. Thus the intellectual part of the meeting can always be provided for. The latter part of the evening can be devoted to social enjoyment which will be promoted by providing some simple refreshments and perhaps also by music, for which latter a chorus can be readily improvised in almost all collections of students.

It is not hard to conceive many beneficial results from such meetings, which may be summed up somewhat as follows: An occasional pleasant evening is afforded the students, many of whom are strangers in the city, and hence deprived to a great extent of the pleasure of social intercourse. Their enjoyment is associated with mental improvement—improvement in the line of their studies; yet the attention required is of such a kind that it is not felt to be a burden, because it varies from their ordinary methods of study. The recollection of these meetings will not pass away with student-life but will always be recalled with pleasure; it will serve to increase and strengthen the attachment of those who have shared in them and will inspire them with zeal and personal interest in the institution where they were held. They will lead to better acquaintance among the alumni and to the formation of many warm and valued friendships.

The writer of this cannot but feel how much such a society as this would have relieved the monotonous routine of his student-career, have enabled him to know more of those with whom he was associated as teachers and fellow-students and have strengthened his attachment to the institution at which he received his medical training.

The English seem to appreciate the importance of such considerations as we have adduced above, and we read from time to time of the proceedings of students' societies connected with their hospitals and schools. In this country our course of instruction is of such short duration, and so much has to be compressed into this brief period, that it may be said students have no time for anything but study. Under any circumstances, however, recreation is demanded and the student will not only secure this by the plan proposed but he will acquire much information and have his views of medical subjects rendered broader and more comprehensive. We are glad to state that the practicability of the plan has been demonstrated in this city and that a students' society is now in successful operation which gives promise of a career of long-continued activity and usefulness.

HONORS TO MEDICAL MEN.—The recent elevation of Mr. Lister and Mr. Bowman to a baronetcy, and of Mr. Tennyson to a peerage, suggests that the recognition shown by the English government of the services of the medical profession in contrast with the honor conferred on far less eminent services, is not creditable to the justice and good sense of this fair-minded people. What has Mr. Tennyson, or any other poet done to entitle him to the high honor of the peerage in comparison with the eminent services of Paget, Jenner, Simpson, Wells, or even Lister, who have been rewarded with a far less honor, that of a baronetcy? We would not challenge Mr. Tennyson's claim to the highest honor within the gift of the English Crown, but if men are to be rewarded in proportion to their inventions, discoveries or successful efforts, in the cause of humanity, then it seems to us the gentlemen named are entitled to equal consideration with soldiers, statesmen, poets and historians. Has any man conferred a greater service upon mankind than Jenner, who gave us vaccination, or Simpson, who gave us chloroform, yet a knighthood was the only honor these men were ever deemed worthy of. General Wolseley had scarcely returned from his savage butchery of the Egyptians when a seat in the Upper House with its attendant honors and emoluments was given to him.

Will the verdict of history declare that Wolseley has done more for the English people or for mankind than Jenner, or any number of eminent scientists? We think not. Then we would dare to suggest that the title of baronetcy is an insignificant honor for the most distinguished services scientifiic men may render to humanity. If a government feels called upon to honor those who most ably serve her people, then let such titles and privileges be conferred in a just and equitable manner. The eminent surgeon or physician is no less a public benefactor than the eminent soldier, statesman, poet or historian.

We may congratulate ourselves that on American soil no such social and political distinctions are made.

Dr. H. B. Gantt, a graduate of the University of Maryland, class 1882, is a member of the House of Representatives from Anne Arundel county, Md.

Miscellany.

DR. B. W. RICHARDSON ON THE MORPHIA HABIT AND ITS TREATMENT.—Dr. R's communication, read before the Medical Society of London, referred more particularly to the hypodermatic injection. A considerable proportion of the cases under his notice had been physicians. The dose varies from under one grain to fifteen grains a day. Under three grains a day, the symptoms were not of sufficient gravity to intefere with the discharge of the ordinary duties of life; but larger doses soon began to cause marked symptoms. He had known as much as twelve grains a day injected over long periods, and had heard of a patient who used eighteen grains (the symptoms from 3½ gr. doses, as described by an habitue himself, were here given); the more serious symptoms induced by deep indulgence in the habit were ordinarily, intensified appetite for the drug, loss of power of the will, confirmed apathy without the ordinary toxic effects of opium, failure of all the mental faculties, together with general failure of voluntary and involuntary muscular power. The objective symptoms were those of diminished vitality generally, bending of the body and the signs of premature old age. Immediately after the dose, the temperature might be noticed to be commonly raised one or two degrees at least, until the habit had been long established; irregularity occurred as the effect of the dose was passing off. The danger incident to the practice was the next topic brought forward, qualified by the observation that in certain forms of fatal diseases, the habit, with all its drawbacks, might sometimes be useful; might sometimes make existence easier, and prolong life. This, however, was the exceptional part of the practice, and required to be carefully separated from the general. The author believes that the symptoms produced by morphine and by opium-smoking are different, the narcotic effects being more pronounced in the latter. The total withdrawal of the drug effected in from seven to twenty-one days is the only natural and safe mode of cure. If the quantity be small and the habit be not of long duration, it might be advisable to suddenly withdraw, but when well established, he adhered strongly to the above opinion.—*British Med. Journal.*

ANNUAL MEETING OF THE BALTIMORE MEDICAL ASSOCIATION.—The annual meeting of this society was held according to announcement on the evening of the 14th inst. Twenty-seven gentlemen sat down to an excellent supper, and the occasion was in all respects a thoroughly enjoyable and successful one. The speeches were mostly prepared and were apropos, and we may say much above the usual average. Regular toasts were responded to by Drs. Waters, Conrad, Steuart, Arnold, Ellis, Cordell, Rohé, Evans, Smith and Jones. The following officers were elected for the present year: President, Dr. E. G. Waters; Vice-Presidents, Drs. Jos. T. Smith and Geo. B. Reynolds; Rec. and Rep. Secretary, Dr. E. F. Cordell; Cor. Secretary, Dr. J. T. King; Treasurer, Dr. Jas. E. Gibbons; Executive Committee, Drs. C. H. Jones, W. F. A. Kemp and A. Atkinson; Committee of Honor, Drs. T. A. Ashby, J. H. Scarff and J. S. Conrad. The society enters upon the year with very encouraging prospects.

THE EFFECTS OF TOBACCO.—In non-smokers of average constitutions, the mean temperature of the twenty-four hours amounts to 36.76°C. (or about 98° Fahr.) and the pulse rate to 72.9°. In smokers the temperature reaches 37.02°C. (98.6° Fahr.), and the pulse rate 89.9.° Tobacco smoking, therefore, raises the temperature 0.26°C. and the pulse rate 16°. In persons of feeble constitutions the temperature rises 0.43°C. and pulse rate 11.9°. Taking a mean, tobacco may be said to raise the temperature 0.29°C. (nearly 1° Fahr.), and to increase the cardiac pulsations by 12.7.° Representing the normal temperature at 1000°in non-smokers, in moderate smokers it rises to 1008; and whereas, the pulse of the former may be taken at 1000, that of the smoker is 1180. It is by increasing cardiac pulsations that tobacco has such an injurious effect on some constitutions, such, at least, is the conclusion which Dr. Troitski communicates to the *Annales d'Hygiene.*—(*Medical Times and Gazette*, December 15.)

DR. JOHN MORRIS, ex-Mayor Whyte and Dr. Jackson Piper, have been appointed a committee to look after sanitary legislation in accordance with the resolution of the late Maryland Sanitary Convention.

ARREST OF THREATENED MAMMARY ABSCESS.—Dr. Jas. Braithwaite in *Lancet* (Dec. 15th) says: "In cases of threatened mammary abscess, I have for many years, with very successful results, given three consecutive doses of ten grains of quinine at intervals of twelve hours, at the same time using the local application of belladonna. The administration of quinine in these cases, although its anti-suppurative power is well known, is not practised by anyone with whom I have conversed, but I have myself found it so successful that I think it deserves to be in general use, especially as the disease is so painful and so exhausting to the system. The best cases for the treatment are those occurring during lactation, and it is less suitable immediately after labour. It is unsuitable if the bowels are confined and the tongue furred. There are some patients who do not bear such large doses of quinine, in which case a first dose of ten grains may be followed by two of five grains each." Dr B. says he has frequently seen the pain and tenderness disappear within forty-eight hours, although a little hardness will remain for some days longer, and the inflammatory symptoms may recur, and may be again at once checked by the same treatment.

THE MIXTURE OF CHLOROFORM AND AIR AS AN ANÆSTHETIC.—Prof. Paul Bert read to the Societé de Biologie a note from M. Peyraud, of Libourne, in which he stated that his employment of a mixture of air with chloroform in surgical anæsthesia had furnished him with the same results as those obtained by Prof. Bert in his experiments on the dog. By this procedure, which consists in pouring out a drop of chloroform at each inspiration, M. Peyraud succeeds in obtaining anæsthesia with very small quantities of chloroform and without inducing a peroid of agitation. Thus a young woman was anæsthetized with six grammes in seven minutes, while a child of four years of age required only three grammes. A woman also suffering from a cancer of the breast who had been twice given up in despair by surgeons in consequence of her unprecedented resistance to the effects of chloroform was rendered by this procedure completely insensible by means of twenty-five grammes, although the operation lasted an hour. M. Peyraud employs a mixture consisting of

twelve grammes of chloroform to 100 litres of air, while Bert in his experiments has employed ten grammes.—(*Gaz. des Hopitaux*, Dec. 4th, 1883).

HINTS TO MEDICAL EXAMINERS FOR LIFE ASSURANCE.—We have great pleasure in drawing attention to the following very useful suggestions for the guidance of medical examiners of lives for assurance societies. They seem to us to go straight to the roots of the matter and enforce the consideration of points not usually engaging attention. They are hints thrown out by no less an authority than Mr. Smee, medical adviser and director of the Gresham society.

A great deal of trouble and annoyance is caused by the sending up of proposal forms imperfectly filled. Sometimes they do not state clearly the occupation or the cause of death of near relatives. Now it is impossible for the medical officers of a society to assess a life if they donot know the cause of relative's death. With regard to the question of intemperance too, the agent should see that the paper is strictly and clearly filled up, also in the agents' reports which are sent up, and which are confidential, they should state clearly the object of the assurer and especially in the case of female lives. Persons who have suffered from epilepsy, paralysis, apoplexy, cancer, stricture or stone, must not be medically examined without orders from the head office. No person who has had delirium tremens who has been intemperate, nor even the reformed drunkard, would the society accept on any terms. Proposals from persons who are ruptured, who have suffered from gout, rheumatic fever, bronchitis, slight asthma, pleurisy, congestion or inflammation of the lungs, varicose veins, eczema or other skin diseases, or congenital defect or deformity, or from persons engaged in the occupation of licensed victuallers, or in the wine or spirit trade, can only be accepted if strictly healthy under an indorsement assurance tariff or with an extra-rate of premium. To the clerk, master mariner, and the classes who depend upon their exertions for a livelihood, I know of no form of investment equal to an endowment policy; it provides in cases of premature death a provision for the family. At the age of sixty a man gets enfeebled in health and his power of earning is diminished, his premiums cease, and in lieu he receives a lump sum as the result of his savings. Proposals on the lives of persons whose parents have died under sixty years of age must be regarded even if healthy as lives not of the first class. For example, there is one of our noble families in which during the present century no member has reached the age of sixty-five, which must be regarded therefore as what is technically termed the perishing point of that particular family. No words of ours are needed to strengthen the force of these remarks and suggestions.—*Lancet*, December 26th.

HYPOGASTRIC CYSTOTOMY.—In an article on this subject (*Annals of Anatomy and Surgery* January, 1884,) Dr. L. S. Pilcher sums up the following conclusions:

1. The hypogastric section which until today has been employed as an exceptional method, would appear worthy of becoming the usual though not the exclusive method for performing cystotomy.

2. It should be practiced with the help of the recent improvements suggested in the method of operating, distention of the rectum by the rubber ball, injection of the bladder, pushing back the peritoneal cul-de sac, double syphon drainage tubes, antiseptic precautions and dressings.

3. Suture of the bladder should at present be rejected though it remains as an ideal step to be sought after, which if it becomes realized so that immediate union can be insured will place the superiority of the hypogastric section beyond dispute.

4. Hypogastric section remains as in the past a method of necessity in cases of voluminous or encysted stones, of intolerant bladder and of impassable or strictured urethra or vagina.

5. Everything favors the presumption that it will become the preferred method in cases of old men and adults, in those less aggravating cases where lithotrity is found not to be applicable and which have hitherto been treated by different methods of perineal lithotrity.

THE DEVELOPMENT OF LANGUAGE IN CHILDREN.—In an article on this subject in the *Archives de Neurologie* for November last, M. Sikorosky concludes that in the infant's first cry—the first manifestation on its part of general sensibility—are contained movements of all parts of the articulating mechanism (the tongue, lips, etc.,) whence there gradually arise two categories of the movements of articulation, the one labial, the other lingual, the acquisition of which is almost simultaneous, and which, proportionately to their gradual development, enter into the most varied combinations with the expiratory and vocal movements necessary to form the different sounds of language. In his view there are two types of language in infants arrived at in different ways. Some children make a minute study of the sounds of a word, and succeed in reproducing with fair accu-

racy the various component sounds, but cannot combine these into syllables; others, on the contrary, pay most attention to the syllabic structure of the word, and do not trouble themselves about the constituted sounds thereof. To one or other of these classes all the defects of children's speech may be attributed. —*Medical Times and Gazette*, Dec. 29th.

Medical Items.

A BILL has been introduced into the U. S. Senate to appropriate $1,000,000 as an endowment for a National Medical University at Washington, and $100,000 additional for ground and buildings. The bill proposes to recognize all forms of practice. =Dr. Jno. Stauffer, a prominent physician of Lebanon, Penn., committed suicide by taking poison on the 9th inst. The cause assigned was grief at the loss of his wife and child.=The staff of editorial writers in the *British Medical Journal* numbers more than eighty, most of them being persons of recognized eminence, and the greater number extra-metropolitan.= The Lacase prize amounting to 10,000 francs has been awarded to M. Balbiani, in consideration of his important researches on the anatomy and physiology of insects. =Dr. W. B. Platt, of this city, who has been prosecuting his medical studies in Europe for twelve months past, returned to this city on Friday of last week.=It is understood that Prof. Flower is likely to succeed Prfof. Owen as superintendent of the Natural History Collection at South Kensington =Dr. Louis Poncet, a well-known French alienist is dead at the age of 79 years.=The milk of the bitch is said to be richer in nutritious materials and in sulphate of lime than the milk of other animals. It is recommended in rickets and tuberculosis.=Dr. Ollivier in *Arch. Gen. de Med.* advises that pregnant women be isolated from cases of diphtheria as this disease is very likely to produce abortion. =Anatomical material is very scarce in Vienna this winter.=Prof. Burt G. Wilder, of Cornell University, will deliver the Cartwright lectures for 1884, in New York city, February 2, 4 and 6. The subject will be "Methods of Studying the Brain." =Prof. Bartholow says iodide of ethyl is a very valuable anti spasmodic, especially in spasmodic asthma. In capillary bronchitis, catarrhal pnemonia and chronic bronchitis, it is also a valuable agent. The dose is gtt. v to xx three or four times a day, by inhalation, generally from a handkerchief.=Fl. extract of gossypium in half drachm doses every four hours is used by Dr. Parvin as a uterine hæmostatic in hospital practice.=The *College Record* says, Prof. Chapman, of Jefferson Medical College, is one of the most rapid speakers in the world, often reaching a speed of two hundred words a minute while lecturing.= The Alumni Association, of the Jefferson Medical College, will give a formal reception to Prof. Parvin on the 28th of this month.=Robert B. Tolles, the most eminent maker of microscopic objectives in the world, died in Boston, on December 17, at the age of 62 years. His death seems to be an irreparable loss to science.=M. Gustave Rivet, a Paris *interne* died recently from diphtheria, contracted in the performance of his duty.=Dr. R. N. Barbour writes to the *Louisville Medical News*, that he has treated three cases of typhoid fever with iodide of potassium, the fever in no instance continuing longer than twelve days. He claims that this drug relieves congestion, irritation and inflammation of the mucous membrane of the ileum and prevents the stage of ulceration.=Who else in Britain is so vast of body and prolific of pen as the weighty, witty and wise Fothergill?—*Louisville Medical News*.=Dr. W. H. Bobbitt, of Raleigh, N. C., has founded a prize, consisting of a gold medal, to be annually conferred upon that member of the graduating class in the College of Physicians and Surgeons, who passes the best examination in gynecology.—*Chronicle*.

CHANGES IN THE STATIONS AND DUTIES OF THE OFFICERS SERVING IN THE MEDICAL DEPARTMENT U. S. ARMY, from Jan. 7th to Jan. 14th, 1884:

Brown, P. R., Captain and Assistant Surgeon, assigned to duty at Fort Huachuca, A. T.

Egan, P. R., First Lieutenant and Assistant Surgeon upon reporting of relief to proceed without delay from Fort Huachuca, A. T., to Fort Apache, A. T., and report to the commanding officer for duty at that post.

CHANGES IN THE MEDICAL CORPS OF THE NAVY during week ending Jan. 12, 1884:

Surgeon D. McMartin ordered to the Naval Rendezvous, Philadelphia, Pa.

Surgeon A. F. Price detached from the Receiving Ship St. Louis on the 15th and ordered to the U. S. S. Ossipee on the 22nd.

P. A. Surgeon A. C. H. Russell ordered to the U. S. S. Ossipee on the 22nd.

P. A. Surgeon H. C. Eckstein detached from the Naval Hospital, Philadelphia, and ordered to the Receiving Ship St. Louis.

P. A. Surgeon Howard Wells from the Naval Rendezvous, Philadelphia, and ordered to the Naval Hospital, Philadelphia.

Original Papers.

NOTES UPON THE ANTISEPTIC TREATMENT OF WOUNDS.

BY RANDOLPH WINSLOW, M. D.,

Demonstrator of Anatomy in the University of Maryland; Prof. of Surgery Woman's Medical College of Baltimore; Professor of Operative Surgery in the Baltimore Policlinic and School for Graduates.

(*Read before the Clinical Society of Maryland, November 16th, 1883, with an exhibition of samples of the antiseptic dressings used in the Surgical Clinics of Vienna.*)

Whatever may be the theory in regard to the action of antiseptics held by different individuals, or whatever the belief in regard to the method of production of wound diseases, it is an evident fact that almost all surgeons do attempt to forestall sepsis by one means or another, and to place their wounds as nearly as possible in a condition analogous to subcutaneous injuries. This almost universal employment of antiseptics is due in very large measure to the efforts of Mr. Joseph Lister, and though the peculiar system of dressings introduced by him does not seem to be entitled to any superlative position, yet the gratitude and thanks of the medical profession must ever be due him for the demonstration of the fact, that the causes of wound diseases are external, and are capable of almost entire prevention. The attainment of an aseptic condition of operation wounds and of injuries, is one of the most important considerations which can attract the attention of the practical surgeon, and the more so as it is being recognized that its attainment is not to be effected by following blindly any given plan of treatment, but by the recognition of certain broad principles in regard to the production of disease, and by the avoidance or counteraction of the factors which are active in its production. Assuming then as proven that the causation of wound diseases is due to the introduction of septic material or germs from without, and that where there is no opportunity for such germs to gain access to the injured part, as in a simple fracture or subcutaneous wound, repair will take place in a normal and satisfactory manner, it follows that any plan of treatment which is capable either of preventing the ingress of disease germs to the wound surfaces, or of counteracting their influence when they have gained access, may with propriety be denominated antiseptic. Fortunately an aseptic condition of wounds may be attained in many ways, but in the minds of many persons antiseptic surgery is associated with the odor of carbolic acid, the hum of the steam atomiser, and the enveloping of the part in many layers of carbolized gauze; but this is too narrow a view to take of the subject. The Listerian system is indeed an admirable, but cumbersome, and in not a few instances, a dangerous method, besides being unduly expensive, hence, it is not surprising that surgeons everywhere have sought simpler and more satisfactory methods of dressing their wounds; and the distinguished author is said to have recently declared that he considered the spray to be the least important portion of the technique of his dressing. Now, if we remove the spray from the Listerian plan, it becomes easily comparable to any of the many other antiseptic methods which are practised by various surgeons, and the problem is reduced to a comparison of the antiseptic value of carbolic acid and of the other so-called germicidal agents.

In a comparison of various antiseptic agents, Koch, of Berlin, found that carbolic acid in from 1 to 5 per cent. solution was an efficient germicide when the germs had not passed into the durable condition. thus proving, says Dr. Weir, that the agent had been rightly used in the main; but carbolic acid has several disadvantages, amongst which are the liability of affecting the patient injuriously, its irritant action upon wound surfaces, and even upon the hands of the surgeon, and its volatility whereby the strength of the gauze dressings is liable to great variations; still carbolic acid has been and is likely to continue to be the agent most used in the antiseptic treatment of wounds.

About three years ago iodoform came into notice through the writings of Mosetig von Moorhof, of Vienna, and at present it is the agent most used, indeed almost exclusively so in the hospitals of Vienna and Prague, and in many of the German hospitals also. The advantages claimed for it are its reliable antiseptic properties, its local anæsthetic value, its specific action against tubercular processes, and its slight liability to produce toxic symptoms. This liability to produce poisonous symptoms has been fully recognized during the three and a-half years in which the drug has been in large use, and it is no longer used to a great extent in substance, upon the wound surfaces, but in the form of iodoform gauze, which is laid upon the wound, and which contains but a small per cent. of the drug; hence the danger of developing toxic symptoms is reduced to a minimum.

Scarcely had the iodoform treatment of wounds been accepted as a legitimate and proper procedure, before another claimant for the position of antiseptic in-chief appeared before the profession. In making experiments upon the comparative value of various antiseptic agents, Koch, of Berlin, discovered that mercuric sublimate

in the proportion of 1-5000 destroyed the most resistant germs immediately, and Kümmel, of Hamburg, acting upon these data, began to use the agent as an exclusive dressing for wounds in the proportion of 1-1000, with the most satisfactory results, and now this method is held in great favor in many hospitals in North Germany.

About the same time, attention was excited by the writings of Neuber, of Esmarch's clinic, in regard to the excellent results obtained by using turf mould in the treatment of wounds, and experiments are still being made in regard to the value of this form of dressing. It is very absorbent, and is generally moistened with carbolic acid solution previous to application.

Naphthalin, as an antiseptic, is used largely in Lücke's clinic in Strassburg, and its merits are highly vaunted, as being as efficient as carbolic acid, entirely innocuous, and the cheapest antiseptic in existence. It is prepared by rubbing the powder in substance into gauze or by saturating the material with an ethereal solution. Dr. George R. Fowler, of Brooklyn, reports excellent results from its use in his clinic, but it does not seem to me probable that it will ever come into general use.

The latest contestant for the antiseptic prize is the subnitrate of bismuth. Kocher, of Berne, has introduced this remedy, and claims excellent results, but from the number of cases in which acute desquamative nephritis has followed its employment, it does not seem to have any advantages over the safer antiseptics to compensate for this peculiar tendency. Other antiseptics are relied upon by individual surgeons, and salicylic and boracic acids occupy a position in the antiseptic armamentarium of the day.

In Budapest salicylated jute covered by an india-rubber protective, is used largely, and, as I know from observation, with excellent effect.

In Berlin, each surgeon appears to be a law unto himself. At the Charité, Professor Bardeleben has discarded the Listerian dressings, of which he used to be a great champion, and everything is now sublimated. Owing to the fact that the mercurial sublimate solution forms an amalgam with metals, it is not proper to use it for disinfecting instruments, but it is exclusively used for irrigating the wounds during operations, in a solution of 1-1000, and the gauze dressings are impregnated with the bichloride; in other respects the practice is similar to that in general use. I was not fortunate enough to see Bardeleben operate, but through his courtesy did see the results in some of his cases, notably one in which nearly the whole sciatic nerve had been excised for sarcoma, and the incision seemed to have healed by first intention, the cicatrix extending from the gluteal fold to the calf. The patient was able to walk, but naturally with some limp.

At the Augusta, Professor Küster still employs Listerism, though not in every case. I witnessed an operation by his assistant, Dr. Schmidt, in which iodoform was used.

At the University clinic, Professor Bergman employs a modification of both the carbolic and sublimate treatment. He used the carbolic spray, as it might be dangerous to inhale the spray of mercury, but dresses his wounds chiefly with sublimated gauze.

My experience in the use of iodoform in the treatment of wounds, has been much more extensive than in that of any of the other special methods of antiseptic treatment. In Vienna, and in Austria generally, it is the accepted method, the chief variation being in the amount used, though in minor points there are some differences at the various clinics.

At Billroth's clinic, iodoform has quite superceded carbolic acid as an agent for immediate contact with wound surfaces, though much carbolic acid is used in the various details of the dressing.

The following fundamental propositions are stated by Dr. von Hacker as being observed in this clinic:

1. Effective disinfection of the wound by irrigation with antiseptic fluids.

2. Exact arrest of bleeding, and the ligature of all vessels with antiseptic silk, the ends being cut close to the knot.

3. Thorough drainage and moderate compression.

4. Accurate apposition of the incisions by deep and superficial sutures in order to obtain union per primam when that is possible.

5. The application of an antiseptic dressing consisting of an absorbent material.

6. Infrequent renewal of the dressing.

The antiseptic precautions begin even before the patient is brought into the operating-room; the floor is well washed, and if a laparotomy is to be performed the carbolized spray is allowed to play an hour previous to the entrance of the patient. It is then removed.

The hands and forearms of the operator and his assistants are well scrubbed with a nail-brush and soap and subsequently are washed with a 2½ per cent. solution of carbolic acid. When it has been necessary to examine the vagina or rectum, or when the hands have come in contact with putrescent or contagious matter, they must be dipped into a dark violet solution of permanganate potass. in addition to the carbolic washing.

The patient, having previously received one or more general baths, is placed upon the operating table, and if the weather is cool or

the operation likely to be of long duration, he is enveloped in a jacket and often the legs are encased in flannel drawers. Usually the nates are smeared with vaseline in order to prevent the scalding of the parts from the patient lying too long in the carbolized fluids, which are liable to collect. The seat of the operation and the surrounding parts are then washed with a nail-brush and soap, and then shaved and subsequently irrigated with a 2½ per cent solution. If the part to be operated on is the seat of offensive discharges, or is grangrenous, a 5 per cent. solution is used.

All instruments are thoroughly cleansed and are laid in carbol. sol. previous to use, and the ligatures, sutures and drains are kept constantly in a 5 per cent. solution.

During the operation the incision and wound cavity are frequently irrigated with 2½ p.c. solution. In operations upon the extremities, Esmarch's bloodless method is generally employed; in other cases bleeding is prevented by the use of hæmostatic forceps, and it is no infrequent thing to see ten to twelve forceps attached to the wound. The vessels are all subsequently ligated with antiseptic silk and the ends cut short, the knot being left in the wound. Many drains are introduced and are brought out at the most dependent position, sometimes healthy tissues being perforated for the purpose. The tubes are prevented from slipping into the wound by safety pins, which are run through their extremities. The incisions are brought together by deep sutures of wire attached to leaden plates and by superficial silk sutures. Lastly an antiseptic dressing is applied. When union by first intention is desired and the wound is superficial, as in plastic operations about the face, hare-lip and the like, the line of incision may be simply painted over with a solution of iodoform in collodion, 1—10, which protects the parts admirably and affords very satisfactory results. In more extensive and deeper wounds, after thorough irrigation of their surfaces and cavities, iodoform is either dusted upon the part, as is done by Carl Braun, or several thicknesses of iodoform gauze are applied upon and around the incisions. Over the iodoform or over the gauze, which has been impregnated with it, are applied numerous layers of fine carbolized gauze, then a mass of absorbent cotton and then an oiled silk protective, which prevents the discharges from reaching the surface and causes them to be diffused equally and to be absorbed by the dressings. Upon the outside of all this, ordinary wadding is frequently placed, and the whole retained in position by many layers of simple gauze; and when the dressings are expected to remain some time and great durability is desired, they are retained by starched gauze bandages, the whole dressing, when completed, being very voluminous.

In open wounds, as after scraping out carious portions of bone, the iodoform gauze is introduced directly into the cavity of the wound and the same method of dressing employed. The dressings are allowed to remain until the discharges reach the surface, or until pain or fever indicate the necessity for renewing them. Otherwise they are undisturbed for six to eight days, or even for longer periods in some cases. Dr. Wölfler, Prof. Billroth's first assistant, upon the occasion of my asking if I might have the privilege of visiting the wards, invited me to come as often as I liked and added, "we change our dressings very seldom, so you must come very often in order to see much." Often in two or three dressings a case is conducted to its termination.

Now it may be asked what is the use of these elaborate and voluminous dressings, and are the results obtained therefrom better than when simpler methods are used? The answer will depend much upon the surroundings of the patient. If the sanitary conditions of the hospital or house at which the operation is to be performed are good, and the air abundant and wholesome, much may with safety be omitted; but in crowded and perhaps unsanitary wards, it is very important that a strict antiseptic treatment should be carried out, and the large number of cases in which primary union is effected, the low temperature and small amount of suppuration, even after severe and protracted operations, the great immunity from erysipelas, septicæmia and pyæmia, and the small death rate, all attest the excellence of the antiseptic methods.

Where, however, so many articles are vaunted as being the antiseptic par excellence, and where apparently as good results are obtained by the use of one agent as by another, I humbly submit that there must be many other factors in the antiseptic treatment of wounds of much more importance than the special antiseptic which is used. The first of these factors I believe to be cleanliness. The surgeon and his assistants should see to it that they do not introduce septic material into their wounds upon their fingers or instruments or sponges; and of equal importance is it that the patient be cleansed and not allowed to infect his own wounds. Whilst carbolic acid or sublimate solution may be, and undoubtedly are, very valuable in the prevention of sepsis, the nail-brush and soap and water to the hands of the operator, and the scrubbing of the field of operation are means of great value and should never be neglected.

Free drainage is another factor in the treatment of wounds, the importance of which can-

not be overestimated, and ought to be practised whether a special antiseptic dressing is used or not. In order to obtain effective drainage the tubes should be brought out at the most dependent portion of the wound, even if healthy tissue must be penetrated in order to accomplish this.

Absolute arrest of hæmorrhage by means of ligatures which have been rendered inert by boiling, and subsequently kept in an antiseptic solution, the ends being cut short and the knots allowed to remain in the wound, is another factor of some importance. The knots generally soon become encysted and are not heard from subsequently.

The accurate approximation of incisions by many points of sutures when union by the first intention is desired, and the support of the edges in such a manner as to relieve them of tension is another very important consideration.

One of the most important antiseptic precautions is, that having dressed the wound properly, it should not be often opened. Frequent dressing and exposure and even irrigation of wounds, is one of the most fruitful sources of failure to obtain prompt union. Wounds should be handled as little as possible. Where pain is absent and the temperature normal, it may be taken for granted that all is going well with the wound, or at least, that nothing seriously wrong is taking place. The clinical thermometer is of the greatest importance in this connection. Erysipelas, septicæmia, excessive inflammation, or abscess, cannot occur without causing enough local distress and febrile reaction to indicate the propriety of investigating the condition of the wound. When there is neither pain, nor fever, and the secretions have not reached the surface, the dressing need not be renewed oftener than every six or eight days.

Other things being equal, the rapidity with which the operation has been performed, will have an important bearing upon the success of the case. When a wound surface is exposed for a long time to the action of the air, it not only runs an additional risk of the entrance of germs, but the chilling of the blood from the exposure increases the shock and adds to the gravity of the case.

I do not wish to be understood as detracting in any degree from the triumphs of antiseptic surgery. On the contrary, I am a firm believer in its merits, both upon theoretical grounds and from practical observation, but the excellent results which have been obtained under such diverse methods of treatment, as well as the wonderful exploits which have been achieved by Lawson Tait, Keith and others in Great Britain, without the use of antiseptics at all, at least afford reasons for the supposition that the special antiseptic drug used is of less importance than the observance of the principles and precautions which I have mentioned above. Nevertheless, I am convinced that the employment of reliable antiseptics, as carbolic acid, mercurial sublimate, or iodoform, does conduce materially to the success and safety of surgical procedures, and that whilst they may be safely omitted in many cases in private practice amongst the better classes, it would be temerity to do so except under the most favorable circumstances. In general hospital practice strict antiseptic precautions should always be taken.

NOTE ON THE HYGIENE OF THE KIDNEY.*

BY HENRY LEFFMANN, M. D.

It has been said by pathologists that a perfectly healthy kidney is never found in the human adult, and it is certain that the vicious habits of civilized life fall as severely on this viscus as on any other. It holds, as we all know, a vicarious relation to some other excretory organs, especially the skin, and has to bear, therefore, the burden, not only of its own work, but of the frequently interrupted work of its colleagues. The problem of preserving the healthy functions of the kidney falls into two phases: how to maintain the organ itself in good condition, and how to keep its complex excretion of such a character that it shall not be the cause of any interference with health. The two conditions are not wholly inter-dependent; kidney disease of an advanced character may exist without any change in the urine sufficient to give rise to local trouble; while, on the other hand, serious urinary trouble may exist without, so far as we know, marked kidney disease.

As regards the health of the organ itself, we have the testimony of various writers to the fact that one of our most common vices, that of the use of alcoholic liquors, is a cause of injury; and the susceptibility of the kidney to this injury is rather increased by the shock which other excretory organs suffer from our frequent errors in dress and ventilation. Parkes does not give any specific statement in regard to the effect of alcohol on the kidneys, but states that although Anstie and Dickinson thought that the action was not serious, yet it probably is of decided moment.

While the etiology of kidney disease itself is but little understood, we know something more of the causes of derangement in the urinary secretion. This liquid presents us a constitution of much chemical complexity. Its

* Read before the Philadelphia County Medical Society, Dec. 19, 1883.

most abundant solid ingredient, urea, is, fortunately, so soluble in water that it is never the source of any deposit or mechanical interference; but we have, in smaller amounts, two classes of substances of contrary chemical character; the uric acid series, but slightly soluble in cold and acid liquids, and the phosphates, which are less soluble in hot and alkaline liquids; these expressions being used in a general sense. In healthy urine, the quantity of water and the acid reaction is such as to maintain these ingredients in perfect solution, but this healthy balance may be disturbed, either by the character of the food taken, the quantity of liquid, or the habits of life. It is not necessary here to speak of overeating or under-exercise; they have often been presented as causes for systemic conditions which manifest themselves in disordered urine; but I wish to speak a little of the effect and character of the neutral liquids taken. In a reasonable number of cases in which urinary deposits form, particularly uric acid or urates, I believe the defect is due to the want of drinking a sufficient quantity of water. In our large cities, and especially in Philadelphia, an unfortunate sanitary sensationalism has made a great many innocent-minded people afraid of hydrant water, and they either resist the ordinary promptings of thirst as far as they can, or resort to the moderate drinking of expensive mineral water or alcoholic beverages. A portion of the beneficial effect which many so-called medicinal waters have is due to the fact that patients can be easily induced to drink them freely, which they would not do with the common water supply. An interesting feature of this phase of the subject is the effect of the continued use of waters rich in solids, especially hard or limestone waters. A general impression exists that such waters tend to the formation of calculi, but I have not found any statistical proof of such effect. The English sanitary chemists, who have studied with great care the effects of different kinds of water, have not been able to establish any relation between the quantity of solids in water and the health of those using it; both distilled water and water rich in mineral matter, especially lime salts, have been used without apparent injury. It is pointed out in Agnew's Surgery that cases of stone in the bladder are not common in Lancaster county, although limestone water is abundant in that district. It is further stated that this form of disease is more common in Kensington than in other parts of Philadelphia. This fact would be against the supposition that the solid ingredients of the water are the cause, since Kensington is, and has long been, supplied with Delaware water, which, although richer in organic matter, is a decidedly softer water than Schuylkill water,

Correspondence.

The Sims Memorial Fund.

Drs. Ashby and Cordell,

Editors of the Maryland Med. Journal.

Gentlemen:—The enclosed slip explains itself, and you will oblige me if you will kindly call the attention of the medical societies and the members of the profession generally in Baltimore and the State of Maryland, to the subject in the next issue of your Journal, and invite them to subscribe or send their contributions to the praiseworthy object to your editorial office.

I make this proposition because of its convenience to all parties, and I sincerely trust that the profession and others, male and female, who appreciate the great good that has resulted to surgical science and to suffering womankind, will evoke liberal contributions in aid of the "Sims' Monument Fund."

Your attention to the above will much oblige,

Yours very respectfully,

Harvey L. Byrd, M. D.

To the Medical Profession and Others throughout the World:

The great achievements of Dr. J. Marion Sims call for some more lasting testimonial than obituaries and eulogies. To him medical science is indebted for much brilliant and original work, especially in gynecological surgery. Those who have been benefited by his teachings and new operations, and such as have had the direct advantage of his personal skill, are among the first to recognize and acknowledge this debt.

To him is due the honor of giving the first strong impulse to the study of gynecological surgery in America.

It is believed that the medical profession everywhere, the vast number of women who owe their relief from suffering directly to him, and those who realize the benefits he first made possible, will gladly unite thus to honor the man through whose original and inventive genius such blessings have been conferred upon humanity.

At the suggestion of many friends, therefore, the subjoined committee has been organized, and it is proposed that a suitable monument be erected to his memory in the city of New York.

To this end the active co-operation of the medical profession and the many other

friends of Dr. Sims throughout the world is respectfully solicited. Contributions of one dollar and upward may be forwarded to the journal which has been constituted the treasury of this fund—THE MEDICAL RECORD, New York.

Fordyce Barker, M. D., *Chairman.*
George F. Shrady, M.D., *Secretary.*

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E. S. Lewis, M. D., New Orleans, La.
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R. A. Kinloch, M. D., Charleston, S. C.
Hunter Maguire, M. D., Richmond, Va.
S. C. Busey, M. D., Washington, D. C.
Harvey L. Byrd, M. D., Baltimore, Md.
W. T. Howard, M. D., "

Other names may be added to this list from time to time.

HYPERICUM (ST. JOHN'S WORT) FOR THE PREVENTION AND CURE OF BED-SORES.—My attention was drawn to this remedy, some years ago, by the friends of a patient afflicted with bed-sores. From the slight experience of two cases I can strongly recommend it; it appears to induce healthy granulation and a more or less rapid cure, in a manner which we should vainly look for from alcoholic or balsamic preparations—and this without any smarting from the application. The compound oil of hypericum, which I have used, is sold by Mr. Garrad, chemist, of Leamington. I have vainly tried to procure it in London. A recipe in my possession directs that bottles be filled half-full with the flowers of the St. John's Wort; olive-oil is then to be added, and the bottles are to stand in the sunshine for a few days, till the oil becomes of a deep red color; it is then fit for use, and may be drawn off at once, or left till required. It is merely brushed over the sore two or three times daily, with a feather.—*Herbert L. Snow, M. D., London, in the Brit. Med. Journ.*, Dec. 8, 1883.

Society Reports.

PROCEEDINGS OF THE MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA.

(*Specially reported for the Maryland Medical Journal*).

DECEMBER 19, 1883.

The Society met, with the President, DR. A. F. A. KING, in the Chair, Dr. McArdle, Secretary.

Dr. Toner narrated the symptoms of a patient whose case was giving him considerable thought.

The lady, a person of intelligence, had passed the climacteric period and had always enjoyed good health. She was suddenly stricken with paralysis, and he was desirous of learning the cause. Examination of the urine revealed diminished quantity, 20 ounces a day at most, albumen, and hyaline casts. There is however, no œdema.

Dr. Garnett said the point Dr. Toner seems to lay greatest stress upon is the absence of œdema, though albumen is present in the urine. The Doctor is doubtless aware that in diphtheria, whilst albumen may be found in the urine, in no instance has Dr. Garnett seen œdema of the extremities. This is a point of differential diagnosis between scarlet fever and diphtheria, for in scarlatina when albumen is found in the urine there is apt to be present effusion in the cellular tissue. In cases of pregnancy albumen has been found in the urine without œdema.

Dr. King said that the Doctor should hardly expect œdema from arrest of renal secretion whilst the kidneys were secreting twenty ounces of urine daily.

Dr. Toner added to his first statement an element of family history. The sister of his present patient, an Examiner in the Patent Office, was stricken by apoplexy whilst standing before a mirror examining a new dress and never recovered. One other member of the family died of cerebral disease. In both these cases there was no chance to examine the urine.

Dr. Garnett thought from the history given, the blood vessels of the patient might be in an atheromatous condition. In a case which came under his own observation last summer, repeated examinations of urine always revealed the presence of albumen. There was, however, no œdema or

other symptoms of nephritic disease. The patient suffered intensely from headache. A few days before death he complained of severe pain in the region of the kidneys, and venous hemorrhage—one or two pints—occurred. The post-mortem examination revealed the blood vessels of the brain dotted like strings of beads. The atheroma was strikingly marked.

Dr. Hartigan said a familiar history pervaded these cases. Not long since he had made the post-mortem examination of a maiden lady, about forty years of age, who had been suddenly stricken down by apoplexy in the office of a prominent oculist and who died shortly after. When young, this lady had indulged largely in the gayeties of the social world; but of late years she has led an indolent, retired life. There was a history of albuminuria. At the autopsy Dr. Hartigan found fatty degeneration of the heart and atheromatous arteries.—On motion, the discussion was closed and the Society adjourned.

DECEMBER 31, 1883.

The Society met with the President, Dr. A. F. A. KING, in the chair.

The President stated the object of the meeting to be to take action in regard to the loss the Society had met in the death of Dr. Johnson Eliot. Dr. Lovejoy spoke feelingly of the death of his old friend, and on his motion, a committee of five: Drs. Lovejoy, Walsh, Reyburn, Toner, and Morgan, was appointed to prepare and report suitable resolutions expressing the regret of the society. The committee reported the following:

WHEREAS, This Society has just received the announcement of the death of Dr. Johnson Eliot, one of its oldest members:

Resolved, That by his death the Medical Society has been deprived of one of its most valued, most efficient and most respected members, one for whom it has shown its high appreciation, during his lifetime, by frequently repeated testimonials of respect and esteem, and by the various honors which it has conferred upon him, and now, that he has passed from its midst, desires to honor his memory by the expression of the high regard in which it has always held him, on account of the many noble traits of his character;

Resolved, That as a physician he has been remarkable for the energy, skill and ability with which he has practiced his profession, and, in the department to which he has the more particularly devoted his attention, has been eminently successful and enthusiastic in its pursuit. That he has undertaken and carried to a successful issue some of the most important operations in surgery, many of them of as formidable a character as any judicious surgeon would be willing to encounter.

Resolved, That, as a man and a companion, he has always exhibited the most amiable and admirable traits of character; that he has been notable for his benevolence, his affability, and his modesty, and that by his death this Society has lost a beloved and able associate, this community a useful citizen, and the sick, the afflicted and the destitute, a benevolent friend.

Resolved, That the Society tenders to his family in their affliction its sincere sympathy.

Resolved, That this Society attend the funeral in a body.

A short biography of the deceased was then read by Dr. J. M. Toner, and eulogistic remarks were made by Drs. Reyburn, Taber Johnson, Ralph Walsh, Murphy, Schaeffer, Burrows, F. Howard, Smith, J. E. Morgan, aud Magruder. The resolutions were then unanimously adopted, with the addition offered by Dr. Reyburn that they be furnished to the daily press. The society then adjourned.

JANUARY 7TH—ELECTION OF OFFICERS.

At the stated meeting of the Medical Society of the District of Columbia, held this evening, Monday, January 7, 1884, at the Society rooms, cor. Sixth and F streets, the following officers were elected for the ensuing year:

President—A. Y. P. Garnett, M. D.

Vice-Presidents—W. W. Johnston, M. D., W. H. Taylor, M. D.

Corresponding Secretary—T. C. Smith, M. D.

Recording Secretary—T. E. McArdle, M. D.

Treasurer—C. W. Franzoni, M. D.

Librarian—A. Patze, M. D.

Board of Examiners—D. C. Patterson, M. D., H. D. Foy, M. D., T. E. McArdle, M. D., C. H. A. Kleinschmidt, M. D., J. Taber Johnson, M. D.

Board of Censors—G. N. Acker, M. D., S. O. Richey, M. D., E. M. Schaeffer, M. D.

The Committee on Directory for Nurses made the following report:

The committee appointed by the Medical Society at its meeting, Jan., 1883, for the purpose of aiding in the establishment of a Directory for Nurses, begs leave to report that after conference with the committee on the part of the Training School for Nurses, Drs. J. T. Johnson, D. W. Prentiss and Mrs. Hitz, a Directory was opened in the drugstore of Dr. C. A. Prentiss, who kindly, for a time, performed all the duties incident to registering and supplying nurses. After a month the Directory was moved to No. 1321 H. street, N. W., since which time Mrs. Westfall has acted as secretary of the Directory without salary, and with efficiency and success. Subsequently the directory was moved to the corner of 12th and F., where it is still located. The number of female nurses registered has been 44; male nurses 2. There have been 113 applications for nurses. The total receipts from applications and from the registering fees has been $277.24. The expenditures for rent, printing and advertising, errand boy, postage, etc., have amounted to $266.58.

While for a time it seemed uncertain whether the Directory would be sustained by the profession and the public, there is now no doubt that it is a necessary aid in the care of the sick. The number of nurses is usually equal to the demand, and the physician can be assured of finding one or more competent nurses at hand whenever in need. One cause of complaint has been that incompetent nurses have been registered and sent to patients, their incompetency proving to be a reflection upon the Directory. But the fault has been with the physicians on whose recommendation the nurse was registered. It is suggested that great care should be exercised in giving such recommendations, and that a nurse's bad qualities be as carefully given as her good ones. It should be especially stated whether she can read, whether she can use the catheter and the thermometer, as the possession of these qualities adds immensely to her value and makes her fit for the care of the cases, where an unskilled nurse would be worse than useless.

The effect of the Directory upon the community has been, by grading nurses, to increase the demand for good nurses and to weed out the old and incompetent. This should be the object in the future. It would be well at least once a year to send to the physicians the names of nurses recommended by them, and to ask for a continuance of this endorsement.

In conclusion, it may be said that the Directory will only be a final success through the encouragement of physicians. Through them good nurses will be induced to register their names, and patients will be advised to apply to the Directory for well recommended and competent nurses.

W. W. JOHNSTON, M. D.,
T. C. MCARDLE, M. D.,
S. M. BURNETT, M. D.,
Committee.

BALTIMORE ACADEMY OF MEDICINE.

STATED MEETING HELD JANUARY 15, 1884.

(*Specially Reported for Maryland Med. Journal.*)

The Society met at the usual hour, DR. L. MCLANE TIFFANY, in the Chair, pro tem.

IRRITATION OF THE SEXUAL APPARATUS AS AN ETIOLOGICAL FACTOR IN THE PRODUCTION OF NASAL DISEASE.—*Dr. Mackenzie* first called attention to the early recognition of the relationship between overindulgence of the sexual powers and morbid conditions of the eye, ear and throat, by references to the medical writings of the ancients and quotations from the Latin classics. He had been unable to find any communication on the special part which such overindulgence exerts in the production of nasal disease, in the literature of ancient or modern times.

To render the relationship between irritation of the sexual apparatus and nasal disease more intelligible, the anatomical structure of the nasal erectile tissue was explained, and the reflex and the *ab extra* influences which prove its erection. Dr. M. believes that this tissue is especially concerned in the evolution of the many curious reflex phenomena observed in connection with nasal affections, and considers that the changes which it undergoes lie at the foundation of nasal pathology.

The physiological relationship existing between certain portions of the reproductive tract and the nasal erectile tissue appears (1) from the changes which the author has observed in the latter during the menstrual period. These consist either in simple engorgement, which may be uni- or bilateral, or may be associated with various reflex acts, such as coughing, sneezing, etc. The headache which occurs at the menstrual epoch may in some cases be due to the erection of this tissue; (2) from the presence of vicarious menstruation; (3) from the well-known sympathy between the erectile portion of the generative tract and other erectile organs of the body; (4) from

the occasional dependence of phenomena referable to the nose during sexual excitement either from the erethism from amorous contact or during the consummation of the act of coition. Dr. M. believes that the congestion and consequent irritation of the nasal sensitive area thus brought about furnishes the explanation of the sneezing which has been observed during the performance of the latter; (5) from the occasional dependence of affections of the genito-urinary tract upon affections of the nasal passages; (6) from the connection between the sense of smell and erethism of the reproductive organs exhibited in the lower animals and in those individuals whose passions are aroused by certain odors that emanate from the person of the opposite sex. From these facts, it is *a priori*, probable, that when carried to an excess, stimulation of the generative organs, from excessive use or disease, may not only become a factor in the production of congestive and transient inflammation of the nasal membrane, and especially of its cavernous tissue, but also become the starting point of chronic inflammatory changes in that structure. Dr. M. gave the following data, bearing on the subject from his personal observation in hospital and private practice: (1) nasal disease is, in a fair proportion of women, greatly aggravated at the menstrual period, and cases occur where the disease only makes its appearance at that time; (2) the discharge from nasal catarrh occasionally becomes offensive at the menstrual epoch, losing its disagreeable character with the decline of the ovarian excitement; (3) in ozena, the factor is much more pronounced during menstruation; (4) excessive indulgence in venery has a tendency to initiate inflammation of the nasal membrane, or to aggravate existing disease of that structure; (5) the same is true in regard to the confirmed habit of masturbation; (6) cases of nasal disease occasionally come under observation which are relieved upon the recognition and appropriate treatment of disease of the generative apparatus.

Dr. Mackenzie thinks that the above facts encourage the belief that irritation of the sexual apparatus may become a not inconspicuous etiological factor in the production of nasal disease. Whether this result from reflex action, pure and simple, as, for example, by virtue of the existence of correlated areas in the nose and reproductive system, or as the sequel of an excitement in which several or all of the erectile structures of the body participate, the starting point of the nasal disease is in all probability the repeated stimulation and congestion of the turbinated tissue of the nose; and it is furthermore highly probable that morbid states of the latter may react upon certain portions of the generative tract.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Thursday Evening, Jan. 10, 1884.—The President, Dr. Tyson, in the Chair.

Osteomyelitis of Tibia.—Exhibited by *Dr. C. M. Wilson.* Geo. L., æt. 42, was admitted into the surgical ward of the Pennsylvania Hospital, Nov. 26, 1883. Sixteen days previously he had been knocked down on shipboard, and had sustained a wedge-shaped fracture of the tibia and an oblique fracture of the fibula of the right leg about the middle; when admitted the fragments were in malposition and partially united. There was considerable deformity, the lower fragment of the tibia being tilted up and overlapping the upper fragment. By appropriate treatment the fracture was retained in fairly good position, and the case was progressing favorably until the afternoon of December 26, just one month after admission, when he had a severe chill followed by a temperature of 103½° Fah. He complained of violent pain in the left shoulder-joint. He was treated with salycilate of sodium. Next morning his temp. was 102½° F., with intense pain in both shoulders and elbows. The same antirheumatic treatment was continued under the supposition that the case was one of acute articular rheumatism, the man having been exposed to a draught. The afternoon of the second day he had a severe chill with an evening temp. of 104⅘° F., and a pre-systolic mitral murmur was detected. Dr. Wilson now considered the case to be one of pyæmia, and gave massive doses of quinia, stimuli and digitalis. Man steadily grew worse and died of exhaustion on the morning of December 30. Post-mortem 26 hours after death. Rigor mortis marked; body well nourished; posterior portion of body much discolored; extensive ecchymoses over arms and shoulders; smaller patches over abdomen and chest; 1½ ounces of clear serum in the pericardial sac, with many ecchymoses over the surface of the heart. Both sides of the heart relaxed and partially filled with post-mortem clots. The valves on right side appeared normal. The aortic valves were incompetent, and their free borders were roughened by recent vegetation. There was also some slight thickening and contraction. The mitral valve showed old thickening as well as signs of recent in-

flammation. The endocardium of the left ventricle showed numerous spots of ecchymosis. The heart weighed 16 ounces and its tissue was a good deal softened. Spleen normal. Left kidney weighed 7 ounces, was somewhat swollen and its tissues were slightly flabby. The capsule was thickened and somewhat adherent. The organ was congested and somewhat swollen. Right kidney weighed 6 ounces and presented same appearances as the left. Liver was large, swollen and marked by the ribs. Its surface was mottled with rounded yellowish patches surrounded by dark-red areolar. Section showed it to be markedly congested. Its weight was 4 pounds 4 ounces. Lungs much congested, the base of the left being anteriorly bound down by old adhesions. The brain was not examined. Examination of the fracture showed it to be ununited and there was no callus detectable.

The periostium tore easily. On section the medulla of the cavity of the tibia showed marked evidences of inflammation. There was a puffy septum of granulating tissue between the ends of the fragments. Above there was evidence of extravasated blood, and 2½ inches above the line of fracture there was a small circumscribed medullary abscess. The medullary cavity was inflamed and streaked with red lines. Through the kindness of Prof. Brinton and Dr. Longstreth, Dr. Wilson was enabled to show several pictures illustrative of osteomyelitis. This is the only case of death from simple fracture recorded at the Pennsylvania Hospital. This disease must be a very rare sequel of simple fracture. It is not necessarily a fatal disease, as the inflammation may become circumscribed, a depot of pus formed ,and the destructive processes end there, or a portion or the whole of a bone may die, or be removed. It is easy to see how a virulent inflammation going on to suppuration, with no vent to the pus, as in this specimen, could readly give rise to septic poisoning. I am indebted to the courtesy of Dr. Longstreth both for the specimen and assistance in its preparation.

Dr. Tyson said that he had seen many cases of osteomyelitis from gunshot injuries during the late war, but he could not recall a case where the medullary canal was encroached upon by a condensing osteitis, as in this specimen.

Dr. Nancrede related a case of fatal septic trouble, following a simple fracture of the thigh, where the starting point seemed to him to have been, a superficial ulceration of the skin produced by the adhesive plaster. Possibly section of the bone might have revealed an osteomyelitis, but as the fracture was firmly united, he thought that the skin abrasion was the starting point, and related two cases of pyæmia produced by equally trivial causes.

Dr. Longstreth related a case seen by him when a resident physician at the Pennsylvania Hospital. The patient had a fracture of the thigh of three weeks standing, and was apparently doing well, when chills, sweats, lung consolidation, etc., etc., ushered in a fatal attack of pyæmia. A post-mortem revealed osteomyelitis and general pyæmic manifestations. A possible explanation of Dr. Wilson's case was that it had been on board ship for three weeks after injury, where the treatment must have been of the crudest description.

Dr. Eskridge called attention to the endocardial trouble found in septic disease, which he had been taught as a student to consider was of an ulcerative form, and of fatal prognostic import. He had, however, seen two cases, which presented all the symptoms of ulcerated endocarditis, but which had recovered, while in two others, with a similar clinical history, post mortem examination revealed only a simple non-ulcerative endocarditis.

Dr. Shakspeare asked whether this condensing osteitis might not have been due to a previous syphilitic trouble.

Decalcified Bone Drainage-Tubes.—Prof. Gross gives the following directions for making decalcified bone drainage-tubes. Procure the femora and tibiæ of a chicken or turkey, take off the periosteum, and place the bones in 16⅔ per cent. solution of official hydrochloric acid until they become soft; then cut off the ends and force out the endosteum; replace in the hydrochloric acid solution until they become very soft; fill them with horse-hairs, which must be removed if pus forms, as they will not allow it to pass. However, he recommends removing the bone tube in twenty-four hours, as it can only be absorbed by granulations, which render union by first intention out of the question.—*College and Clinical Record.*

Editorial.

THE GOVERNOR'S MESSAGE AND THE STATE BOARD OF HEALTH OF MARYLAND.—In his final message to the Legislature of the State, one of his last official acts before retiring from office, and hence, we may suppose, expressing his honest convictions, Governor Hamilton makes reference to our State Board of Health in such terms as cannot fail to attract public attention and comment, and exercise an important influence upon public sentiment. After recalling the legislation of 1874, establishing the Board, and that of 1880 providing an annual salary of $1,800 for the Secretary, and an additional sum of $1,200 per annum for the necessary expenses of the Board to be paid on the certificate of the Board, and audit by comptroller and treasurer, and a further sum of $10,000 to be expended under the direction of the Governor and the Board upon needful sanitary measures and precautions, of which about $2,600 was expended in 1882; he urges that the latter provision should be repealed on the ground that it causes localities to depend upon the State instead of themselves for relief. Corporate cities, towns and counties, he says, should be required to provide for all sanitary measures and precautions, and should have authority to impose such taxes to accomplish this object as should be necessary; and "therefore" he "would further submit whether it would not be wise and proper to repeal altogether the act of 1880." He "very much questions whether the things done or required to be done justify the salary and expenses paid annually under the act." And he concludes—"it is certainly a very fit subject for State economy.

We have never shown a disposition to criticise the doings of the State Board of Health, nor do we wish now to be considered as being in the attitude of calllng it to account. Even if it were much less efficient than it is, we would consider the repeal of the law a misfortune, for almost any sanitary organization is better than none, and it is easier to correct abuses in already existing legal organizations than to secure new legislation upon such subjects from law-givers so constantly indifferent to national and local sanitary needs as ours' show themselves to be. But if the above language means anything, it shows that there are some who think that the services of the Board have not justified the expense incurred in its maintenance, and that, therefore, it is a needless burden upon the public treasury. It may be that the law is defective and needs amending; indeed, we have heard the opinion expressed that it did not confer adequate authority upon the Board for the performance of its proper functions. Be this as it may, in the interests of public health and sanitation, we should be glad to see a statement successfully controverting the language of the message and showing that the things done have "justified the salary and expenses paid annually under the act." Such opinions and from such a high source cannot be safely ignored, and it is well to recollect that the public must be satisfied upon these subjects as well as ourselves.

WYMAN ON THE FACILITIES POSSESSED BY THE TREASURY DEPARTMENT FOR MANAGING NATIONAL QUARANTINES.—The subject of National Quarantine is at this time in a transition state, and it remains to be seen what, if any, disposition of it the present Congress will make. Three things suggest themselves as possible: The National Board of Health, now virtually hybernating in consequence of the expiration of the act of June 2, 1879, may be revived and invested again with power—an event which scarcely seems likely in view of the expressed opposition of so many of our national legislators; a new Board of different composition and with different functions may be created; or the duties connected with the National Quarantine may be imposed upon the Marine Hospital Service. The last disposition of the subject seems to us not unlikely. At present, as is well known, the supervision of quarantine rests with the Marine Hospital Service, an organization under the control of the Secretary of the Treasury. This came about from the President having entrusted the $100,000 epidemic fund, appropriated annually by Congress, to the Secretary of the Treasury to be used by this service.

In view of these circumstances it is interesting to know what facilities this service possesses for carrying on National Quarantine. This question is answered by Dr. Walter Wyman, of the service, in a very clear and concise paper on "Quarantine," read before the late Maryland Sanitary Convention, an advance reprint of which, from the forthcoming Report of the State Board of Health, has reached us. Of course Dr. Wyman, whilst nominally advocating the claim of the Treasury Department is really urging those of the service to which he

belongs. He enumerates the following resources possessed by the Secretary: First, the collectors of customs, sworn officers, found at every port of entry, who can furnish reliable information, who know every vessel and cargo and have the right of search and detention; second, the Revenue Cutter Service, designed to enforce customs regulations and to prevent smuggling, with forty vessels, and a thorough knowledge of the coast; third, the Marine Hospital Service, the medical bureau of the Treasury Department, having for its primary object the health of sailors and their ships, with one hundred and sixty medical officers, accustomed to transact public business and acquainted with navigation and health laws, and local health regulations; fourth, the Coast Survey, another bureau of the Department, whose duty it is to take frequent soundings along the coast and to furnish accurate charts; these would enable vessels to approach quarantine stations without danger; fifth, the Light House Establishment, with vessels and facilities for buoying channels, furnishing signal lights, etc. All of these are directly under the control of the Treasury Department, "which finds itself well-equipped without additional legislation for the control of national quarantines."

It cannot be gainsaid that these facilities are very great and the experience of the last year and a half has demonstrated that in the Supervising Surgeon-General of the Marine Hospital Service we possess an officer who has the qualities and the ability to use them most efficiently. But we see no reason why these advantages could not be also utilized by suitable legislation in connection with the work of a National Health Bureau or Board of Health. Moreover, the Marine Hospital Service has its definite functions for which it was established and which seem sufficient to employ all the resources it at present has at command. Quarantine is not all that is needed in the way of national sanitation, and whether the Marine Hospital Service is capable, either under its present form or under such modifications as it might in the hands of our legislators undergo, of meeting these additional needs, is a question which would require careful consideration.

New Bill for Licensing Physicians and Regulating Medical Practice in New York.—The *Buffalo Med. and Surg. Journal*, of October last, contains the text of a bill drafted by a committee of the Erie County Medical Society, appointed for that purpose, and unanimously adopted by the Society. This bill is designed to regulate the licensing of physicians and the practice of medicine within the State, and with that object provides for "the medical faculty of the University of the State of New York," which is to be the sole licensing body in the State. It will not be the province of the Faculty to teach; no one will even be eligible to a position upon it who is connected with any teaching body. The teaching will be done as before by the Faculties of the various medical colleges. The Faculty is to consist of nine physicians, appointed by the Governor, two being Homœopaths and one Eclectic, and no one will be permitted to enter upon practice after Nov. 1, 1884, without its license. It will have the oversight of medical societies and institutions and may be appealed to in questions relating to by-laws. It must meet twice a year, examine candidates for license and render a written report of results. Graduates of colleges in good standing are eligible to examination on paying $25; at least six members must vote for a candidate to give him a license, and he must pay to the Regents of the University, who issue the license, the further sum of $15. The Faculty shall declare what is unprofessional conduct and may withold or revoke licenses for the same. All persons getting licenses must register in the County Clerk's office, exhibiting and swearing to their diplomas and licenses, and a heavy penalty is incurred by swearly falsely or practising illegally. Officers in the United States services and members of the staff of hospitals, as also all persons already legally registered, are exempt from the provisions of the bill.

From subsequent numbers of the same journal we learn that the proposed bill has met with cordial reception from the journals, profession and laiety of the State, and particularly that feature of it which divorces the licensing and teaching powers. The association of homœopaths and eclectics is considered a necessary and just concession since, as is said in its defense, "we do not ask for legislation in the interests of the medical profession, but for measures in the interests of the community." Six States, viz., Alabama, North Carolina, Illinois, Minnesota, Missouri and West Virginia, are said to have already licensing bodies similar to this Faculty. It is further pointed out that the medical colleges are generally private corporations operated in the interest of a few persons, and this has led to such a state of things that a diploma has ceased "to furnish any reasonable presumption of respectable professional acquirement," and "the country is overrun with unlearned, incompetent persons holding licenses to practice medicine to the serious degradation of the profession and the detriment of the public health and welfare."

The above is highly suggestive of thought to us of Maryland and it is high time we were rousing from our lethargy and adopting some measures for the elevation and purification of our profession. Could not our four schools

agree upon a joint examining board and issue diplomas only to such students as have passed a successful examination before it?

SEXUAL IRRITATION AND NASAL DISEASE.—The influence of over-stimulation or disease of the sexual apparatus in the causation and clinical history of nasal affections seems to have been heretofore overlooked. In a recent communication to the Academy of Medicine, Dr. John N. Mackenzie gives a number of clinical data, derived from personal observation in private and hospital practice, bearing upon this subject, which he sustains by drawing attention to certain anatomical and physiological relationships which exist between the nasal tissues and those of the generative tract.

According to his observations, the natural stimulation of the generative organs, when carried to an excess, or pathological states of the same, is often the predisposing and sometimes the exciting cause of morbid conditions of the nasal mucous membrane. These latter may consist in congestion and transient inflammation of the nasal membrane, and especially of its cavernous tissue; or the prolonged and repeated abuse of the sexual organs by its continued irritative influence on the turbinated tissues may become the starting point of chronic changes in that structure.

Dr. Mackenzie's theory is that the nasal affection, in these cases, originates primarily in the repeated stimulation and erection of the turbinated tissue of the nose. This latter is, as is well known, essentially an erectile tissue and the anatomical analogue of the corpora cavernosa of the penis, and, as Dr. Mackenzie has pointed out, is particularly concerned in the evolution of the curious reflex phenomena which have been observed in connection with nasal disease. The author of the paper thinks it highly probable that this erectile area in the nose, so sensitive to reflex-producing impressions, is the correlative of similar vascular areas in the reproductive tract, and is accordingly inclined to explain the phenomena observed by the doctrine of reflex or correlated action.

SUBSCRIPTIONS FOR THE SIMS MONUMENT.—In order to further the efforts of those who have initiated this laudable movement, a subscription has been opened at the office of this journal, 35 Park Avenue, where contributions may be left or sent. They will also be received by the Librarian at the rooms of the Medical and Chirurgical Faculty. Subscriptions from a distance may be made by P. O. money order. Contributions of $1 or over will be acknowledged in the JOURNAL.

Miscellany.

THE IMPORTANCE OF IMMEDIATE POST-PARTUM EXAMINATION OF THE PERINEUM IN EVERY CASE OF LABOR AND, WHEN LACERATED, ITS TREATMENT BY ONE SUTURE.—Dr. T. Johnson Alloway, of Montreal, contributes to the *American Journal of Obstetrics and Diseases of Women and Children* (January, 1884,) a paper with the foregoing title in which he offers very strong arguments to prove the advantage of the immediate operation for lacerated perineum over the remote operation. The following propositions are offered: 1. That the results obtained by immediate repair justfy the operation. 2. That the operation, when performed in a way to be indicated, and when proper antiseptic precautions are observed, is free from danger. 3. That the operation does not involve inconvenience or mental shock to the patient. 4. That the performance of the operation should be within the capability of every well-informed physician. 5. That convalescence is always perfect. 6. That an unrepaired perineum is a blemish to a woman, she is virtually a cripple, and is sure ultimately to find her way to the gynecologist for the relief of a series of uterine troubles, often induced by, and depending upon this blemish.

Turning to treatment Dr. Alloway recommends the use of the single suture, and presents the following points necessary to be observed in connection with this suture. 1. Examine carefully *with your eyes* every perineum after removal of placenta. If lacerated to more than a quarter of an inch apply the suture. 2. Use one of Emmet's long, straight perineum needles with a silk suture. By the aid of a holder, force the needle through the skin in the left side of the tear half an inch from its edge, at any point between the beginning and end of tear, but the nearer to the beginning, that is, the higher up, the better will be the result. Now with the two fingers of left hand in the rectum, press up the rectal wall and recto-vaginal cellular tissue, so that the needle can be rapidly, though steadily made to glide beneath this issue and over the rectum, hugging the latter as closely as possible to make its exit at a corresponding point on the opposite or right side. In tying the suture avoid doing so too tight, as it is a good plan to allow for swelling, which generally lasts for some days. 3. Be sure that the needle in no part of its course makes an exit in the vaginal surface; if so, you will probably have a pus pocket. 4. The operation is very simple and can be performed by any physician of ordinary experience. 5. The after-treatment consists in washing out the vaginal passage night and morning with

any antiseptic solution the physician is accustomed to use. *But he must do it himself;* the nurse would be as likely to pass the tube below as above the suture *and kill all your joy.* As regards antiseptics, I use in such cases a solution of corrosive sublimate $\frac{1}{2000}$ once in twenty-four hours, administered at night. I find this solution as handy and harmless as carbolic acid. Tell your chemist to make a ʒ ii alcoholic solution of hyd. bichl., each drachm of the solution to contain seven and one-half grains of the salt. One teaspoonful of this mixture added to a pint of water will give almost to a fraction, one part in one thousand. I have used this solution in cases of metria three times in the twelve hours for two consecutive days without any evidence of toxic effects from absorption. It is probably due to the formation of an insoluble albuminate of mercury which seals up all breaks in the surface for a time. 6. The suture had better be allowed to remain in situ for nine or ten days. I am strongly in favor of the silk; the wire suture is liable to produce a bleeding point or two on removing it. This accident might prove troublesome from absorption, which is so active at this period of convalescence. 7. The nurse is the only assistant you will require, and is, of course, in your confidence.

Women Students at the Philadelphia Hospital.—There are about fifteen students at the Woman's Medical College in Philadelphia, fitting themselves as medical missionaries in Asia and elsewhere. Three of them, we understand, attended last Saturday's medical clinic at Blockley—the only women among about one hundred and fifty young men. The lecturer was late, and the class, in their impatience and enforced idleness, began some noisy demonstration, directed evidently, to the delinquent teacher, but later apparently intended for the women present, not so much in the way of serious insult as of playful banter. Miss A. M. Fielde, one of their number—one of the most widely known and eminent missionaries in China—arose on the inspiration of the moment, and amidst instant and most respectful silence, spoke as follows: "Gentlemen: I have been for eighteen years a missionary in China. The Chinese have no medical science, and superstitious rites are chiefly relied on in the treatment of disease. *All* the people are in need of medical aid, but the *women* are the *neediest.* A Chinese woman would under no circumstances go to a male physician for the treatment of any disease peculiar to her sex. She would be prevented by her own womanly delicacy and by all the notions of modesty held by those around her. She would suffer lifelong agony rather than violate her sense of propriety. Her father, her brothers, and her husband would even let her die rather than allow her to be treated by a male physician. Full of sorrow for the sufferings of these women, I have been looking in Christian America to see what hope of help for them might be here. I have been glad to find that in some of our great medical schools earnest and self-sacrificing women are fitting themselves for a work of mercy in Asia and other lands. Unless such women learn to do such work well there is no physical salvation for those afflicted ones. And in behalf of those women, who have no medical care while they so sorely need it, I ask from you the courtesy of gentlemen towards ladies who are studying medicine in Philadelphia." The whole class responded to her earnest address with a cheer, and one of their number, rising, assured the ladies that they had no intention to annoy them. Evidently a new aspect of the case had been presented to many of them, and one which claimed their respect and sympathy.—*Medical News.*

The Treatment of Acute Nephritis.—There are few diseases which give rise to more anxiety in their treatment than those in which the kidney is concerned. With regard to both the precise pathology of renal inflammation and the therapeutics of this disease much unquestionably remains to be determined. True there are well-recognized principles to be followed in practice—namely, (1) to give the inflamed organ rest, and therefore neither to irritate it by so-called diuretic remedies, nor embarrass its action by giving nitrogenous food; (2) to see that the skin, which may be regarded as the *alter ego* of the kidney, is called into vicarious action. In spite of these guiding principles, however, acute renal inflammation remains often the despair of the physician. Dr. Aufrecht, of Magdeburg (*Berlin. Klin. Wochensch.*, Dec. 12th), who, as is well known, has paid much attention to the pathology of nephritis, advocates most forcibly the adoption of an expectant line of treatment, in which dietetics play an important *role.* He absolutely discountenances the prescription of diuretic and diaphoretic drugs, and regards it as not good practice to encourage diaphoresis by hot baths or heated air. We go with him in his condemnation of diuretics, or of those salts which act notably on the kidney, and which we are persuaded are often given unnecessarily, and perhaps with injury; but in his objection to diaphoretics he seems on less secure ground. His plan consists in the administration of neutral salines, or bicarbonate of soda, which may

be replaced by iron in the later stages, when the anæmia evoked by the albuminuria appears. The diet at first must, he says, be wholly vegetable, in the form of vegetable soups, and starchy and saccharine foods; even milk is to be avoided till after the first or the second week of the acute attack. This rigid *regimen* is necessary to diminish the special function of the kidney—elimination of nitrogenous matters. He quotes Lichtheim and Senator in support of this doctrine, which recognizes in the defective elimination of the kidney a much graver incident than the outpouring of albumen, and which therefore emphasises the necessity of reducing to a minimum the ingestion of proteids. Aufrecht details one case (of scarlatinal nephritis) where suppression of urine lasted for eighty hours, and where this expectant treatment was followed by recovery. He mentions another, where the anuria lasted for fourteen hours; and he asserts that under the diuretic and diaphoretic plan of treatment, cases such as these would almost certainly have succumbed. To avoid misconceptions, we should add that he prescribes a warm bath occasionally in such cases, but never to the extent of inducing profuse diaphoresis, and that he makes no mention of free purgation. Probably he would denounce this as another measure of harmful interference.—*Lancet*, Dec. 29th.

An Experience of Recently Introduced Hypnotics.—In an article (*Deutsche Med. Woch.*, Dec. 5th, p. 716) upon sleeplessness and hypnotics, Dr. Eickholt, of Grafenburg, after considering the properties of opium, chloral and hyoscyamine refers to two new remedies, (oxidation products of alcohol) lately introduced, viz:—paraldehyde and acetal; and he does not speak very favorably of them. Paraldehyde, introduced by Morselli, has a very powerful odor and burning taste, properties which increase the difficulty of its administration. According to Morselli, a dose of two or three grammes produces diminished voluntary power and peripheral sensibility, and lowers the frequency of the pulse, which remains regular and strong. But its hypnotic effects are transient, and Eickholt thinks it only applicable to conditions of simple melancholia, as in the state of exhaustion after long-lasting mania, or in the states of excitation occurring in dementia paralytica and in alcoholism. But its ravenauseous properties are a bar to its use, and the odor may be detected in the expired air twenty-four hours afterwards; moreover, it causes dryness of the throat and thirst, and in many cases even congestion of the head and paralysis of the peripheral vessels. It is not to be recommended, he says, in private practice. Acetal (di-ethylacetal), introduced by v. Mering, is even less desirable. Its hypnotic action is very uncertain, and its taste very burning and disagreeable. The hypnotic dose is eight to ten grammes—an amount sufficient to derange digestion, or if not very freely diluted, even to corrode the stomach. Eickholt only saw it given to drunkards, and remarks that an equally good effect with less risk could be obtained by a glass of beer or a glass of cognac. He contrasts with these uncertain and even dangerous means, the administration of cannabinum tannicum glycoside obtained from Indian hemp. It is given in doses of 0.1 to 0.5 grammes, and is especially useful in neurasthenic insomnia and in mild melancholia without delusions, but is contraindicated in conditions of excitation and severe melancholia. It does not derange the digestive or circulatory functions, and only a few persons complained of headache, tinnitus, etc., these being as a rule cases in which the cannabin had been substituted for opium.—*Lancet*, Dec. 15.

The Medical Society of the State of Pennsylvania.—The annual meeting of this Society will be held at Philadelphia, on May 14th, 15th and 16th, 1884, in the Assembly Room of the Union League, Broad and Walnut streets. The President's reception and the entertainment by the Philadelphia County Medical Society will be held on the evening of May 14th, at the Pennsylvania Academy of the Fine Arts, Broad and Arch streets.

The by-laws require the programme of the meeting to be printed and distributed at least one month before the date of the meeting; and no voluntary paper is allowed to occupy more than twenty minutes in its reading.

Notice is hereby given that all those who wish to present papers should send the full title and a short abstract of the same to the Committee on Arrangements on or before March 1st, 1884, in order that a varied and attractive programme may be prepared.

No paper will be selected for a position upon the programme of the meeting, unless an abstract has previously been seen by the Committee. By order of the Committee,

John B. Roberts, *Chairman.*
1118 Arch street, Philadelphia.

The New York Post-Graduate School of Medicine has been so successful that it will move to a new building on February 1, 1884, which will enable it to give hospital advantages to its matriculates. The new building is very large, being five stories high and having a front of ninety-five feet. The new announcement gives a list of 140 physicians who were matriculates for the year ending November 1, 1883.

BELLADONNA INJECTION AS A CURE FOR GONORRHŒA.—Dr. John Roche recommends this in the *Medical Press*, detailing a case of bad gonorrhœa with intolerable chordee at night, in which he ordered an injection of seven ounces of water, an ounce of mucilage of acacia, twenty grains of extract of belladonna and twenty grains of sulphate of zinc, a teaspoonful to be injected immediately before and after micturating, and a similar amount the last thing at night, great care to be used in passing the injection fully down as far as the pain was most intense. An ointment of spermaceti and mercurial ointment, ʒiv each, and ten grains each of extract of belladonna and powdered opium as a paste to be smeared along the perinæum and around the crura penis at night. There was no chordee that night, and within a week there was a complete cure. This case occurred thirteen years ago, since which time in numerous cases of gonorrhœa, this injection has been used with unfailing success. Patients have always stated that it is the injection and not the ointment which stopped the chordee carminatively, and it has been used in the acute and in the chronic and gleety stages, in first attack and in those making one of a series, and in cases complicated with inflamed testicle and chordee, and nothing seemed to contra-indicate its use nor mitigate its success.—*Journal American Medical Association.*

HIGH AMPUTATION FOR SENILE GANGRENE —At a recent meeting of the Royal Med. and Chir. Society of London, Mr. Jonathan Hutchinson read a paper on this subject, of which the *Lancet* gives the following resume: It began with the statement that the author's chief object was to urge the safety and expediency of amputating in senile gangrene if the operation were done at a good distance from the disease. In the common form of gangrene of the toes and foot, the lower third of the thigh was the part suggested as the proper level of the amputation, and in rarer cases in which the hand was affected, the middle of the upper arm. After remarking on the fact that amputations had hitherto generally proved disappointing owing to return of the disease, the author urged that this was owing to their having usually been done too low down. The calcification of the arteries upon which, in the main, the disease depended, was usually greatest near the periphery, and hence the difficulty as to supply of blood for the nutrition of the flaps. This source of danger was not met with if the amputation be done sufficiently high. In a series of cases, in very old patients, the author had not encountered the recurrence of gangrene excepting in one. In three the stump had healed well. In a fourth, in which the patient, although not old, was prematurely senile and the calcification of the arteries extreme, the recovery had also been excellent. In this instance the femoral artery was so rigid that it stuck out from the face of the stump like a small bone. One of the patients, in whom the stump had healed without a drawback, was seventy years old. In two of the cases the other foot had been subsequently threatened with gangrene. As to the time to be selected, the author thought that as soon as the patient was so ill as to be confined to bed and the disease was well established, it was best to operate. Spontaneous cure was, he urged, very exceptional, and a great majority of such cases ended in death. After a long period of much suffering, the thinner the patient the less was the risk of the amputation. In a few cases in which the thigh was exceptionally fat and the tissue flabby, it might be wise to hesitate as to recommending it. In all cases Lister's precautions had been carefully used, and in two or three the patient had never experienced the slightest pain from the day of the operation.

THE HOT WATER CURE.—A writer in the *Lancet* (Dec. 29) gives his experience of hot water as a curative agent in indigestion, from which he has suffered for many years, and by the judicious use of which, he has been relieved. He says half to a teacupful of hot water (not boiling nor yet lukewarm) sipped before a meal will enable nine out of every ten sufferers from indigestion to digest that meal with comfort; and in cases where a fulness and uncomfortableness are felt after a meal, a similar qauntity taken in a similar manner will give relief.

WASHINGTON BIOLOGICAL SOCIETY.—At the annual meeting of this society, held the 11th inst., the following officers were elected: President, Prof. C. A. White; Vice-Presidents, Prof. Theodore Gill, Prof. C. V. Riley, Prof. L. F. Ward, Mr. Wm. H. Dall; Secretaries, Richard Rathbun, G. Brown Goode; Treasurer, Dr. Tarleton H. Bean; Councillors, Prof. Otis T. Mason, Dr. George Vasey, Dr. D. Webster Prentiss, Mr. F. W. True and Mr. John A. Ryder.

A TONIC PILL.—The *Med. Press* recommends the following formula for a tonic pill:

℞ Reduced iron, gr. 1.
Ext. cinchona, grs. iv.
Arsenious acid, gr. 1-10.
Ext. nux vomica, gr. 1-5.
Gentian, q. s.
Ft. Pill No. 1.
S. one three times a day.

THE VALUE OF TAXIS IN INTESTINAL STRANGULATION.—At the recent meeting of the French Association for the Advancement of Science (*Revue de Chirurgie*, Nov. 10, 1883), M. Henri Henrot reported two cases of intestinal strangulation—characterized by excessive pain, constipation, and the discharge of gas *per anum*, together with a well-marked abdominal tumor and symptoms of peritonitis—in which the performance of taxis, after producing a loud pathognomonic gurgle, caused the entire subsidence of the tumor. These results semeiologically considered were regarded by M. Henrot as showing that taxis, when methodically performed, in combination with electrical stimulation of the rectus abdominis (the resistance of the abdominal walls having been previously overcome by the aid of morphine or chloroform), would afford indications sufficiently precise to justify an immediate resort to the knife should the foregoing expedients prove unavailing. The process is carried out in the following manner: The surgeon compresses the tumor with both hands, at the same time thrusting his fingers gently and gradually, but as deep as possible, into the abdomen; he then bears upon the most prominent portion of the tumor, while he directs his efforts toward the supposed situation of the inaccessible constricting ring. The earlier the attempt is made, the greater will be the chance of success. M. Verneuil remarked that the taxis was a very delicate and dangerous operation, scarcely to be ventured upon by unpracticed hands. He was much afraid that, if adopted by the bulk of practitioners, who had not M. Henrot's experience and ability, it would result in evils even greater than those which followed its too prolonged employment in cases of hernia.

"HAMMER-TOES."—According to M. Blum, in a paper read before the Societe de Chirurgie (*Revue de Chirurgie*, Nov., 1883), this malformation, when not hereditary and congenital, makes its appearance at the adult period of life. In three cases of the kind which he had examined after amputation of the limbs, he had found a collection of serum, with inflammation, under a corn on the dorsal surface of the second toe joint, together with a cord-like thickening of the articular capsule—this being evidently a secondary lesion. Rejecting the theory which attributes the affection to the pressure exercised by short shoes on second toes of preternatural length, M. Blum regarded it as due to a periarthritis resulting from the irritating influence of a neighboring corn. M. Terrier referred to the cases, omitted by M. Blum, in which the deformity was hereditary without being congenital. In such instances it occurred at the age of twelve or fourteen years—often upon both extremities. The speaker had known a family in which every other generation only was thus afflicted. He believed the *orteil en marteau* to proceed from an innate tendency, the manifestation of which was delayed for some time after birth. M. See remarked that the corn was merely a secondary and consecutive phenomenon. M. Despres had known the malformation to be developed at six, seven, and eight years of age, without apparent cause, there not being even a corn to account for it.—*N. Y. Med. Jl.*

EXPERIMENTS WITH THE SPUTA OF PHTHISICAL PATIENTS.—M. Vignal has been trying some experiments with the view of ascertaining whether the sputa of phthisical patients as found in the streets still contained bacilli.

He collected a certain quantity of such sputa and submitted it to dessication; he then moistened it and let it dry again at different times so as to place it as much as possible in the condition in which it would be found in ordinary circumstances in a room. He discovered that the sputa thus treated contained bacilli as numerous and as well formed as if they had just been expectorated. He inoculated two guinea-pigs with the matter, one of which died in a few days from obstruction in the bowels and he could not in consequence come to any conclusion, but the second animal though it increased in weight during the first few weeks subsequent to the injection, afterwards began to lose flesh and died in about three months. At the autopsy it was found that in all the organs there was a great number of tubercles which contained bacilli. M. Vignal concludes that sputa of phthisical patients as found on the ground in the streets or in apartments are far from being inoffensive and might become agents of contagion to persons predisposed or in whom bacilli would find a favorable soil for propagation.—*Lancet*, December 29th.

CAUSE OF FLAT-FOOT.—Dr. Herman von Meyer, of Zurich, after a careful examination of the normal and of the flat-foot, anatomical as well as clinical, comes to the conclusion that flat-foot does not depend on destruction of the arch of the foot, but on a valgous position of the foot, and chiefly of the os calcis, with regard to the astragalus, together with, as a complemental and secondary condition, version upwards and outwards of the fore-part of the foot. The deformity is not due to relaxation of the plantar ligaments, but depends rather on exaggerated rotation inwards of the astragalus, and on subsequent changes in the conditions of the plantar bones due to the atrophy resulting from pressure.

THE EMPLOYMENT OF BROMIDE OF ETHYL IN LABOR.—*Mueller* (Berne).—Following in the wake of the experiments repeatedly made of late (especially by Heckermann, of Berlin, 50 cases), M. has employed ethyl bromide in 22 cases of labor. The results were not as favorable as those obtained by H. The action is uncertain. M. employed it 13 times in the second stage. In 5 of these cases the labor pains ceased altogether; in 3, they ceased in part; in 5, no effect was produced. The drug was used eight times during the whole course of labor; in 2, the effect was very good; in 4, the effect was temporary; in 2, the pains were obtunded only in the first stage. On the average, 50 to 60 grammes of the drug were employed. During the narcosis, the pupils dilated and the face became congested. Little effect was produced on the pulse and the respiration. M. believes that the retardation in the activity of the contractions is merely apparent. He has witnessed no post-partum hemorrhages and no malinvolution of the uterus. Quite noteworthy is the fact that a very severe bronchitis set in during the puerperium in two of the cases. The purity of the drug was established by chemical examination. Perhaps the quantity employed (80 grains) was too large.

Schatz (Rostock) said he was glad that the narcosis of the normal parturient had not thus far became the rule in Germany. The kymographion shows that chloroform narcosis considerably reduces the force of the contractions. He ascribes the large number of post-partum hemorrhages in England to the frequent employment of chloroform. He fears that similar drawbacks attend the use of bromide of ethyl.

Neugebauer (Warschau) called attention to some points in Heckermann's lecture which he had heard in Berlin; he stated that Rose likewise had experimented with the drug. The latter objected to it because the odor of the expired air of persons anesthetized with bromide of ethyl was disagreeable to patients in the same ward.

Mueller stated that he too had noticed a garlicky odor in his patients, but it was never strong enough to be really objectionable. He added that the drug seemed to effect the fetus rapidly, the expired air of which likewise diffused that odor.

Hegar had tried various anesthetics, but had always returned to chloroform. Ether may also be the cause of violent bronchitis which may be fatal to debilitated persons. Bichloride of methylene has the advantage that it has no depressant effect on the heart. Breisky has had one case of death from this drug; chemical examination showed that the preparation was a mixture of chloroform and alcohol. H. likewise had his sample tested. The result was the same. He thinks it advisable to put the patient under chloroform toward the end of the second, but particularly of the first stage.

Mueller had also experimented with chloral (five grains); the pains were moderated in the first, but not in the second stage.—*Trans. German Gynecological Society, in American Journal of Obstetrics*, January, 1884.

THE ANNUAL MEETING OF THE BALTIMORE MEDICAL AND SURGICAL SOCIETY was held on Wednesday night, January 24th. The following officers were elected to serve the ensuing year: *President*—C. F. Percival, M. D.; *Vice-Presidents*—J. W. C. Cuddy, M. D., and B. F. Leonard, M. D.; *Recording Secretary*—C. B. Ziegler, M. D.; *Corresponding Secretary*—W. N. Hill, M. D.; *Treasurer*—W. H. Norris, M. D.; *Executive Committee* – R. W. Mansfield, M. D., D. W. Cathell, M. D., and T. B. Evans, M. D.; *Committee on Lectures*—Drs. Chambers, Kinnemon and Rohé; *Committee of Honor*—Drs. Reid, Taylor and Monmonier. This Society has over 100 members, and is in a very flourishing condition.

THE PHILADELPHIA COUNTY MEDICAL SOCIETY, at its annual meeting held January 2nd, elected the following officers: *President*—Dr. Wm. M. Welch; *Vice-Presidents*—Drs. Wm. S. Forbes and S. R. Knight; *Recording Secretary*—Dr. Henry Leffman; *Corresponding Secretary*—Dr. M. S. French; *Treasurer*—Dr. L. K. Baldwin; *Censor*—Dr. H. St. Clair Ash.

DEATH OF A PROMINENT FEMALE PHYSICIAN.—Dr. Annie E. Rice, of Washington, D. C., died of heart disease, on January 13th. She was one of the attending physicians of the Woman's Dispensary; a graduate of the Woman's Medical College of Philadelphia, and a thoroughly industrious, competent and hard-working student. She died just on the threshold of success in her chosen profession.

College of Physicians of Philadelphia.—The following officers were elected at the annual meeting of the College of Physicians of Philadelphia, held Jan'y 2nd: *President*—Dr. Samuel Lewis; *Vice-President*—Dr. J. M. DaCosta; *Secretary*—Dr. Richard A. Cleeman; *Treasurer*—Dr. Charles S. Wurst.

Obituary.

Death of Dr. J. Harry Clawson.—Dr. J. Harry Clawson, a physician well known to many of the readers of this journal, died at No. 250 N. Broadway, in this city, on the morning of January 24th, after a lingering and painful illness, of pulmonary tuberculosis. Dr. Clawson was born in Yorkville, S. C., on the 6th of February, 1848. At a very early age he entered the Confederate army and remained in service until the surrender. After the war he entered school and completed his academic education in his native State. He entered the medical department of the University of Maryland in the fall of 1870 and graduated in March, 1872. After practicing his profession for several years in Yorkville he returned to this city and reattended lectures at the University during the winter of 1875–'76. In March, 1876, he was elected Assistant Resident Physician to the University Hospital and devoted one year to hospital work. At the end of his term of office he engaged in private practice in this city for several years, and finally married Miss Lizzie Hires, the youngest daughter of the Rev. Dr. Hires, of New Jersey, but at that time residing here. Mrs. Clawson and a son four years old now survive the Doctor. In 1879 the Doctor returned to his native State and located at Spartansburg. His health, which was never strong, began to give away after his return South, and for the past two or three years he has been incapacitated for professional work. His physical strength was never equal to the hard labor and fatigue required for the earnest and successful practice of medicine. This fact forced him to vacillate and waver in his plans. He was a man of the highest sense of honor and sincerity, a true and kind friend, and a most genial and considerate companion. He bore his long suffering with great patience and manliness and died as he had lived, a thorough gentleman.

Medical Items.

The Philadelphia Medical Club is becoming quite a feature in literary and social circles, among Philadelphia medical men. It now numbers seventy-five members. Its object is to encourage literary work and social relations among its members.=To disguise the taste of tincture of iron, it is recommended that tincture of the sesquichloride of iron be mixed with simple syrup, and then with milk. This mixture will not affect the teeth, nor will the styptic taste be apparent=A new medical society, entitled the New York County Medical Association, has lately been organized in New York. Is is stated that the Society was organized as a sort of protest against the action of the Medical Society of the County of New York and of the Academy of Medicine on the code question.=The *Medical Gazette*, published by Birmingham & Co., has ceased to exist, and has been succeeded by the *Æsculapian*, a monthly journal, edited by Dr. E. J. Birmingham.=Dr. J. H. Girdner, of New York, says the material which is removed from the sides of a ruptured perineum, when vivified preparatory to uniting, makes the best skin-grafts to be obtained from any source.=*The Archives of Medicine* will not be discontinued, as was announced. Dr. E. C. Seguin having resumed his professional work in New York, will resume its editorial management.=Micrococci of alopecia are the latest addition to the pathogenetic bacteria.=The published statements of the Health Department of Philadelphia, show the number of deaths in that city for the year 1883 to have been 20.076, an increase of but 17 over the death list for 1882.=Lawson Tait was recently arrested in this city; not the celebrated ovariotomist, however, but a gentleman of color.=Dr. M. M. Lewis, a well-known physician, died at his home in Alexandria, Va., on the 21st inst. Dr. Lewis has practiced in Virginia for about forty years, and during the late war was brigade-surgeon in the army of Northern Virginia, C. S.=Dr. Calvin Ellis left the sum of $50,000 to the Harvard Medical School with the condition that, in the event of the trust-fund amounting to more than that sum, the income of the excess, after deducting five per cent., is to be applied to paying a salary to the professor of pathological anatomy.=It is stated that eight of the professors and all of the students have withdrawn from the St. Louis College of Physicians and Surgeons.=The membership of the Philadelphia Polyclinic and College for Graduates in Medicine numbers this session 72.=The wife of Lieutenant-Governor Ol-

iver Ames has recently given $35,000 to the Free Hospital for Women of Boston, Mass.=The laws of Kansas do not allow the prescription of liquor by physicians except under circumstances of extreme need, and the physician has to take the risk of a jury's deciding against him on this point.= A few years ago there was some excuse for a doctor graduating and going into practice without ever having seen a case except, perhaps, from the back seat of a large amphitheatre; now, with our well-supplied clinical schools, it is unpardonable that such a thing should happen.—*Med. Record.* =Decoction of quassia, applied to mosquito bites, constitutes an excellent remedy for the relief of the itching and irritation. It is also said to be a preventive against the attacks of this insect. Remember this when summer comes.—*Med. Record.*=There are in France 103 lunatic asylums and 60,000 lunatics.=Drs. Dawson and Munde have withdrawn their support from the New York College of Midwifery.=A tobacco merchant, from a recent visit to Cuba, was taken ill with yellow fever in New York and died on the 11th of January. =The *Medical Record* publishes the names of six physicians ranging in age from seventy-two to eighty-one years, all in the active practice of medicine. It advises the younger men to take courage and "learn to labor and to wait." Excellent advice.=The Sims Memorial Fund has already received a number of subscriptions of one hundred dollars each. This should not discourage those who feel able to contribute much smaller amounts.=That excellent journal, the *Annals of Anat. and Surg.*, has suspended. Its senior editor, Dr. Pilcher, and his colleague, Dr. Fowler, will go to Europe.

CHANGES IN THE STATIONS AND DUTIES OF THE OFFICERS SERVING IN THE MEDICAL DEPARTMENT U. S. ARMY, from Jan. 14th to Jan. 21st, 1884:

Brewster, W. B., First Lieutenant and Assistant Surgeon; resignation accepted by the President to take effect February 7th, 1884. S. O. 10, A. G. O., January 12th, 1884.

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE UNITED STATES MARINE HOSPITAL SERVICE, October 1, 1883, to December 31st, 1883:

Bailhache, P. H. Surgeon, relieved from duty at Cape Charles Quarantine Station, Oct. 13, 1883; detailed as member of Board to examine candidates for promotion, Oct. 30th, 1883; granted leave of absence for thirty days, November 27th, 1883.

Hutton, W. H. H., Surgeon, granted leave of absence for twenty days, Oct. 1st, 1883.

Wyman, Walter, Surgeon, detailed as member of Board to examine candidates for promotion, October 30th, 1883; to proceed to Norfolk, Va., to investigate the conduct of the service at that port, Dec. 31st, 1883.

Long, W. H., Surgeon, leave of absence extended ten days, October 26th, 1883.

Murray, R. D., Surgeon, to proceed to Ship Island Quarantine Station, October 17th, 1883; to inspect sites for quarantine stations, November 30th, 1883; granted leave of absence for twenty days, December 18th, 1883.

Smith, Henry, Surgeon, granted leave of absence for twenty-five days on account of sickness, October 13th, 1883; relieved from duty at Norfolk, Va., October 17th, 1883; to report to Surgeon Sawtelle, at New York, for temporary duty, November 27th, 1883; relieved from temporary duty at New York, and placed on waiting orders, December 31st, 1883.

Fisher, J. C., Passed Assistant Surgeon, when relieved by Assistant Surgeon Banks, to proceed to New York for duty, October 29th, 1883; granted leave of absence for thirty days, November 28th, 1883.

Goldsborough, C. B., Passed Assistant Surgeon, granted leaves of absence for thirty-two days, on account of sickness, October 12th, October 20th and November 1st, 1883.

Irwin, Fairfax, Passed Assistant Surgeon, to proceed to Norfolk, Va., and assume charge of the service, relieving Assistant Surgeon Glennan, October 16th, 1883.

Mead, F. W., Passed Assistant Surgeon, to proceed to Portland, Oregon, inspect the service, and report the condition of Assistant Surgeon Devan, December 5th, 1883; to return to station, Port Townsend, Wash. Ter., December 18th, 1883.

Cooke, H. P., Passed Assistant Surgeon, to proceed to Charleston, S. C., for duty, November 27th, 1883.

Banks, C. E., Assistant Surgeon, detailed for temporary duty at Georgetown, D. C., October 11th, 1883; granted leave of absence for thirty days, October 12th, 1883.

Bennett, P. H., Assistant Surgeon, placed on waiting orders, December 15th, 1883; granted leave of absence for thirty days, December 22d, 1883; upon expiration of leave of absence to proceed to Detroit, Mich., for duty, December 29th, 1883.

Beckham, C. T., Assistant Surgeon, to proceed to Wilmington, N. C., and assume charge of the service, relieving Passed Assistant Surgeon Irwin, October 16th, 1883.

Devan, S. C., Assistant Surgeon, granted leaves of absence for ninety-five days on account of injury and sickness resulting therefrom, November 15th, December 5th, and 22nd, 1883.

Bevan, A. D., Assistant Surgeon, to proceed to Portland, Oregon, and assume charge of the service, December 29th, 1883.

Glennan, A. H., Assistant Surgeon, to proceed to New Orleans, La., for duty, October 17th, 1883.

Wasdin, Eugene, Assistant Surgeon, to proceed to Mobile, Ala., for temporary duty, October 11th, 1883; to proceed to Galveston, Texas, for temporary duty, November 17th, 1883.

PROMOTIONS.

Benson, J. A., Passed Assistant Surgeon, promoted and appointed Passed Assistant Surgeon by the Secretary of the Treasury from October 1st, 1883, October 4th, 1883.

Banks, C. E., Passed Assistant Surgeon, promoted and appointed Passed Assistant Surgeon by the Secretary of the Treasury from November 1st, 1883, November 6th, 1883.

Original Papers.

THE BACILLUS TUBERCULOSIS AND THE ETIOLOGY OF TUBERCULOSIS. IS CONSUMPTION CONTAGIOUS?*

SECOND COMMUNICATION.

BY H. F. FORMAD, B. M., M. D.,

Lecturer on Experimental Pathology and Demonstrator of Morbid Anatomy in the University of Pennsylvania; Muetter Lecturer in the College of Physicians of Philadelphia.

GENERAL CONSIDERATION.

A little over a year ago† I had the honor of presenting for your consideration some anatomical points in refutation of the etiological relations of the bacillus tuberculosis.

At that time I announced some original observations regarding the histology of scrofulous tissue, tending to place the question of heredity in tuberculous disease upon an anatomical basis. These peculiarities of scrofulous tissues I submitted as elucidating the etiology of tuberculosis, showing that the peculiar histological condition of the individual, under the influence of simple irritants, and not the character of the irritant, is responsible for tubercular inflammation. It gives me pleasure to state that these observations have since been confirmed by several competent histologists, whose articles on this subject will soon appear in print; besides which, a general interest has been manifested by favorable comments both in America and abroad.

Shortly before the publication of these observations, Koch, of Berlin, had brought forward the discovery of the now famous bacillus tuberculosis, affirming it to be the sole cause of pulmonary phthisis, and other forms of tubercular disease, and claiming for it, besides exclusive pathogenetic properties, special morphological and chemical characteristics.

In my first paper, I denied some of these propositions upon grounds of personal investigation, and, subsequently, Koch's researches were also severely criticised by a number of other observers.

As interesting and valuable as the discovery of Koch is, from a biological standpoint, its practical value is, in my opinion, decidedly overestimated and has not nearly the significance for medical science which the enthusiastic followers of Koch ascribe to it. The influence of the discovery was, however, great in strengthening the traditional and unwarranted belief in the contagiousness of phthisis, as held by a small part of the profession and community. On the other hand, this belief led to the popularity of the discovery. In this respect the bacillus theory has perhaps been harmful, and, taking the consequences into consideration, we should not accept such a theory without the closest scrutiny.

Two pratical benefits may accrue from this discovery. The first is that the fear of the effects of the bacillus may induce greater cleanliness in hospital management and enforce improvement in hygienic matters in general. It is doubtful whether the removal and prompt destruction of the sputum would have any influence in checking the spread of phthisis, as the disease is found as often, if not oftener, in the clean palaces of the wealthy as in the unclean huts of the poor. The second benefit resulting from the bacillus theory may be that physicians may become induced to make more use of the microscope in diagnosis; yet, in this respect, the general use of the microscope is hardly practicable on account of the thorough technic and experience required.

To-day, while the bacillus is acknowledged as a common morphological concomitant of tubercle, the pathogenetic properties are denied it by the best pathologists and clinicians, on account of a want of sufficient confirmation of the evidence thus far offered.

The followers of Koch's theory are, however, numerous, but they are recruited largely from the ranks of clinical teachers, bookwriters, and others possessing no opportunities for personal investigation.

It may be well to state that, upon my visit to Koch last summer, made with the purpose of doing justice to this important question, I was gratified in many respects. I found Koch an earnest and conscientious worker, and not as dogmatic and extreme in his views as would appear from his writings; nor is he as self-satisfied and as rash to jump at conclusions as are some of his followers. Koch has the co-operation of an excellent staff of assistants, all able mycologists; but it was a matter of surprise to me that there was not a single competent pathologist connected with Koch's laboratory; and such services are evidently much needed to give to the observations made there the proper interpretation from a biological and anatomical standpoint. I was also pleased to learn in Berlin that the discovery of the bacillus was exaggerated, not so much by Koch himself as by the Imperial Board of Health, which employs him, and by his over-zealous followers in the profession. There is strong evidence, however, that Koch's investigations are biased by the determination to find for each specific disease a special fungus.

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*Read before the Philadelphia County Medical Society, November 14th, 1883.

†Studies from the Pathological Laboratory of the University of Penna., xi; "The Bacillus Tuberculosis and some Anatomical Points which suggest the Refutation of its Etiological Relation with Tuberculosis, by H. F. Formad." Read before this Society, October 18, 1882.

Following out the various phases in the study of tuberculosis, I am sorry to see that the entire subject is now being considered from a purely etiological basis with reference to bacteria, while the study of the anatomical and biological relations is wholly neglected.

I admire the beautiful bacteridian discoveries of Klebs, and particularly those of Koch in connection with the etiology of tuberculosis. The accomplishment of these results is a triumph for mycology and scientific botany; but these studies are much too one-sided to have an application to scientific medicine. The bacillis is there! It is concomitant with most tubercular lesions. It is diagnostic of tuberculous change. It is, on account of its irritant properties, one of the causes of tuberculosis. But this forms no reason for asserting that tuberculosis should be considered a contagious disease, without further investigation and proof. A contagious disease can have only one cause. I cannot agree with those who define the predisposition to phthisis as being a condition of the organism which offers a favorable soil for the tubercle bacillus. Nor can I believe that inheritance is explained by subsequent infection from cohabitation; *e. g.*, that children become scrofulous by living with consumptive parents.

The latest fruits of the bacillus studies have even inspired Baumgarten (*Centralblatt, f. d. Med. Wis. Aug.* 4, 1883) and several others to come to the conclusion, in reference to the hereditary nature of tuberculosis, that the bacillus is transmitted in its larval state from mother to fœtus in intra-uterine life! One would think, however, that one of the most wonderful effects of the tubercle bacillus is manifested by the change it produced in the direction of the reasoning of some of our pathological and clinical investigators, both at home and abroad.

Some of the younger pathologists are even affected by a regular fanaticism for bacterian studies in tuberculosis. These studies now take the place of their former excellent pathologico-anatomical studies. Consideration is no longer given to the tissue changes, or the nidus which invites the bacteria and nourishes them. In fact, Koch's followers in their enthusiasm exaggerate matters, and to Koch's own amusement, go further in their bacillus speculations than he himself thinks justifiable. It is really painful to read how some of the younger German pathologists, and a few of the prominent English surgeons, under the influence of the bacillus craze, will make, in their publications, assertions entirely unwarrantable. They describe, for instance, with the greatest ingenuity and exquisite minuteness, how "one or more bacilli" will produce certain histological changes in the lungs or in the peritoneum, designating the exact route to the same; how the different cells, the lymphatic and the blood-vessels, are affected; how the bacilli convert one variety of cells into another; how they manufacture giant cells and cheesy material; how acute and chronic phthisis is produced by the bacilli, and the quantity necessary for each; how tubercles develop only and exactly in those places where the bacillus becomes lodged; how, if bacilli alone are inhaled, miliary tubercles form; and how, if the bacillus is accompanied by some other irritants, a broncho-pneumonia will ensue.

All the above statements are made by scientific medical men and pathologists, and offered as broad facts, in full earnest! I only have to say that here evidently observation is substituted by imagination and speculation; and all this is done for the sake of the convenience in explaining a disease by pretty hypotheses.

The only men who attempted to repeat Koch's experiments, besides the work done in the pathological laboratory of the University of Pennsylvania, were Spina (*Studien ueber Tuberculose, Wien*, 1883,) and Watson Cheyne. Of the latter two scientists, Spina came to results entirely different from those of Koch, and they disprove beyond doubt some parts of Koch's hypothesis. From an analytical and critical point of view, Spina's studies of tuberculosis are excellent, but the technical part of his investigation is deficient, aad hence not satisfactory. Watson Cheyne, to whom the "British Association for Advancement of Science by Research," had entrusted the investigation of tuberculosis, and the testing of Koch's researches, did not do justice to his mission. From Cheyne's report (*The Practitioner*, April, 1883) it is seen that he made no earnest attempt to study the nature of tuberculosis, because all he did was to study and experiment with bacteria met with in tuberculous lesions. He went to see some of the different mycologists, consulting only believers in the germ theory; obtained some French and German bacteridian material, and, after testing the same he reports with great emphasis that Koch's bacilli are a more genuine tubercular virus than Klebs' or Toussaint's micrococci. He did not inquire, nor did he care, whether tuberculosis may have any other cause! He simply imitated some of Koch's experiments with the bacillus material in rabbits and guinea pigs (only) and obtained, of course, the same results. Furthermore, he made some control experiments, which, as I will show, pass for naught, as they are much more deficient than those of Koch.

There are a number of excellent studies in reference to the occurrence of bacilli in the sputum and in tuberculous tissues; but the

main part of Koch's hypothesis, *i. e.*, the etiological relation of these bacilli to tubercular disease, remains still unconfirmed.

My own researches on tuberculosis were made from a stand-point different from that of Koch, and they were undertaken five years ago, being carried on continuously since that time by myself and assistants. My object was to investigate the natural history of the disease, without being influenced by any preconceived views. While due attention was paid to external agencies in the production of tuberculosis, the part played by the animal or human organism itself, the behavior of its component cells, and the primary changes in the tissues, were not lost sight of.

I may state that I was fortunate enough to be able to utilize the material of over four hundred cases of tubercular disease from the autopsy table, including a number of cases studied in the pathological institutes in Europe at various times.

My present research on tuberculosis with special reference to the bacillus question, was carried on during the last year and a-half, under the auspices of the Provost of the University of Pennsylvania, Dr. Wm. Pepper. This communication should not be considered a report on my investigations, as these are not yet concluded; but a detailed report of these investigations will be made next summer. Some of the positive results achieved will, however, be referred to in the present paper; otherwise it merely embodies a general critical survey of the question of the etiology of tuberculosis, based upon a careful perusal of the literature of the subject and upon personal observation.

I may state at the outset, that, while the results of my observations force me to-day to make some concessions to Koch, namely, that his bacillus, on account of its irritative properties, can produce tuberculosis under certain conditions, I am firmer than ever in my former conclusions, from the results of repeated observations, that tuberculosis may arise from other causes. The bacillus may be one of the causes, conditionally, but it is not *the* cause. The question of predisposition stands in the way of the acceptance of the bacillus theory. Furthermore, I will try to show that tuberculosis is not a contagious disease, and it is particularly in reference to this that I am glad to bring the present subject before the Society, desiring to profit by the discussion which is to follow as a result of the experience and the clinical observation of the individual members of the Society.

The question of the contagiousness of phthisis is one of supreme importance, not only from its scientific, but also from its social aspects.

For convenience in treating the subject of the etiology of tuberculosis, I shall speak of it under the following headings:

(1.) The definition, the anatomical character and the etiology of tubercular lesions, including pulmonary phthisis.

(2.) The predisposition; the predisposing conditions; scrofulosis.

(3.) Tuberculosis without predisposition due to inflammation of serous membranes.

(4.) Question of contagiousness; clinical aspect.

(5.) The bacillus tuberculosis.

(6.) Experiments—"pro" and "contra;" traumatic tuberculosis. Conclusions.

All these considerations will have to be, of necessity, very brief.

I. — THE DEFINITION, THE ANATOMICAL CHARACTER AND THE ETIOLOGY OF TUBERCULAR LESIONS, INCLUDING PULMONARY PHTHISIS.

No definite understanding concerning a disease can be arrived at unless some fixed conception of the anatomical characters and various expressions of the lesions of that disease is formed. Thus, as regards the question of tuberculosis and pulmonary phthisis, the matter would be much simpler if a general understanding could be arrived at as to the definition of tuberculosis and phthisis in its different anatomical manifestations. The pivot of the question is, what to call a tubercle, or a tubercular lesion.

The traditional conception of a tubercle being a miliary node, the belief is that nothing is tuberculosis unless expressed by nodes, and that everything is tuberculosis that appears to the eye as containing nodes. These misconceptions are what bring the confusion and prevent the settlement of the question of tuberculosis, both at the post-mortem table and in the hands of the experimenter.

One of the results of this confusion is that some clinicians divide pulmonary phthisis into catarrhal, cheesy, fibroid and tubercular proper, because they do not see tubercle nodules in some of these forms of phthisis. They seem not to be aware of the fact that miliary tubercles do not belong necessarily to the picture of pulmonary phthisis; and, on the other hand, that those nodes which occasionally appear as miliary tubercles are not miliary tubercles at all, but are only miliary foci of broncho-pneumonia, due to aspiration, as will be explained later. Miliary tubercles, if at all present, usually form a part of a general disease, a tuberculosis of the whole body. In rare instances, when the miliary eruption takes its departure from the lung, the miliary nodules may be limited to the lung.

A more serious matter is the mistake that experimenters make of interpreting as tuber-

cles the so-called inhalation tuberculosis, artificially produced in animals by means of a spray with tuberculous and other matter. The nodules produced in the lung under these circumstances are not miliary tubercles—in fact, no tubercles at all. They are simply miliary broncho pneumonic foci, limited to those terminal collections of air-vesicles, called acini, in which some of the inhaled irritative material became lodged. The natural round boundaries of these acini correspond exactly to the usual size of miliary tubercles, and appear as such even under the microscope, although filled merely with an unorganized inflammatory exudate. The uniform distribution of these foci is due to the fact that the inhaled irritating particles are distributed only to individual and the most accessible bronchioles and acini, thus simulating a true miliary tuberculosis of the lung. Similar broncho-pneumonic foci occur in the human lung from self-aspiration of tuberculous material from a primary focus to some other portion of the lung or throughout the whole lung. This was proven long ago, but the inhalation experimenters appear not to be aware of that fact. Careful personal observations and experiments, to be recorded in my forthcoming report, have convinced me that such inhalation experiments prove nothing, either for or against the contagiousness of tuberculosis, in connection with which they have been brought forward as the strongest affirmative proofs. Furthermore, it must also be remembered that the so-called experimental inhalation tubercles, as a rule, remain local.

On the other hand, miliary nodes or tubercles are met with, not only in tubercular lesions, but also in a variety of similar and dissimilar lesions, such as pearl disease or bovine tuberculosis, lupus, leprosy, glanders, actinomycosis, chancre and gummata, cancer, typhoid infiltration, lymphomatous and leukæmic lesions. All these lesions, even cancer ("miliary carcinosis,") are able to give rise to exquisite miliary disseminations, or eruptions, although these are most frequently observed in tuberculosis. We already recognize leprous, lupous, glanderous, syphilitic and other tubercles, in contradistinction to tuberculous or scrofulous tubercles.

To the above nodular formations may be added a variety of minute inflammatory foci of granulation tissue, organized around minute foreign bodies introduced experimentally into various tissues; also, "false tubercles," such as mere unorganized collections of lymphoid cells, held together by some fibrine or by some artificial or natural round boundaries, such as is the case with the referred to "inhalation tubercles;" and further, also, the eruption and follicular enlargements in the skin and mucous membranes.

The question now arises, how to distinguish between these various kinds of nodules, apart from their clinical features. They may all undergo a cheesy or a fibrous change, may calcify, and may contain giant cells. In all, bacilli may be found if a cheesy change occurs, or tends to occur, save in cancer and in leukæmic formation. Without desiring to appear skeptical, I must say, however, that it takes the skill of a Koch to differentiate sometimes the bacilli met with in the various kinds of nodes, even after applying all micro-chemical tests.

The tuberculous tubercles occasionally do not show any bacilli whatever, as I will prove from personal observation, and from the reliable testimony of others. It will also be shown that the only test now left for determining the pathogenic peculiarity of tubercle—namely, the asserted exclusive property to produce tuberculosis—is conditional and uncertain, since substances, not tuberculous, may, under similar condition, have the same effect.

Therefore, it is impossible to define tuberculosis, either by its anatomical peculiarity or by the pathogenic property of its nodes.

Another important point in the natural history of tuberculosis, is the cheesy degeneration of its products; but here, again, we are surrounded by difficulty if we take only the cheesy product into consideration, because all the lesions mentioned before as being characterized by, and as being capable of, nodular eruptions, have the tendency to undergo cheesy change. Besides this, simple inflammatory products have been observed to undergo a similar change, as is instanced in that form of cheesy hepatization, sometimes following croupous pneumonia, and also by certain forms of rapid necrotic changes, such as occur in acute septic inflammations, designated lately by the name of coagulation necrosis. It must, however, be remembered that the total absence of cheesy masses in the body of tuberculous subjects has been observed.

To tell tuberculosis from allied lesions is only possible after a consideration of the soil in which it develops, and the location of the products, together with the clinical and anatomical manifestations.

What is the origin of tubercle nodules?

The primary occurrence of miliary turbercle nodes, is, to my mind, very questionable. I have never seen it occur without the co existence of diffuse granulation tubercle. This granulation tubercle is recognized by all as being a simple inflammatory granulation tissue, characterized by cells somewhat larger than ordinary lymphoid cells, containing usually giant cells; but undergoing very readily cheesy change on account of its deficiency in blood-vessels. This tissue is regarded by most pathologists as secondary to miliary tubercles;

but I think, after careful observation, that the reverse is the case; because I have never seen upon the post-mortem table, or in animals, *primary* miliary nodes without the granulation tissue, while the granulation tubercle tissue does exist very frequently without the nodes. Moreover, primary *miliary* tuberculosis is unknown.

That tubercle is primarily a simple granulation tissue, of inflammatory origin, has been proven experimentally. E. Ziegler (*Centralbl. f. d. Med. Wis.* 1874, *No. li*) made the following interesting experiment: He inserted below the skin or into the peritoneum of animals, a number of pairs of glass covers, each pair glued together in such a manner that between them there existed an interspace just large enough to allow the entrance of white blood corpuscles; and these corpuscles, not being severed from the body of the animal, then formed a tissue between these plates of glass, which, upon removal after various periods, could be readily examined under the microscope, and the conditions of tissue formations traced. Under these circumstances it was observed that whenever blood-vessels had developed in the new-formed tissue between the glass plates, an organization of the cells into a perfect connective tissue took place; but when the formation of blood vessels had failed to occur, then a tissue simulating tubercle tissue was formed, made up of epithelioid and giant cells, and cheesy changes had occurred Ziegler very properly declared the latter product to be tubercle tissue. I have had, and have at present, ample opportunity to corroborate the accuracy of these observations. Ziegler's experiments were repeated in the pathological laboratory of the University of Pennsylvania, by Hammer, and at present are being carried on by Woodnut. By these experiments, made with slight modification, after the method of Ziegler, under varying conditions and upon various animals, it was shown that the granulation tissue gradually gave origin to tubercle nodules. Furthermore, these experiments showed that the tubercle nodes and cheesy changes ensue without the action of bacilli, as the latter were found not to be present when proper care was taken, during the execution of the experiment, to exclude them.

From the examination of tubercular tissue from various sources, I may say that I have seldom succeeded in finding tubercle bacilli in newly formed tubercular tissue made up of small lymphoid cells. In older tubercular tissue, made up of opaque epithelioid cells and giant cells with a nodular arrangement, particularly when this tissue is undergoing necrotic change, bacilli are quite common, except in some forms of tubercles of serous membranes, to be referred to later. Tubercle tissue that has undergone a complete cheesy change, contains the greatest number of bacilli. Cheesy matter of any source is a dead substance, and it is usually inhabited by bacilli, if these get access to it; while other bacteria are scarce in this nidus.

Examination of materials from ths autopsy table shows that tubercle expresses in various manners. Primarily, tubercle occurs as a mere infiltration of lymphoid cells in the adventitia of blood-vessels, or as small nodular masses of lymphoid infiltration around blood-vessels or ducts of any kind; or tubercle tissue may organize within blood-vessels and various ducts. Sometimes tubercle appears as a diffuse lymphoid infiltration, extending over a large area, showing a greater or less tendency towards the formation of nodes and cheesy or fibroid change, as in the lungs. Tubercle tissue may form masses of the size of a hen's egg, particularly in the brain and serous membranes. In the lungs, in racemose glands, and in mucous membranes, catarrhal changes always follow the tubercle infiltration. On serous surfaces primary tubercles appear often as flat or nodulated patches of various sizes (in peritoneum) or as fungoid vegetations (in synovial cavities) or even as large plastic masses (in omentum). In the skin and mucous membranes, tubercles produce eruptions, ulcers or nodular indurations; in bones—caries, with abscess formation in surrounding parts (cold abscesses). Fibroid capsules, made up of connective tissue, due to reactive inflammation, enclose often smaller or larger tubercular masses, especially if these have undergone cheesy change.

Primary tubercle manifests itself quite variously in different animals. In guinea-pigs and rabbits, it appears mainly as small cellular infiltrates; in dogs, it often undergoes a fibroid change; in goats, and especially in cattle, tubercle often forms large nodular, sometimes pedunculated masses which often calcify; * in birds it forms, preferably in the liver, large round mulberry masses, which, on section, appear sometimes as horny radiating structures.

Secondary tubercle presents an aspect entirely different from primary tubercle, and it manifests itself in nearly all instances in but one form, namely, as a fine miliary eruption representing those well-known gray semi-transparent nodules of the size of a millet-seed, called miliary tubercles. These seem to lie

* I have met with, on the autopsy table of the Philadelphia Hospital, two cases of tuberculosis in man that were identical in every respect with bovine tuberculosis. Dr. Creighton, of Cambridge, England, describes a number of cases from his own observation, and collected from literature. Bovine Tuberculosis, London, 1881.

in the perivascular lymph-spaces, and are probably distributed throughout the body mainly by means of these lymph-channels of the blood-vessel walls. Tubercles do not occur in avascular tissues. There is, however, a second form of embolic or metastatic tuberculosis which evidently distributes itself by the blood-current proper, and it appears in the form of conical masses or round nodes which may reach the size of a walnut and are located usually at the bifurcation of arteries No mention of this form of tubercle is made in text-books, although upon the post-mortem table this variety of tubercle is a very common occurrence. Especially is it seen in the lung, and, more rarely, in the spleen and liver.

Taking into consideration the enormous frequency of local tubercular lesions (counting pulmonary phthisis into this category) the occurrence of secondary or true miliary tuberculosis must be considered a rare affection. A tuberculosis affecting the lining of even the whole peritoneal cavity, including its lymphatic glands, or that of the pleural sacs, or that involving one or both lungs, must, when occurring thus in but one locality, be considered a local tuberculosis. In such instances, the tubercle spreads by continuity of structure.

It is a fact, established by Virchow, that tuberculosis is at first a local disease, and only becomes generalized secondarily. This generalization does not affect the blood like in infectious diseases, but it takes place simply as an embolic process like in some tumors. Local tuberculosis in external organs and accessible lymph-glands is often a harmless affection. It is strongly related to primary tumors. Complete early removal of local tubercular lesions is practiced successfully in Europe. Volkman and others have removed, for instance, lymphatic glands, testes, and joints affected with fungoid synovitis, with the object of preventing secondary tuberculosis, and have thus prevented a general miliary tuberculosis.

Nor should a gloomy prognosis be given in early phthisis. It is astonishing what a large number of healed cavities and cicatrices in the apices of lungs are found on the post-mortem table, indicating the healing of phthisis in persons who long subsequently died from some other causes in later life.

We have seen that tuberculosis manifests itself quite differently as to structure, appearance, distribution and termination, in the various animals, and even differently in the various organs of one individual. Our studies have shown that these variations in the expression of tuberculosis depend upon the structural peculiarities of the various kinds of animals, and sometimes even upon the difference of the structure in animals of the same species. We have also seen that even in human beings tubercle tissue may manifest itself in various forms. In some individuals it develops rapidly, and spreads over large areas, becoming generalized, and undergoing speedy cheesy change; in other individuals it develops slowly, fibroid change predominating; and in others the tuberculosis product may calcify. In most individuals tubercular lesions may remain entirely local.

It is well known from clinical experience that the general condition of the organism has very much to do with the healing of a local tuberculosis. A local tuberculous inflammation may heal or become arrested in its progress, if the patient "gets strong," or it becomes more developed and aggravated if his general health "runs down." Observation has further shown that any simple non-specific wound in a weak, ill-nourished individual, may fail to heal, becoming unamenable to treatment, and probably assuming a tubercular character.

In some animals spontaneous tuberculosis is unknown, and while some animals are easily tuberculizable experimentalty, in others tuberculosis cannot be produced.

It is in accordance with experience that in a large number of families the predisposition to tuberculosis is hereditary, and that their members die promptly of phthisis at a certain age from the effects of a simple "cold," while in the history of other families this affection is unknown. Every individual is liable to acquire syphilis, small-pox, and other contagious diseases, but it is proven that not every one can have tuberculosis. A special predisposition and a special individual are required. In such an individual, a simple inflammation resulting from any cause whatever, can produce tuberculosis.

Therefore, for the development of tuberculosis, two conditions are necessary:

(1.) A *definite* soil.

(2.) An *indefinite* irritant.

The reaction of the soil is always the same under the influence of any irritant, whether that irritant be a bacillus or not; since the result (tuberculosis) following a lesion in such a soil depends upon the character of the soil and not upon the character of the irritant, even though one irritant, say bacilli, may act more readily than other irritants.

In view of the demonstrated fact that simple injuries of any kind can excite a tuberculosis, but only in certain individuals and tissues, it is evident that tuberculization is determined by the kind of soil and not by a specific irritant. *Tubercle should, therefore, be defined as being an inflammatory new formation in a specific individual or tissue.*

What is the place for tubercle in pathology? The anatomical criterion for tubercle is a

granulation tissue made up of lymphoid or epithelioid cells, which, on account of deficiencies in the soil, does not undergo any higher organization, nor tend to heal; but tends to form nodes and undergo cheesy change. Under favorable circumstances it may heal through fibroid change. The elements of tubercle tissue may spread by continuity of structure to surrounding parts, and occasionally tend to the production of metastasis, distributing themselves by means of the lymphatic system principally, and rarely by blood-vessels; and may generalize themselves through the whole body, forming miliary nodes or tubercles.

(To be Continued.)

EYE SYMPTOMS AND CONDITIONS IN BRIGHT'S DISEASE.*

BY WM. S. LITTLE, M. D., OF PHILADELPHIA.

Among nine hundred and eleven cases of Bright's disease reported by different observers, changes in the retina have been observed to be associated with the kidney affection, in one hundred and eighty-five of these recorded cases; these statistics show that twenty per cent. of the cases of Bright's disease have internal eye symptoms. The statistics have varied with the several observers; the lowest average exhibiting retinitis present in 11.46 per cent., the highest in 30.15 per cent. of the cases of Bright's disease. A more exact and larger average than 20 per cent. can only be derived from a study of a larger number of cases of Bright's disease with retinitis than have as yet been recorded. The known average of 20 per cent. is sufficient to stimulate observation, and enables us to include eye symptoms among the other various manifestations of the disease under consideration, as they are exhibited by symptoms arising in other important organs and tissues of the body. The recognition of Bright's disease from lesions in the eye, in a case already diagnosed from symptoms in other organs, is not of so much importance for diagnosis, as it is a help in forming a prognosis; nor does the condition existing in the eye demand the therapeutics of special medicine.

A sufficient number of cases, however, are seen in an ophthalmic hospital, having no other symptom of Bright's disease apparent than impaired vision, which the ophthalmoscope shows is due to changes in the retina or of the nerve from disease of the kidney, or it is revealed in cases where vision is good, other ocular conditions being treated, so that in this class of cases the recognition of the lesion becomes important as a means of diagnosis.

The ophthalmic physician will diagnose Bright's disease by means of the ophthalmoscope, almost as frequently among the cases he is called to treat, as the lesion will be found to exist in cases where the eye is thus examined, for additional evidence in already diagnosed cases.

As a pathological change can be seen in the eye-ground during life, as cannot be so well viewed in other parts of the body, the observations of the lesion associated with Bright's disease, or of other diseases, as they are exhibited in the eye, are very interesting and instructive.

Externally, the puffy lower lid is the only symptom, and before Bright's time, it was the first evidence of a more general anasarca, and it was looked upon as a symptom of dropsy, before the kidney was known to be the organ producing the condition. In very rare cases exophthalmos occurs from hemorrhage into the capsule of Tenon, due to the breaking down of the orbital vessels or an excess of serum in the orbit.

With dropsy following scarlet fever, as well as that accompanying the act of gestation and the puerperal state in women, some internal affection of the eye, impairing vision, was known to exist, the same as was later known to be present in dropsy associated with kidney disease, from other causes, in both sexes alike.

Prior to the use of the ophthalmoscope, and even before Bright had connected the lesion in the kidney with dropsy, had amblyopia, or even total blindness been a symptom of dropsy accepted by the profession? In 1836, Bright observed amaurosis to occur early in kidney disease, and to be a pronounced symptom, in some cases, fatal brain complication soon following. Landouzy, in 1849, found albuminuria present in these cases of amaurosis. Türck, in 1850, observed fatty degeneration in the retina, and this was corroborated later by Virchow and Heymann. Changes in the choroid as well as in the retina were recognized by Müller in 1857.

The vitreous becomes involved from

*Read before the Philadelphia County Medical Society, Dec. 19, 1883.

hemorrhages of the retinal or choroidal vessels, detachment of the retina sometimes occurring; cataract may result, and a general disorganization of the eyeball follow. The contents of the orbit may be involved as already described.

Helmholtz' invention of the ophthalmoscope afforded a means of recognizing the internal parts of the eye; in this disease it was of great value, revealing a picture, to supplant such a vague term as amaurosis. General medicine has derived a large share of benefit from what the ophthalmoscope enables us to see in an eye affected with general disease; the decided and brilliant picture that was presented to view, due to kidney trouble, has perhaps done more to advance the use of the instrument than the study of any lesion in the eye limited to it alone, or in any lesion that co-exists with general disease. In 1856, Heymann made the first observation of the lesion with the instrument, and in 1859, Leibrich presented in a colored lithograph the characteristic picture of retinitis albuminurica, now so familiar; since then the Atlases of Mauthner, Jaeger, Allbutt and Magnus have shown the picture of the lesion in the retina, and optic nerve, in all its phases. Mr. Hulke, of London, in 1866, found neuro-retinitis present in the disease. Leber's article in Handbuch der gesammten Augenheilkunde, v. 2, p. 572, gives an elaborate account of retinitis albuminurica or nephritica; nor must we be forgetful of the valuable article on "Retinitis in Bright's Disease," by Prof. William Norris, in the work on "Bright's Disease and Diabetes," by Prof. James Tyson.

Retinitis, generally symmetrical, if not always so, appears in all forms of kidney disease, whilst it is principally associated with the chronic disease of the cirrhotic kidney. Even though symmetrical, its presence is not always known to the patient; especially is this so, as long as the region of the macula lutea in the retina is not affected, so as to produce a central scotoma; lesions near the nerve and peripheral parts of the retina are not so productive of recognizable scotoma in the field of vision. These cases do not have the restricted visual field and rarely loss of color sense that belongs to optic nerve and brain troubles or contracted field of glaucoma. The symptoms may correspond to those of retinitis from any other cause; flashes of light, color sensations, dread of light, impaired vision, to total blindness.

The ophthalmoscopic examination may only reveal the lesion, the patient being ignorant of it, and not observing the gradual change; such a case I saw recently, the macula not involved, but very rude lesions elsewhere; the case was chronic, and in the last stages of the disease, with a fatal prognosis. The picture of this form of retinitis is a decided one as a rule; when the changes are slight it is uniform; though at times a differential diagnosis is required from the conditions of the optic nerve and retina due to intracranial disease or to pernicious anæmia.

While the lesions occur generally near the optic nerve and to the temporal side, the nerve itself is not implicated to the degree that it might be expected from the picture it presents; the separate spots in the retina finally coalesce, approaching the disc, and involving it; in other cases they surround the region of the fovea centralis, and are much smaller. They may occur anywhere in the retina, varying in size; the shape is somewhat quadrilateral, but may vary as they progress; they present a white appearance. The tissue near the disc and the disc itself appear striated; spots of hemorrhage are found from rupture of retinal or choroidal vessels; opacities in the vitreous are seen. The state of pigmentation is the latest. In chronic cases the color of the fundus is peculiarly yellow, and the character of the picture is at times very much like the neuro-retinitis of brain disease or pernicious anæmia.

The changes result from the hyperæmia and infiltration of the tissue, fatty degeneration and atrophy producing changes in the blood-vessels with hemorrhage; a fatty deposit in the retinal tissue, the fibres of the retina become sclerosed and pigmentation follows.

The optic nerve is not seriously involved, though gray degeneration may exist, and numerous amyloid bodies may be seen with the microscope. The retina does not always present all the stages described; the kidney disease being amenable to treatment, the retina may not undergo any further change; where it is chronic, a like progression ensues in the retina. Marked lesions at times disappear, leaving only a

slight trace. The hemorrhagic state is more severe, the sight not only being lost, but the patient's life endangered.

During gestation the same picture exists, the optic nerve may be more seriously involved. A case recently seen, and having uræmic symptoms, being unconscious two weeks prior to the delivery of the child, it being born dead, had complete atrophy of one optic nerve with retinal lesions extensive; the other nerve partially affected and slight retinal changes, patient almost entirely blind. In another case, with convulsions, only slight changes in each eye near the fovea. In succeeding pregnancies, the conditions may arise again, producing more serious changes in the retina.

The prognosis, as far as the vision is concerned, is serious, when the region of the yellow spot is encroached upon, and yet fair vision may remain after subsidence of the disease.

Can a prognosis as to the duration of the disease or to its fatality be derived from the eye symptoms? Only in the chronic stages of the disease, when retinal hemorrhages are extensive and repeated, the heart being diseased. Traube considered the heart the immediate cause of these retinal hemorrhages; but they exist in cases without heart trouble, and in other diseases of the system, and in intraocular conditions. Brain symptoms soon follow in these severe types of retinitis, in chronic kidney disease a general hemorrhagic condition being developed, or uræmia may ensue. In the acute forms of Bright's disease no prognosis of any value can be formed from the eye symptoms, though severe.

As to the treatment of the eye in this disease: what renders the disease of the kidney controllable, is only of advantage to the retina; leeching may be useful if the patient is not too anæmic. For the vitreous opacities, in cases where the disease is under control and the acute condition of the eye abated, electricity is of considerable value, much more so than any plan of medication

The microscope shows a sclerosis of the retinal fibres, the walls of the blood-vessels degenerated, fatty deposits along the fibres and in the layers of the retina, also in places a pigmentation; the choroidal vessels are implicated as well.

Uræmic amaurosis is rare, Wagner finding one case in one hundred and fifty-three of Bright's disease. Graeffe found two cases in thirty-two cases of albuminuric retinitis; it presents no retinal change that is recognizable.

As yet, we cannot answer why the retinal changes occur with disease of the kidney. Does the structure of the retina and its proximity to a highly vascular tissue account for it?

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DISCUSSION ON EYE SYMPTOMS IN BRIGHT'S DISEASE.

Dr. Albert G. Heyl: I desire to direct attention to the relation which exists between the intraocular phenomena observed in Bright's disease and the anatomical arrangement of the intraocular arteries. The latter are divisible into certain areas; thus we have one area composed of the arterial circle of Zinn which supplies the optic papilla; another formed by the arteria centralis retinæ which supplies the retina; another composed of short posterior ciliary arteries which supply the posterior half of the choroid; yet another composed of the long ciliary arteries which supply the iris and the anterior half of the choroid; the short anterior ciliary arteries also take part in the formation of this area. Now, it is established that abnormal changes in connection with Bright's disease may exist primarily in each of these areas, with perhaps one exception to be mentioned directly. Thus the papillary area may be affected, and a papillitis will be found on examination, the choroid and retina and iris being unaffected. Again, the posterior choroidal area may be affected, and there will be found the phenomenon of subretinal œdema, and also in the choroid the white accumulations so well known in connection with Bright's disease. Both of these forms are considered to be rare; perhaps they would be observed oftener were we more alert. A case reported by me (*Amer. Jour. Med. Science*, October, 1874) of retinal separation occurring in one eye while simultaneously the other was affected by temporary amblyopia, probably belonged among the affections of the posterior choroidal area. Further, the retinal area may be affected, and the peculiar retinal appearances so well known are found. So far as I am aware, no separate affection of the irido-choroidal area had been described; there seems to be no reason why

it should not occur. Of course there are many cases in which the areal lesions exist together, but they are to be looked upon as the result of one common cause, not as the result of a morbid process starting in one area and gradually implicating the others.

In referring to the snow-like patches of the fundus, commonly looked upon as the characteristic intraocular appearance of Bright's disease, I think that to a certain extent they are to be looked upon as the remnants of intraocular hemorrhage. While hemorrhagic clots formed of normal blood are absorbed without any whitish residuum being left, the case is different where the blood, as it circulates in the vessels, is in a morbid state. Thus in a case of pernicious anæmia, I have observed a number of round red hemorrhagic spots with white centres. On examination ten days later the red coloring matter of the hemorrhages had largely disappeared, leaving as a residuum white masses. Some of these were speckled with red points, arranged in spindle-form like the hemorrhages of the retinal nerve-fibre layer. They were, however, simply the unabsorbed remnants of the round hemorrhagic spots seen ten days before. So in morbus Brightii, the blood is in such a morbid condition that hemorrhagic clots rapidly lose their red coloring by absorption, leaving behind a white residuum which may partially, at least, explain the white plaques seen with the opthalmoscope.

Method of Hastening the Anæsthetic Action of the Ether Spray.—The ether spray is employed frequently at the Hospital St. Louis in Paris, for the production of local anæsthesia. A little device, first indicated by Dr. Letamendi, of Barcelona, but not hitherto utilized in practice, is employed by Dr. Vidal to shorten the duration of the process of congelation. It consists in making a short prick with a needle at the point upon which the spray is directed, at the moment when the skin assumes a purplish hue, and when the ether, commencing to solidify, assumes an oily consistency. The little puncture made at this time excites a reflex constrictive action of the vaso-motor nerves, the blood is driven from the part, and the skin becomes white. Another method of hastening the process consists in placing little wads of lint about the part, thus increasing the surface of evaporation.—*Practitioner*, December 1883.

DIVISION OF THE CRUCIAL LIGAMENTS FOR THE RELIEF OF KNEE-JOINT ANKYLOSIS.*

BY L. McLANE TIFFANY, M. D.,

Professor of Surgery, University of Maryland.

In common with, I suspect, many other medical practitioners, I have experienced not infrequently, great difficulty in overcoming the deformity and ankylosis remaining after knee-joint inflammation has subsided, and any operative measure which, in proper cases, will lessen this difficulty, is worthy of mention. The procedure named in the title of this paper (division of crucial ligaments), has been made use of by me with great and immediate benefit to my patient, benefit which, in view of the time which has elapsed since the operation, may be confidently expected to be permanent. It is not unusual after that variety of knee-joint inflammation which is denominated white-swelling has subsided, to find the articulation left in a more or less ankylosed condition, and the head of the tibia resting more behind the femoral condyles than normal, while there is present at the same time rotation of the limb below the knee, so that the toes point outward too strongly; the inner condyle of the femur also is over-prominent; from all of which it results that the function of the entire limb as a weight-bearing organ of progression, is seriously impaired. To restore natural shape and usefulness, division of tendons, of extra-articular bands of fascia, of ligaments, forcible extension under anæsthesia of intra-articular bands and adhesions, shampooing, passive motion, etc., are called into requisition and with excellent effect. It is sometimes found however, that the above means fail to bring about the wished-for result, and that notwithstanding our efforts, the joint remains obstinately misshapen, and more or less stiff. The deformity of the knee under consideration, is far more apt to be met with in children than in adults, and after tendons with extra-articular bands have been severed, the question presents itself as to how much power it is proper to exert in order to forcibly rupture any intra-articular adhesions, the doubtful point being whether the bone itself, the adhesions, or the epiphyseal joining will give way the soonest. It is customary to break up adhesions, and try to restore motion to a knee-joint not only after inflammatory action has subsided, but a long time after it has subsided, when therefore, of necessity, the articular surfaces of the tibia and femur have become pretty well settled in their vicious relations to each

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* Read before the Baltimore Academy of Medicine January 15th, 1884.

other. This is a condition of affairs to which neighboring soft parts do not fail to accommodate themselves, for it is a well-known fact that ligaments entering into the construction of a joint, will, if the bones are placed in an abnormal position, so adapt themselves to the new attitude, as to firmly hold the bones in their changed relations, just as the ligaments formerly were expected to do in the normal.

There is no good cause why the above line of thought should not apply to both extra and intra-articular ligaments, and fitting the train of reasoning to the knee, it occurred to me sometime since that the crucial ligaments had a good deal to do with the characteristic position which a knee having assumed, retains so sturdily after a severe attack of inflammation, and as both flexion and extension are limited, that division of these two ligaments would not only permit more motion, but also would enable the tibia to glide forward to its proper relation with the femur.

In November last, a case of knee-ankylosis fell into my hands, which I was unwilling to excise owing to the patient's youth, and not being able to straighten without undue violence, I subjected to division of the crucial ligaments.

In deciding whether a distorted knee should be subjected to the above operation, it is necessary first of all, that all inflammation of, and about the joint, should have long since passed away, otherwise the necessary manipulation may give rise to recurrence of the original trouble, disastrous suppuration, or what not. Furthermore, the patient should be, as a matter of course, in excellent health, with the functions of life well performed. The hamstring muscles, lateral ligaments, and any opposing bands of fascia are then to be divided subcutaneously in the usual way. When the tenotomy punctures have healed, extension under anæsthesia is made, and the operator will be able to recognize that the failure of the joint to further straighten, is due to intra-articular bands. The amount of force which can be exerted to straighten the joint must depend upon the surgical acumen of the operator, and no rule in pounds can be laid down; suffice it to say, that a point is reached beyond which the exercise of force will be prejudicial to the patient's welfare, and this point will, of course, be reached earlier in patients with whom the epiphyseal cartilage still perists, than in those whose bones are completely ossified, for of course, an epiphysis might be wrenched off by too strong manipulation. Further forcible extension being inexpedient and the deformity continuing, division of the crucial ligaments is indicated, and may be done as follows: The patient lies on the back, the affected limb is extended steadily, so as to render tense the anterior crucial ligament; the tenotome is entered to the inner side of the ligamentum patellæ a quarter of an inch above the articular surface of the tibia and carried backwards and outwards, so as to pass between the tibial spine and the external condyle of the femur below the ligament (ant. crucial). The flat of the blade is towards the tibia, the back of the blade towards the ligamentum patellæ and the edge toward the spine after entering the joint. The knife is now to be carried from side to side across the joint, the edge being directed so as to pass over the spine and divide the anterior crucial just above its attachment to the tibia; the posterior crucial will probably also be divided, but as it lies farther from the skin-puncture it is wise to turn the edge of the tenotome without withdrawal, pass it more deeply into the joint and carry it from the internal to the external condyle, retracing the path already travelled. The tenotomy wound is to be treated as usual. Before entering the knife, it is well to draw upwards the skin, that the opening may be valvular, and air less likely to gain admission to the joint. If the operation has been successful the limb can be well extended; the tibia is felt to glide forwards upon the condyles of the femur to the usual situation, the posterior projection of head disappears and the eversion of the foot is lessened. A proper retentive apparatus (gypsum) is to be applied and the tibia held in its new position until all likelihood of inflammation be past, when passive motion, is to be commenced.

Inasmuch as the affected limb, from long continued non-use is usually but illy developed, friction, electricity, etc., can be used with advantage. Certain practical points in the operation described above present themselves and claim attention: one is, the depth to which the knife must be entered before attempting to cut the ligaments. This will, of course, depend upon the size of the knee demanding treatment; the case related hereafter, required that the tenotome be entered $1\frac{3}{4}$ inches. Lately, when practicing the operation upon an adult male subject in the dissecting-room, I found that the cutting-edge of the knife had to be carried $2\frac{1}{2}$ inches below the skin-surface before the crucial ligaments could be severed; here, of course, the joint was healthy. It is wise, I think, that the tenotome should possess a blade about three inches long, of which not less than one inch should have a cutting-edge, the better to divide both ligaments at one time; a long and slender point is not entirely free from chance of fracture in an ankylosed knee-joint, and it is well to have the end rounded, or chisel-shaped with the corners cut off, furnished however with a good terminal edge.

CASE.—A— W.—.; female, æt. 11 years; seen Nov. 12, 1883. She desired to have her

leg made useful. At two years of age she had an inflammation of the left knee, after which the joint remained permanently flexed to nearly a right angle, thus rendering walking on the limb impossible. She has always used a crutch. Examination shows leg flexed on thigh as stated, inner condyle of femur very prominent, the toes rotated outwards strongly, and the head of the tibia displaced backwards to a marked degree. The thigh showed a deeply depressed cicatrice, presumptively connected with the former knee disease. Both thigh and leg were less developed than upon the right side, owing perhaps to disuse, perhaps to inflammatory changes in the epiphyseal cartilages. I divided tendons, fascia, etc., and put on a splint until the tenotomy punctures had healed. Extension to a certain point was then possible, but strong resistance was, beyond this, felt, and so it was inferred that the crucial ligaments required cutting. This was then at once done, after which the limb could be straightened, and the tibia head advanced to its proper position upon the femoral condyles. The puncture was covered with a piece of absorbent cotton, the whole limb wrapped in cotton-wadding, and encased in a plaster-splint. No pain or constitutional disturbance ensued. Examination at the end of a week showed the puncture to be healed. At the end of three weeks, passive motion was commenced, and the patient is now gaining both strength and motion. The tibia has not returned to its former position behind the femur, the sole of the foot rests on the floor, and the limb bears weight.

Remarkable Fecundity.—H. Algernon Hodson, of Brighton, writes to the *Lancet*, Dec. 15th, "you may think the following case worth publishing, as one can but hope it to be rather an unusual one. A patient of mine gives me the following history: She was married when twenty-six years of age, and ceased menstruating when thirty-nine, after the birth of her last child, having had sixteen children, and one miscarriage in fourteen years. She nursed each one of her children, but found the nursing did not in the least prevent her becoming pregnant. The dates of birth were July, 1845, a son; Nov. 1846, a son; Feb. 1848, a son; Nov. 1849, twin daughters; Sept. 1851, twins (son and daughter); Nov. 1852, daughter; Nov. 1853, twins; July, 1854, twins (son and daughter); July, 1855, twins (sons); 1856, miscarriage; May, 1857, daughter; June, 1858, son. She is a tall spare woman, and at the present time is in very fair health. She is sixty-three years of age. Out of all her children only six are now living."

Correspondence.

Gov. Hamilton and the State Board of Health.

To the Editors of the Maryland Medical Journal:

In calling attention to that portion of Gov. Hamilton's message, which refers to the State Board of Health, you conclude by saying that "in the interest of the public health and sanitation, we should be glad to see a statement successfully showing that the things done have justified the salary and expenses paid annually under the act." To an unprejudiced mind this can be easily shown:

1st. The salary of the Secretary, who is the executive officer of the Board, is fixed by the Legislature, and is less than that paid by most cities and states to their chief medical officer. It certainly cannot be deemed excessive for the services of an "educated physician experienced in sanitary science," as required by the law, especially when, as in the present instance, the Secretary gives his entire time to the duties of the position, and in view of the fact that he has incurred a large personal expense, quite as much as the annual salary amounts to, in acquiring sanitary knowledge of value to the Board, to the City, and to the State. This knowledge he has on all proper occasions imparted to the public, in papers presented to the State Medical Society, and to the State Sanitary Convention; by public lectures and by various publications in the medical and daily press of the city, as well as through the medium of the State Board of Health Reports.

In this connection, it may not be amiss to quote from the official letter of the President of the Board to the present Legislature. He says: "It is but due to the Secretary to say, that he has devoted his time and labor assiduously to the State; he has visited every locality in the State wherever any epidemic or unusual sickness has been reported; he has made special inspections of the charitable and correctional institutions of the State, and the almshouses and jails of the counties, of which a detailed account will be found in his reports. By permission of the Board he has visited Europe, and devoted much time and attention to acquiring valuable information in regard to the systems of household and land drainage, city sewerage and school hygiene, as approved and applied in that country. The information thus obtained, without cost to the State, will more thoroughly qualify him for the responsible relation which he bears to this Board and the sanitary interests of the State."

2nd. In reference to the annual expenditure of the Board. The act creating the State Board of Health allows "such necessary expenses as the Comptroller shall audit on pre-

sentation of an itemized account, etc.: *provided* said expenses shall not *exceed* $1200 annually. These expenses have necessarily been kept within the limit of this amount, but the last Legislature appropriated *only six hundred dollars for the annual expenses.* The Massachusetts Board, including the cost of the registration of vital statistics, expends annually about fifty thousand dollars ($50,000); most other State Boards have appropriations varying from $5,000 to $30,000, annually. It is quite unreasonable to expect that our Maryland Board should accomplish the same valuable results, with $600 and limited authority that other Boards attain with plenary powers and an almost unlimited amount of money.

3rd. With regard to the provisional appropriation of $10,000 "to be expended under the direction of the Governor in the event of an epidemic or pestilential disease occuring in any county, city or village of the State," the aggregate amount expended by the Board in *four years*, as will appear from the Comptoller's warrants, has been only $1,200, and not "$2,600 in 1882," as stated by Governor Hamilton.*

This amount, namely, $1,200, was expended in making an exhaustive investigation, scientific and practical, into the causes of the epidemic of diphtheria in Frederick City in the winter of 1881 and 1882; in arresting the small-pox in Charles county, and in the purchase of a large quantity of vaccine virus which was distributed generally throughout the State.

In addition to above specified investigations, the Secretary of the Board has, as far as practicable, made annual inspections of State institutions, county almshouses, prisons, &c.; he has taken a special census of the insane, idiotic and imbecile paupers of the State, and of the blind and deaf-mute population in institutions receiving State aid; he has delivered public lectures on hygiene in many of the cities, towns and villages of the State; he has prepared for publication six extended reports on general and special sanitary subjects, containing a considerable fund of information, statistical and otherwise.

The special work of the board has consisted in:

1. The suppression of nuisances in various localities of the State by the exercise of *advisory* powers.

2. The organization of local boards of health in nearly every county of the State, under the provisions of the Act of 1880; but no funds being provided for the necessary expenses of said boards, and no power having been vouchsafed them in the Act, they soon disbanded.

3. Systematic and scientific investigations into the causes of epidemic and other unusual diseases in various localities, at the request of local authorities, physicians and prominent citizens.

4. The organization of Sanitary Conventions to be held annually or semi-annually in different sections of the State.

5. The preparation, printing and distribution of 40,000 or 50,000 circulars on the following subjects—"How to Resuscitate Persons supposed to be Drowned," "Drainage, with suggestions as to the most fruitful sources of Typhoid Fever," "The Prevention of Diphtheria," "Sanitary Precautions to prevent the spread of Small-pox," "Special Instructions for Disinfection," "Rules for the Management of Infants," "Rules for the Management of Children over Two Years of Age, &c., &c."

Besides the labors above enumerated, a vast amount of routine work has been performed in the office of the Board, which cannot be specified in detail. The correspondence of the Secretary with officials of institutions, boards of health and sanitarians of other States, and even with officials in Europe, has been very extensive. The Reports of the Board have been received, read and favorably commented upon throughout the country. These reports have been in considerable demand in the counties, and applications are constantly being made for them. Indeed, the demand is much greater than the supply, notwithstanding the Board has usually printed from one to two thousand copies in addition to the one thousand copies ordered by the Legislature. The cost of printing and the postage has amounted to from $300 to $400 for each biennial report, which amount will be taken this year from the $600 appropriated for the fiscal year of 1883 and 1884.

The Board has faithfully endeavored, by every means at its command, to implant in the minds of the people the value of public and private hygiene, but they have met with little encouragement or cheer from the press, the profession or the authorities of the State. It is easy to believe, or to pretend to believe, that "home institutions" are inferior to others, and that every reformation is wanting on the part of our own Board of Health, while none at all is wanting on the part of those of other states. It is often a help to the weary

*Under date of January 6th, 1884, Mr. R. M. Betts, Chief Clerk of the Comptroller's office, writes to the Secretary of the State Board of Health as follows: "In reply to your favor of the 3rd inst., I am directed by the Comptroller to state that the entire amount paid you for the State Board of Health from the appropriation of $10,000, by the General Assembly of Maryland, Chapter 438 of 1880, Section 4, for "Epidemics," under the approval of Governor Hamilton, has been $1,200.

worker to have noted the points where failure is seen, in order to direct efforts where best results may be secured, but no good can result from *hostile indifference*. Reform may glitter and splutter upon trivial questions of politics, but disease will not pause at lines drawn by political economy, nor halt at boundaries fixed by local authorities. "When destruction takes on winged form and comes floating on the very winds to lay waste our heritage, then we want some power whose jurisdiction shall be as wide reaching as the wings of the destroyer, and shall command every force and resource requisite to withstand the invading foe."

No one will pretend to gainsay Governor Hamilton's sincerity in "expressing his honest convictions;" but we must believe that the attempt of the *ex*-Governor to destroy, with his last official breath, the State Board, upon whom devolves the care of the public health, would, if accomplished, injuriously affect the vital conditions of our whole population. For some time the Board has been placed in the anomalous and embarrassing position of a body charged with important and responsible duties, and yet deprived of the means of efficiently executing them; but much has been done, and, under a more liberal State policy and a somewhat improved organization, much more will be done to serve the interests of the public health.

If, instead of the "cold shoulder," which has for several years past frozen the Board into comparative inactivity, the present enlightened Executive should stretch forth the warm hand of encouragement, what a boon it would be! But, surely, while yellow fever still flickers "like the baleful fires of the tomb" along our Southern coasts, and cholera has already aroused from its natural *habitat* in the East, and is sweeping westward; while that trinity of woe, malaria, diphtheria and typhoid fever, still holds high carnival in our midst, it is no time to withdraw the watchmen who guard the public safety, or call in our picket line, and hope to meet the destroyer with the *brutum fulmen* of State economy, or the guerrilla warfare of unorganized local effort.

The efforts of such a mind as Governor Hamilton's, diligent and penetrating, keen and indefatigable, honest and energetic, could have carried the Board a great length in improving the public health, if they had been directed to this object; but, unluckily, other interests and other views prevailed, and the health of the people, which Lord Beaconsfield regarded as "the first duty of the statesman," and "the foundation upon which all their happiness and all their power as a State depends," was subordinated to financial considerations and rated in importance below the health of domestic animals. The law providing a few thousand dollars to protect the health of the people, the *ex*-Governor thinks, "a very fit subject for State economy," but the law which opens wide the treasury of the State to protect cattle against pleuro-pneumonia, he says, "with some amendments will answer the purpose." This may be *statesmanship*, but it certainly is not in keeping with *the precepts of humanity*. In what more humane and important work could men be engaged than that of promoting sanitation among the masses, of instructing and enlightening them as to the laws of health, and as to the duty and wisdom of removing those causes that scourge humanity with the miseries and afflictions of preventable disease.

We trust enough has been said to satisfy the public as well as yourselves, that the "things done" by the State Board of Health have "justified the salary and expenses paid annually under the Act."

EL SECRETARIO.

Editorial.

THE IDENTITY OF VACCINIA AND VARIOLA.—The relationship existing between cowpox and smallpox has been a vexed question ever since the protective power of the former against the latter in man was made known to the world. Jenner, as is well known to those familiar with the literature of the subject, held the opinion that the grease of the horse was the source of both affections. There are many who hold to the essential unity of the three affections, and the number is increasing. Notwithstanding the adverse results of many experiments instituted to test the communicability of the human disease to the lower animals, as especially those of the Academy of Sciences of Lyons, under the presidency of M. Chauveau, which have exercised a greater influence over professional sentiment on this subject than any others, yet, being of the nature of negative evidence, they do not offset the positive data to the contrary that have been accumulated. No matter how often the attempt to inoculate the cow may fail, if it succeed in one single instance and the resultant disease be found to be protective against the parent disease in the system of man, the conclusion of identity seems to be inevitable. Now such success has been obtained in numerous instances, as by Gass-

ner in 1802, Thiele in 1836, and most notably by Badcock, a druggist, of Brighton, England, who is said to have vaccinated himself more than 30,000 persons with lymph obtained in this manner.

Some very important experimental contributions to this subject have been made during the last two or three years by Dr. Leonhard Voigt, the Supt. of the Vaccine Institute at Hamburg. On the 4th attempt, Dr. V. succeeded in producing in the calf a vesicle, the fluid of which being employed in the vaccination of a child produced alarming results, as intense fever axillary buboes, etc. Employing the same fluid in the successive inoculation of calves, he obtained a lymph which at first gave uncertain though rather severe results, but after the 9th culture, he secured a virus which afforded excellant results indistinguishable from those of the best Beaugency stock, both in themselves and in their manifestations in the human subject.

During a large experience extending over eighteen months the superiority of the new lymph to either humanized or Beaugency lymph has been thoroughly established to the satisfaction of Dr. V. and his colleagues. It also possesses the advantage of keeping well in tubes, with or without glycerine. The following summary of Dr. Voigt's observations is given by the *British Medical Journal*, to whom we are indebted for many of the above facts, not having access to the original reports:

1. It is possible to create vaccine by the inoculation of the calf with lymph from the pustules of human beings, the subjects of small-pox, but success must not be expected in every case.

2. The energy of variola-vaccine obtained in this way is such that it is not fit for the purpose of vaccinating human beings until it has been several times transmitted from calf to calf, or from ox to ox, and its intensity has been thus diminished.

3. In the first year this new lymph has a greater protective power than animal lymph of older stocks.

4. Vaccinia and variola are derived originally from the same contagium, and give to those affected by them an immunity one against the other.

5. The duration of this immunity depends on the intensity of the pathological process.

After the lapse of twelve years, persons who have been attacked with small-pox show the same susceptibility to vaccination as those who have been vaccinated at an equally remote period; consequently children of twelve years of age, vaccinated in infancy, present a moderately favorable soil for the poison of small-pox.

7. Therefore, revaccination of all children at or even after the age of twelve is highly to be recommended.

8. Animal lymph, originally very active, diminishes in efficacy when transmitted from calf to calf sooner than humanized lymph transmitted from arm to arm. On the whole, *i. e.*, after a long time, humanized lymph gives better results both in man and beast; whence it follows that animal lymph from old stocks gives less success than retro-vaccine of the first generation.

9. Carefully generated, and in well ventilated and regulated stalls, variola-vaccine is the most energetic of all, not only when taken direct from the calf, but especially in its humanized form. Consequently, if we could obtain the most powerfully protective lymph, we should, when occasion offers, from time to time, reproduce a stock of variola-vaccine.

Spontaneous cases of cow-pox are invariably due to accidental variolation or vaccination, as indicated by the site of the disease, *i. e.*, in the ankles of the horse and the udders of the cow, parts most frequently handled, and the exemption of bulls and oxen from the disease.

Mayor Latrobe on the Sewerage of Baltimore.—In his Message to the City Council, sent in on the 28th ulto., the Mayor alludes to this important subject, although hardly with the earnestness that its vital importance demands or that we would expect from one who realized fully the urgency of its need. The inhabitants of a city without provisions for sewerage are in a most deplorable state, living in the midst of their own constantly accumulating filth and excrement and subject to all the perils arising from polluted earth, air and water. How any city official or anyone acquainted with the plainest requirements of hygiene can quietly contemplate our condition and not demand an immediate change is a mystery to us. Of large American cities Baltimore is alone in her shame. Yet she possesses peculiar advantages in her topog-

raphy and in her abundant water supply for disposing economically and effectually of her refuse, and for three years her people have had before them a carefully-prepared report by an engineer of acknowledgd competency who has thoroughly investigated the subject and has submitted a plan and estimates. The Mayor recommends application to the Legislature for an enabling act authorizing the issue of bonds not to exceed $5,000,000, bearing not more than four per cent. interest, and the appointment by the Mayor and City Council of a commission to have charge of this fund, select an engineer and proceed to construct a proper system of sewerage. Although the cost would be heavy he thinks after completion the imposition of a suitable sewer tax and proper laws making the use of the system compulsory would pay the interest on the cost and render this department like the Water Board, self-sustaining.

Reviews, Books and Pamphlets.

Elements of Human Physiology. By HENRY POWER, M. B. London, F. R. C. S. Illustrated with 47 engravings. Phila. Henry C. Lea's Son & Co. 1884. Pp. 381.=*Fat and Blood: An Essay on the Treatment of Certain Forms of Neurasthenia and Hysteria.* By S. WEIR MITCHELL, M. D. Third edition, Revised with additions. Phila. J. B. Lippincott & Co. Pp. 162.=*Plastic Surgery of the Face.* By L. MCLANE TIFFANY, M. D. Reprint from Transactions of Medical Society of Virginia, 1883. Pp. 6.=*Twenty-First Annual Report of Providence Hospital, Washington, D. C.* Washington, D. C. Gibson Brothers, Printers. 1883.=*Remarks on the Importance of Having Trained Nurses for the Smaller Towns and Rural Districts, and the Proper Methods of Securing them.* By S. D. GROSS, M. D., L. L. D., D. C. L. Reprint from *Medical News.* 1883.=*Health and How to Promote It.* By RICHARD MCSHERRY, M. D. Second edition. New York: D. Appleton & Co. 1884. Pp. 185. Price $1.25.=*Some Recent Progress in Diseases of the Nervous System.* BY TALBOT JONES, M. D. St. Paul, Minn. Reprint from *Alienist and Neurologist,* Jan'y. 1884. Pp. 11.

"To attain length of days, maintain a mental equanimity, which neither success nor reverses can disturb. Love nothing too passionately; hate nothing too violently; fear nothing too strongly."—*Med. and Surg. Reporter.*

Miscellany.

STUDIES ON COTTON BARK (RAD. GONYPII) AS A SUBSTITUTE FOR ERGOT.—Prochonick read a paper with the above title before the German Gynecological Society. —*American Journal of Obstetrics,* etc.

He had experimented with cotton-root bark because he thinks it desirable to find a substitute for ergot. The action of the drug when employed during the last stages of the expulsive period is inferior to that of ergot, but it produces no tetanic contractions. When given during the lying-in, the effect was very satisfactory. But the author was particularly pleased with it in gynecological cases, in hemorrhages continuing after the removal of remnants of abortion. In myomata, the metrorrhagias often diminished as early as after two months, but usually after three, and a reduction in the size of the tumor could also be demonstrated. Infusions of the fresh drug produce the best results. The American fluid extract is likewise to be recommended. The drug is considerably cheaper than ergot. In reply to a question by Schatz, the author added that the agent can by no means fully supplant ergot.

VICARIOUS MENSTRUATION.—A case is related (*Progres Medical*) of a girl who received a blow behind the right ear when six years old, which was followed by a yellowish discharge which has since continued. At the age of fourteen she was awakened one night by pain in the head and sacral region, and a bleeding from the ear, lasting three days. This occurred regularly, every three weeks. A slight attempt at normal menstruation had showed itself three years previously, after a mustard foot-bath and other remedies. It was accompanied, however, by the bleeding from the ear. The ear shows a large perforation, the breasts are poorly developed, no cervix uteri is discoverable, and considerable leucorrhœa exists.

SUPPOSITORIES IN PILES.—The following formula is recommended for piles:

℞ Iodoformi, ʒi.
Balsam Peru, ʒii.
Ol. Theobromæ,
Ceræ alb., āā ʒiss.
Divid. in suppos. No. 12.

Introduce one after each evacuation.

THE ETHER HABIT.—Dr. Sedan (*Gaz. des Hopitaux*, Sept. 15th, *Lond. Med. Record*, Dec. 15th) reports the case of a young man, 19 years of age, who, for nine years, was in the habit of taking daily between 100 and 1000 grammes of ether. When first seen by Dr. Sedan he was ten years of age—anæmia with souffle accompanying the first sound of the heart, presenting, nevertheless, a very satisfactory, general condition. He became one of the most promising students of the Lyceum, of a quick and brilliant intelligence, laborious, and working with success. He confided to Dr. Sedan that he drank ether, and that was the secret of his success; he reasoned like a man and promised not to use the stimulant except to assist the efforts of his intelligence. From that time he commenced increasing amounts of ether, 20 to 30, 50, 80, 100 grammes a day, at the same time engaged in working out the most difficult questions in higher mathematics. Neither parental authority or medical advice availed to break him of the habit. He finally consumed 900 to 1000 grammes a day, mostly by the mouth. He was undersized and with a feeble constitution. No immediate disturbance showed itself at first, and he finally died of mitral insufficiency. During the last year of his life, he used both ether and morphia subcutaneously.

APPARATUS FOR DEMONSTRATING ANOMALIES OF REFRACTION AND DEFECTS OF ACCOMMODATION IN THE EYE.—At the meeting of the Medical Society of the Woman's Medical College of Baltimore, held on the 12th inst., *Dr. Russell Murdoch*, by request, exhibited an apparatus of his own devising, designed for individual study and class demonstration of the defects of accomodation and anomalies of refraction.

He demonstrated many points in the extensive field of physiological optics, both as seen in monocular and binocular vision.

When used for individual study, a candle flame was focussed upon a ground glass screen, or upon two, as in binocular vision, and those present, in detail reviewed the minute inverted flame undergoing various changes, as the instrument was lengthened or shortened, rendered parallel or convergent, or the lenses changed to suit the changing position of the candle.

For class demonstration, the same extensive experiments were shown on the white wall, enlarged fifty diameters.

Astigmatic vision was particularly dwelt upon because of the anomalous character of the phenomena it presents. There was shown the orientation of the principal meridia, the anterior and posterior focal points, and the focal interval, also typical cases of the principal varieties of astigmatism, and then their correction by proper glasses.

We noted the striking way that the consentaneous action of convergence and accommodation with pupillary changes was demonstrated.

In the illustration of physiological vision, many drawings were shown, and numerous points in comparative vision were dwelt upon.

He uses it still further as a model eye for ophthalmoscopic demonstration, by placing in it chromo-lithographs, so common in books on ophthalmology, and then varies the focal arrangements in every possible manner. The student is practiced in ophthalmoscopy under ever varying phases of optical defect; both with the erect and inverted image.

A POINT IN PROGNOSIS.—Dr. B. E. Hadra, of San Antonio, Texas, calls attention in the *Amer. Jl. of Obstet, and Dis. of Women and Children* (Jan., 1884) to a phenomenon presenting itself in some diseases of children, which seems to him to be of more importance in connection with prognosis than is generally known. "In exhaustive diseases, such as diarrhœa, typhoid fever and others, after having for days persistently refused nourishment, the child suddenly swallows with avidity whatever is offered, food or medicine indiscriminately. Even quinine will be taken as readily as sugar. Such an occurrence is generally hailed with delight by the interested by-standers, but in reality it is a very untoward symptom. In my experience it frequently warrants an unfavorable prognosis. An explanation of this sudden change may, perhaps, be found in the cessation of cerebral function, through the want of nutrition or of stimulation. Combined with this behavior is often found

the Cheyne-Stokes breathing, and this coincidence goes far to support the above explanation, as this respiratory disorder has been traced also to the want of stimulation of the respiratory centres."

PUERPERAL ECLAMPSIA IN PRAGUE.—A correspondent of the St. Louis *Courier of Medicine* (January, 1884) gives a full report of the cases of Puerperal Eclampsia that have happened in the Lying-in-Hospital, in Prague, from 1876 up to October 1, 1883, from which it appears that in 8,074 births there were only 20 of eclampsia, 16 of which recovered and 4 died. This would make the proportion of 1 in 404 births, which the writer considers much too high.

PLACENTA PREVIA.—Dr. Yarnell, of St. Louis (*Courier of Medicine*, January, 1884), in reporting a case of placenta previa to the St. Louis Obstetrical and Gynecological Society stated that this was his twenty-third case in which he had met with this condition. When it is borne in mind that placenta previa occurs upon the average only once in one thousand births, Dr. Yarnell's experience seems to be unique in this respect.

CHLORAL AS A PURGATIVE.—Hydrate of chloral is highly recommended by Dr. Bonatti (*N. Y. Med. Journ.*, Jan. 5) as a purgative in cases of obstinate constipation in insane persons after jalap, croton-oil and other drastic cathartics have been used without avail. He gives the chloral in doses of two or three grammes (thirty to forty-five grains), dissolved in a draught of infusion of senna, It is said to act rapidly.

FOR CHAPPED HANDS AND FROSTED FEET.—Dr. Carl Seiler (*Polyclinic*, Jan. 15) calls attention to the value of tincture of benzoin in the treatment of chapped hands and frosted feet. It is applied by simply painting it on the skin. The stockings may be prevented from sticking to the feet by rubbing some oil over the benzoin.

FISSURED NIPPLE.—Pulverized gum-arabic is recommended as a simple and safe agent for cracked nipple. Immediately after the child has sucked, the powder should be dusted over the surface and the nipple protected from the air.—*Exchange.*

JONATHAN HUTCHINSON ON YELLOW OXIDE OF MERCURY OINTMENT IN CORNEAL ULCERATION.—"I do not doubt that there are at the present moment, whilst I am speaking to you, in the homes, the schools, the workhouses and the hospitals of England, some thousands of children who are suffering from ulcerations on the cornea, attended with intolerance of light, causing the patient great distress through many months and destined often to leave disfiguring and incapacitating scars. If my own experience may be trusted, I believe that three-fourths of these would be almost well in the course of a fortnight under the use of a very weak yellow oxide of mercury ointment. Since I knew the virtues of this ointment, I have been able to abandon almost entirely the use of blisters, setons and like painful measures and to effect the cure in a tenth of the time."—*Brit. Med. Journ.*, Oct. 20.

COLLECTIVE INVESTIGATION OF PHTHISIS IN GERMANY.—The *Berliner Verein fuer Innere Medicin* has undertaken the collective investigation of phthisis, and hopes to elicit information on the following questions:

Is tuberculosis communicable by simple cohabitation? Is the great prevalence of tuberculosis referable to heredity? Can the disease be transmitted by the consumption of tuberculous flesh and milk, or put in another way, how does the infective germ enter the organism? Is there a congenital infection or a congenital disposition? What evidence is there of the latency of the germ in the organism? Why is it that the tubercle parasite has such a preference for localization in the apex of the lung?

THE DIAGNOSTIC VALUE OF THE BACILLUS TUBERCULOSIS.—Dr. Austin Flint, at a meeting of the New York Medical and Surgical Society, stated that he had made this question a subject of clinical study; and, so far as his experience had gone, it confirmed the value of the presence of the bacilli in the sputa as positive proof of phthisis, their absence being of more or less value in the exclusion of that disease, and the importance of their comparative abundance and scarcity as bearing on the question as to whether the disease was or was not actively progressing.

OSTEOTOMY FOR BOW-LEGS.—*Dr. W. H. Carmalt* reports in *The American Journal of the Medical Sciences* for January, 1884, a case of a child of five years, in which there was marked outward curvature of the tibiæ and fibulæ of both legs, and in which he divided the bones, under antiseptic precautions with excellent result.

ANTISEPTIC DRESSINGS AS THEY ARE USED AT THE NEW YORK HOSPITAL.—Dr. Robert F. Weir, of New York (*New York Medical Journal* Jan. 19th, 1884), contributes a paper with the above title. He says: "What we still aim at in the treatment of wounds is to place the divided or injured parts in such a condition as to permit of the best possible drainage, and to keep them at rest as long as may be without frequent renewals of the dressings; and for the accomplishment of the latter end, we are forced to use such chemical substances as will prevent decomposition."

In the New York hospital corrosive sublimate is used almost exclusively as an antiseptic upon gauze or jute. The sublimated gauze is prepared by immersing the bleached material in a solution as follows: Corrosive sublimate, 20 parts; water, 4.480 parts; glycerine, 500 parts, for 12 hours, then wringing out. and allowing to dry, as far as the glycerine will permit. At the time of operation a sublimate solution, 1–1000, is allowed to trickle slowly but nearly continuously over the incision; bleeding vessels are tied with sublimated catgut. The wounds are united with catgut or sublimated silk and the continuous suture is employed. Dark rubber drainage tubes or decalcified chicken bones are introduced in proper positions, and after carefully cleansing the wound by injecting the bichloride solutions through the tube, gauze handkerchiefs are placed over the centre of the incision and considerable pressure exercised. Over these handkerchiefs, peat, jute or other absorbent material is used. No impervious protective is used over the dressings, as by retaining the moisture of the dressings and the sweat, it is thought to act too much as a poultice.

If after a few days there is staining of the dressings, douche the parts anew with bichloride solution and apply an additional mass of sublimated cotton or gauze over the wound. "We do not change the dressing until we find some decided evidence that things are going wrongly. * * * I should consider an elevation of temperature persisting for twenty-four hours a sufficient reason for removing the dressing and searching for the cause."

Metallic instruments must be immersed in a 5 per cent. carbolic solution, as the bichloride will form an amalgam with them. In the New York Hospital not only is the part to be operated upon washed with soap and water, but also with turpentine and alcohol—two ounces to the pint. Great care is taken to carefully prepare and disinfect sponges, and if they have been used in vagina, rectum or other uncleanly localities they are destroyed after using, otherwise they are carefully cleansed and kept in an antiseptic solution.

Finally the principle of rest should be carried out thoroughly.

"In the north of Germany corrosive sublimate has come to displace iodoform and carbolic acid almost entirely; iodoform is used to some extent in southern Germany, particularly in Vienna; but the healing of wounds I found was more satisfactorily produced in the hospitals of Kiel and Hamburg under the sublimate dressings than anywhere else that it was my good fortune to visit. * * * I myself have not seen so far any poisonous effect from the use of the sublimate solution."

R. W.

THE PARIS FACULTY OF MEDICINE.—It is stated that the number of Medical Students in Paris, on October 1, 1883, was 4207, of whom 108 were foreigners. The "Egyptian Mission," which formerly attended the courses of lectures delivered at the Paris Faculty, has since recent events, been transferred to England. Among the medical students of the present session, there have been forty-five ladies (six more than in 1882), for the most part Russians.

Medical Items.

Dr. Edward Warren-Bey, formerly of this city, but now a successful practitioner in Paris, has returned to this country for a period of rest and recreation.=Dr. Francis R. McLaughlin, a graduate of the University of Maryland, died in Monterey, Cal., January 8th, of pneumonia, aged 36 years.=The Deputy Coroner for the eastern division of the county of Middlesex, England, has recently declared that a medical man who has seen a patient only once, has not been in attendance in a legal view, and that the certificate of death issued by him is illegal. The outcome of this decision is the enunciation of the general principle, that a physician who has seen a patient only once during life is not competent to certify to the cause of death; that is, he is incompetent to make a diagnosis from a single examination of a patient, a monstrous absurdity, we would suggest.=In the treatment of wounds, Dr. Peterson, of Kiel, considers zinc oxide a good substitute for iodoform. It is cheaper, and is not poisonous.=Resorcin is highly recommended by Dr. J. Andeer, in acute and chronic cystitis. A five per cent. solution should be injected into the bladder.=A writer in the *Br. Med. Journal* declares that the elevation of the head of the bed, by placing under each leg a block of the thickness of two bricks, is an effective remedy for cramps.="*First Country Doctor;* 'Could

you come to my place, Brown, to-morrow morning?' *Second C. D.:* 'All right, old man. What is it?' *First C. D.:* 'Well, I've had a case of endocarditis which I've very successfully treated with *convallaria majalis*, and I want your help with the *post-mortem*'—*Punch*."=The second annual meeting of the national association for the Protection of the Insane and the Prevention of Insanity, was held in Philadelphia, January 22d. Dr. Joseph Parrish was elected *President* for the ensuing year, and Dr. C. L. Dana, of New York, *Secretary and Treasurer*.=It is estimated that there are 2,400 female physicians in the United States. Of this number not over 1,000 are graduates of recognized medical colleges. =A bill has been passed by the Michigan Legislature which requires school teachers to pass an examination in physiology and hygiene, with particular reference to the effects of stimulants and narcotics on the human system.=A new medical college has been organized in Cincinnati under the title of the Medical University of Ohio.= "Material" for dissecting purposes, is said to be very scarce in Chicago this winter. Two students have been arrested in that city for grave-robbing.=The plan of young doctors, unsuccessful doctors, and doctors with leisure on their hands cultivating drug farms, has been suggested. There are, doubtless, many medicinal plants in this country which could be cultivated with profit, even on a small scale. *Medical Record.*=The title of Hofrath has been confer red upon Dr. Stellwag v. Carion and Prof. Späth, of Vienna.=Professor Carl von Voit, of Munich, has been granted the Maximillian order of science and art.=A bill appropriating $200,000 for the erection of a fireproof building for the use of the army medical museum and library, has been introduced into both the Senate and House of Representatives at Washington, D. C.= Prof. Huxley is to receive a baronetcy.= A Society for the study and advancement of Forensic medicine will be formed in Philadelphia during the next few weeks. Its membership will include prominent names both in law and medicine.=A bill has been introduced in the United States Senate by Senator Hale, which provides that all appointments to the medical service under the Government shall be made from graduates of all legally chartered medical institutions, without discriminating against any or in favor of any school or theory of medical practice.=The firm of Bermingham & Co., medical publishers of New York city, is reported to have made an assignment.= A case is reported in the *Br. Med. Journal* in which a cancer patient lived thirty nine days and fourteen hours, supported wholly on water and morphine.=Contributions to the Hospital Saturday and Sunday fund, in New York city, reached the sum of $37,742.08. In Baltimore, this same fund only reached the sum of $1,500, which, by way of contrast is a poor showing of the liberality and interest of our citizens in the benevolent work of the Hospital Saturday and Sunday Association.=The Ohio State Sanitary Association will hold its first meeting in the city of Columbus, on February 14th and 15th, 1884.=The annual meeting of the New York State Medical Society will be held in Albany, February 5th. The code question will be again taken up and fully discussed.=A preparation known as Midzu ame, which is said to closely resemble the extract of malt, has an enormous consumption in Japan, and is an efficient substitute for cod-liver oil. It has proved very useful in phthisis.=Japan has now a considerable literature of modern medicine, which is rapidly increasing. A dozen medical periodicals are well supported.=The Richmond, Va. Academy of Medicine has sixty members.=The Hon. F. C. Latrobe, mayor of this city, has accepted the Presidency of the Baltimore Medical College tendered him by the trustees, in place of Prof. Harvey L. Byrd, resigned.

CHANGES IN THE MEDICAL CORPS OF THE U. S. NAVY for the week ending Jan. 26, 1884:

P. A. Assistant Surgeon Robert Whiting detached from the Hospital, Norfolk, Va., and ordered to the Colorado.

Assistant Surgeon H. B. Fitts detached from the Jamestown and ordered to the Coast Survey Str. Gedney.

P. A. Assistant Surgeon F. Anderson granted leave of absence for six months.

CHANGES IN THE STATIONS AND DUTIES OF THE OFFICERS SERVING IN THE MEDICAL DEPARTMENT U. S. ARMY, from Jan. 21st to Jan. 28th 1884:

Alexander, Charles T., Major and Surgeon: So much of par. 7, S. O., 211, Sept. 14, 1883, as directs him to report in person to the commanding general Department of the Missouri, for duty, is revoked, and he will, upon the expiration of his present leave of absence, proceed to St. Louis, Mo., and assume duty as attending surgeon and examiner of recruits in that city.

Elbrey, Frederick W., Captain and Assistant Surgeon; present leave of absence extended six months.

Original Papers.

THE BACILLUS TUBERCULOSIS AND THE ETIOLOGY OF TUBERCULOSIS. IS CONSUMPTION CONTAGIOUS?*

SECOND COMMUNICATION.

BY H. F. FORMAD, B. M., M. D.,

Lecturer on Experimental Pathology and Demonstrator of Morbid Anatomy in the University of Pennsylvania; Muetter Lecturer in the College of Physicians of Philadelphia.

(*Concluded.*)

The miliary eruption of tubercle appears to have the same relation to the primary tubercular growth as the secondary metastatic cancer eruption has to the primary cancerous growth. Like in cancer, the elements of tuberculosis may be arrested temporarily by the lymphatic glands governing the affected region.

In tuberculosis, lymphoid cells form the nodes; in cancer, epithelial cells. While secondary cancer nodes are, as a rule, much larger than tubercle nodules on account of the well-known great proliferating power of epithelium, it is also a fact that cancer may appear as a miliary carcinosis, expressed by minute nodules not distinguishable macroscopically from miliary tuberculosis. Cancer is proven to be a local disease. It is not contagious. It is infectious only to the individual who is affected by it; *i. e.*, it is self-infectious. And so is tubercle, in every respect, a local, self-infectious disease.†

The local manifestation of tuberculosis in the lung, which is designated by the traditional name of pulmonary phthisis, forms perhaps nine-tenths of all tubercular lesions, and hence deserves some special consideration.

I arrange myself with those who regard all forms of pulmonary phthisis as tubercular. There are only three or four lesions of chronic wasting disease of the lung which may be excluded from phthisis. These are atelectasis, or collapse from pressure of effusions; bronchiectasis, in which the enormous dilatation of the bronchi may lead to large cavities and atrophy of lung structure; primary fibroid changes, and abscess of lung. Yet all these lesions may become tuberculous from secondary inflammatory changes which usually follow.

The lesions that are known as catarrhal pneumonic phthisis, cheesy pneumonia, tubercular phthisis, and fibroid phthisis, are all manifestations of the one disease. Such a classification may be, however, entirely justifiable and useful for practical clinical and therapeutic purposes Pathologically considered, phthisis is a local tuberculous inflammation of the lung which manifests itself in various ways, the appearances depending upon the duration of the disease, the mode of onset, and the constitution and condition of the patient. Lesions representing the different forms of phthisis, and their transition from one form to the other, are often seen in the same lung.

Virchow insists that nothing should be considered tubercular unless it shows true tubercle nodules, and hence he does not recognize cheesy pneumonia—or cheesy hepatization, as he calls it—as tubercular, although he does not object to the term phthisis for this lesion.

I was fortunate enough to attend several times the classical demonstration on this point of Virchow, the father of the view of the dual origin of cheesy matter and phthisis; yet, from our present knowledge of what constitutes tubercle, I cannot help interpreting all the forms of phthisis as of a unitarian origin. It is, after all, as Virchow himself says, only a matter of nomenclature. If we consider the presence of bacilli of Koch as the differentiating point between what is tubercular and what is not, we find that catarrhal and cheesy pneumonias are the most tubercular of all, because they contain, as a rule, more bacilli than any other forms of phthisis.

Although cheesy pneumonia, like all forms of phthisis, remains commonly a local affection, it is seen on the autopsy table to give rise to miliary tuberculosis at least as often as any of the other forms of local tuberculosis.

We are, then, at present at the same standpoint in regard to the character of tubercle and cheesy matter as Lænnec (1819); and it is indeed perfectly reasonable to suppose that any cheesy matter found in a scrofulous person or animal is tubercular. Of course it is evident that tuberculosis of the lung is usually accompanied by simple inflammatory products, such as organized connective tissue (chronic phthisis), or organized croupous and catarrhal exudates (predominating in acute phthisis), which may undergo rapid necrotic and purulent changes, resembling cheesy material. For the later products the name "coagulation necrosis," as applied by the Heidelberg and

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*Read before the Philadelphia County Medical Society, November 14th, 1883.

†Cancer and tubercle are considered analogous lesions, and classed with tumors by a number of pathologists. This fact would not make it inconsistent to call tubercle an inflammatory product, as the distinction between inflammatory processes and tumor formation is purely an arbitrary one. Virchow pointed out that the majority of tumors are purely inflammatory products (a statement antedated twenty years by Prof. S. D. Gross). A few years ago I made the question of the etiology of tumors a subject of careful personal study, which I yet continue, and I am forced to the conclusion that *all* true tumors are inflammatory products, and that no line of distinction can be drawn where the process which we call inflammation ends and where tumor formation begins.

Leipsic people, may be employed. Tubercle bacilli are commonly found in this coagulation necrosis. True tubercular cheesy matter should, I think, be considered only that product which is derived from the breaking down of previously well-organized tubercle tissue.

I need not refer to the details of the manifestation of tubercle in the lung, as these are too well known. But I would like to remark here that those small whitish gray nodules, usually of somewhat irregular shape, which are seen more or less densely scattered throughout the parenchyma of lungs affected by phthisis, are not miliary tubercles, but minute foci of broncho-pneumonia.†

These minute broncho-pneumonic foci take their origin from tuberculous matter disseminated by means of air-passages, as explained before. *Miliary* tuberculosis of the lung distributes itself by means of the perivascular lymphatics, is very rarely accompanied by catarrhal changes or hepatization, and rarely arises from a primary tuberculous focus of the lung itself; it is, as a rule, a part of general tubercular disease.

II.—THE PREDISPOSITION.

Having shown that for the production of tuberculosis we need a special soil, and that the irritant is only of secondary significance, some inquiry into the nature of this soil is necessary.

The question of the predisposition to tuberculosis, as it stands at present, must be considered from three aspects :—

1. The clinical aspect.
2. The anatomical aspect.
3. The bacteridian or parasitic aspect.

The consideration of the clinical aspect of the predisposition to tuberculosis is invaluable, as it rests mainly on actual observation, on demonstrated clinical facts, and on conclusions drawn from statistics.

From time immemorial, a clinically well-defined condition of the system, known as the strumous diathesis in its various forms, has been recognized. This condition will be considered later on.

There are a number of ailments which, from the experience of clinicians, are known to have a great, direct or indirect, influence in the development of general tuberculosis and pulmonary phthisis ; or are known to create conditions of the system that predispose it to this malady. Such are syphilis, inflammation of serous membranes, bronchitis, croupous pneumonia, diabetes, the exanthemata, especially measles and typhoid fever, deformities of the skeleton, rickets, cerebral and spinal diseases of various kinds, dyspepsia, the puerperal state, uterine diseases, prolonged nursing of children, onanism, change of climate, continuous loss of sleep, distress, etc.

That exhaustion, exposure, the deprivation of food, and other hardships of campaign life, etc., are prominent etiological factors in the production of pulmonary consumption is learned from the accounts of military surgeons, who observed among young, robust soldiers a remarkable increase in the morbility and the mortality of phthisis, during and immediately after the close of a war. Such observations have been made in the Franco-Prussian and Turko-Prussian campaigns. The fact that consumptive soldiers are not allowed to enter upon a campaign (certainly not in Germany and Russia) excludes here the probability of contagion.

Statistics also show the remarkable prevalence of phthisis in persons of certain occupations, such as stone-cutters, miners, cigar-makers, weavers, telegraph operators, book-keepers, and persons engaged in certain other occupations of a more or less sedentary nature. It is more natural to suppose that the disease or the predisposition to it is created by the character and the conditions of the occupation, than that a contagion should affect preferably shoe-makers, miners, or soldiers in the battlefield. Again, in most phthisical patients the beginning of the disease can plainly be attributed to an exposure, to "a cold."

On the other hand, there are pathological conditions or diseases which appear to prevent the development of phthisis and tuberculosis in general. It is an established clinical fact that phthisis is extremely rarely, if ever, associated with mitral heart-disease ; and, from my own observation, I believe that phthisis is rarely coincident with tumors. For the latter circumstance, I can offer no explanation ; nor is there any statement to this effect in literature. Rindfleisch has suggested that heart-disease prevents the development of phthisis by inducing repeated slow congestion of the lungs, these congestions producing an overgrowth of the muscular tissue of the bronchioles and air-vesicles, which thus gains strength for repelling the exudates following inflammation.

If tuberculosis were depending upon a contagium for its development, neither heart- nor tumor-disease, nor any condition of the organism, could ever prevent its occurrence.

All the clinical facts referred to prove definitely the necessity for a predisposition for the development of tubercular disease, and militate against the necessity of a contagium.

The anatomical aspect of the question—the morphology of the soil in which tubercle de-

† See, in connection with this, the excellent studies of Wm. H. Mercur, from the pathological laboratory of the University of Pennsylvania, published only in abstract form in *Phila. Med. Times*, July, 1883.

velops—is the most important aspect.

Beneke* tries to explain the disposition to tuberculosis by a disproportion between the size of the heart and blood-vessels and other organs to the bulk of the body.

Schottelius† made recently some interesting observations concerning the mode of termination of the smallest bronchioles and their relation to the lung acini in different animals. He found that in the carnivora the entrance of the bronchioles into the acini presented very small apertures, so that the air-vesicles were not easily accessible to irritants; while in the herbivora the terminal bronchial terminations were quite wide, thus permitting the free entrance of irritants. He states that in man the bronchial terminations congenitally approach sometimes those of the carnivora, and sometimes those of the herbivora. In the latter type, he believes to have found an anatomical explanation for the predisposition in some individuals to pulmonary tuberculosis.‡ Weigert, of Leipsic (one of the most enthusiastic germtheorists), properly remarks upon the observation of Schottelius, that it does not explain the predisposition, as the same animals will react, upon the introduction of the "poison of the tuberculosis" into any other part of the body, where the bronchioles do not come into play.

My own studies upon the minute anatomy of the tissues of man and of animals predisposed to tuberculosis, extended over a large amount of material, and gave results which, to my mind, satisfactorily explained this condition. These results I announced at a meeting of this Society in October, 1882.

The anatomical peculiarity observed in either man or animals, be it inherited or acquired, I first showed to be, briefly stated, as follows: all the tissues of the body approach somewhat an embryonal type—they are peculiarly rich in nuclei and young cells, and the lymph-spaces of the connective tissues are narrower, fewer in number, and show a great many more cellular elements in the scrofulous than in the non-scrofulous. So far, subsequent observations of others agree with mine. Objections are raised only as to the direct relation between these structural peculiarities and tuberculosis. Here I must state that I only suggested, and never asserted, the necessity of such a relation. It is quite possible that there are some other and more striking peculiarities in the morphology of scrofulous animals yet undiscovered. This much, I can, however, reassert to-day: that tuberculosis usually ensues when a simple inflammation is set up by any kind of injury, in animals with the structural peculiarity which I have described; but tuberculosis cannot be produced in animals that do not have this structural peculiarity, so far as my experiments show, unless the injury is inflicted upon serous membranes.

For the details of my researches in this direction, I must refer to my first paper upon this subject.*

Koch asserts that the structural peculiarities of the tissues which I described can have no etiological relation to tuberculosis, because an animal not possessed of such tissue peculiarity—the cat—is easily inoculable by tuberculous material. Here I must differ from Koch, as in my own experience with cats this is not the case; and, again, Koch brings no proof for his assertion, and I am unaware that he, or anybody else, produced tuberculosis in a cat, except by inoculation into some serous cavity. That inoculations into serous membranes prove nothing for tuberculosis, as I have shown conclusively, Koch still seems to fail to see. But here is a way in which cats may become tuberculous, with or without the bacillus. In one instance, we kept one of the cats in a close box, *deprived* of liberty, good air, the comforts of life, motion and sufficient food; she also had been inoculated with diphtheritic material eight months previously, but had recovered. After the lapse of a year the cat was set free; but was accidently killed, and was found to be affected by general tuberculosis in a high degree.

This, in my opinion, corresponds fully to the conditions in which a healthy young woman is placed, and finally becomes scrofulous, and then tuberculous, from a simple cold, after being the faithful nurse for a couple of years of a consumptive husband.

On the other hand there is full reason to believe, as it is in accordance with experience, that young scrofulous persons, under proper conditions, may become normal individuals; i. e., lose or outgrow the predisposition to tuberculosis (I have dwelt upon this in my first communication on this subject).

The scrofulous habit, and consequently also phthisis, may skip a generation and does not invariably embrace all members of a family. It has been observed that parents may have at first healthy children without any vice, who grow old well; and subsequently the same parents, without being phthisical (but perhaps otherwise becoming deficient in health), may have other children that exhibit a full scrofu-

*Die erste Ueberwinterung in Norderney, Norden, 1882.

†Virchow's Archiv, vol. xci, 1883.

‡The method of investigating this condition is not without interest. The vesicular structure of the lung was injected, through the bronchi, with a resinous melted mass, which, on cooling, presented moulds of the bronchioles in connection with their characteristic infundibula and acini.

*Loc. cit.

lous habit. But even the reverse has been observed.

It would be highly desirable if physiologists would furnish some experimental observations on the circulation of the plasma in the lymph-spaces. This is, to my mind, a circulation or movement of vital juices in the tissues, which, for the well-to-do of the individual, is of importance next to that of blood. These important channels, the lymph-spaces, are known to regulate the blood-pressure, carry and breed (white blood corpuscles) food for the tissues, lubricate tissues and relieve the body, if any of its parts are damaged by injury of any character, of inflammatory exudates, dropsy, etc. These channels are nearly blocked up, nearly useless in the *scrofulous*, and hence cannot perform their functions; and thus modify materially the condition and the fate of the individual, in case of disease.

The term "*scrofulous*," which I retained for describing the above stated anatomical peculiarity of animals and individuals, is as good as any other term; moreover it is known by all as designating the "predisposition," to tuberculosis. Scrofulosis should be called a *condition* and not a disease, as it has its (a natural) hereditary and widely distributed type in man, and its homologue in some normal animals (rabbit, guinea-pig, etc.) It must be remembered that the scrofulous individual acquires certain lesions, such as enlargements of lymphatic glands, cold abscesses, caries, long-standing catarrhs of various kinds, skin eruption, and certain deformities of bones, only under the influence of injuries, or of the same agencies which, in the non-scrofulous individual, lead to transient and curable affections.

Virchow designates simple, permanent (hyperplasia) of lymphatic glands, with or without cheesy change, "scrofulous," in contradistinction to "tuberculous" lymphatic glands, which contain miliary tubercle nodes (heteroplasia), and which also undergo cheesy change.

There is nothing called "scrofulous" or "scrofulosis," which by others is not also called "tubercle," or "tuberculosis". There are, strictly speaking, no scrofulous products, but only tuberculous products. The traditional term "scrofulous" is variously used and interpreted, although it is not evident that any one means by it anything anatomically well-defined.

Others take matters easier, calling everything *tuberculous* that contains tubercle bacilli, and calling scrofulous all cheesy matters in which bacilli are absent.

There is still a third aspect of this question, viz., the parasitic or bacillary theory of the predisposition to tuberculosis. As I mentioned in the earlier part of this paper, Baumgarten, Marchant and several others, recently brought forward that not only tuberculosis but even the predisposition to tuberculosis is to be explained by the susceptibility of an individual to bacilli! Under this hypothesis, the inherited scrofulous tendency in individuals is created through the mediation of the bacilli. It is supposed that the bacilli or their spores may be conveyed to the ovum by the organisms of the mother, or in utero by the spermatozoids of the father. Furthermore, they say, inheritance is to be explained in no other way than by a bacillary infection of the infant through the milk of the nursing mother, and by subsequent living together of children and phthisical parents.

We may exclude such view altogether from consideration, as it has not been proven. Besides, it is not in accordance with facts from observation. It is as contrary to biological laws to accuse parasites for the transmission of a predisposition to tuberculosis, as it would be for that of epilepsy, etc. Hence we may dispose of such view as an unfounded, absurd hypothesis.

I am not opposed to the germ-theory of disease, where it has its well-founded and proper application. Bacteridian studies have contributed largely to our knowledge of a certain class of pathological processes and lesions. But misinterpretations of the significance of bacteria; bacillary speculations, without occasion for them and without any proper application to the subject, are a check to the progress of medical science. The question of the predisposition to, and the cause of, tuberculosis, demands a great deal more of solid pathologico-anatomical and experimental studies; it can, by no means, be regarded as settled, and least of all through the discovery of a bacillus inhabiting necrotic tubercular tissues.

III.—TUBERCULOSIS, WITHOUT PREDISPOSITION, DUE TO INFLAMMATION OF SEROUS MEMBRANES.

For some years I felt much interested in the question whether or not simple inflammation of serous membranes could lead to tuberculosis in the non-scrofulous, that is, in persons who have no family history of tubercular disease; and I would like to ask the opinion and experience of the members of the Society upon this question. It is well known that there may be primary tuberculosis of serous membranes, producing secondary inflammations; and, on the other hand, tuberculosis secondary to adhesive pleurisy or peritonitis is also common in serous membranes. The general belief, however, is that whenever tubercular disease in either case occurs, if not

secondary to phthisis or tubercular disease elsewhere, a strumous or scrofulous condition is required.

Traumatic injuries of joints are known to lead often to fungoid (tubercular) synovitis and general tuberculosis occasionally in individuals with good history. Simple injuries of the eyeball (the anterior chamber as well as joints is lined by serous membranes), under conditions as above stated, have also been known to lead to tuberculosis, as recorded by Wolfe (*Brit. Med. Journ.*, March, 1882); Gradenigo (*Annales d'Oculistique*, 1870).

Dr. M. Litten,* of Berlin, was the first to publish some accounts which demonstrate that miliary tuberculosis may be caused directly and primarily by pleurisy and inflammation of other serous membranes in persons with no phthisical history, and without any cheesy masses being formed in any part of the body. In his (Litten's) experience this was particularly the case when there was a rapid reabsorption of the exudates in case of chronic pleurisy, or if repeated removal of the fluid of a hydrothorax or ascites by tapping has been performed. He records several well studied cases of that kind, accompanied by autopsy records. Litten's observations at no time, however, received their well-deserved attention.

Not only clinically, but also pathologically this part of the tuberculosis question is rather neglected. In text books of pathology the occurrence of primary tubercle in adhesive bands is incidentally mentioned, but no special consideration is devoted to its etiology and manifestations.

Upon the autopsy table I have repeatedly met with subjects with exquisite primary tubercular peritonitis, pleurisy or pericarditis, which, upon inquiry into the history of the cases, failed to reveal any phthisical or scrofulous history. The products of these inflammations were often plastic in character, not unlike those of fungoid synovitis. The appearances sometimes present themselves particularly strikingly in the peritoneum; all the viscera may be glued together by plastic material into a solid mass. The omentum is usually retracted and matted together into a solid cord or mass, which, lying parallel with transverse colon, reaches across the abdominal cavity, and may have a thickness of from two to four inches; the mesenteric and other lymphatic glands are usually normal, but sometimes in advanced cases may be much enlarged and more or less cheesy. The perfect absence of any cheesy focus in the body, is, however, often a conspicuous feature in these cases.

Some pathologists deny the tubercular nature of these formations and of the flat nodular masses which cover the serous surfaces in these cases. It is true that fibroid changes predominate in these formations; but numerous tubercle nodules, with all the necessary attributes, epithelioid and giant cells, and necrotic changes, were plainly seen in all cases which I had occasion to examine. Secondary miliary tubercles of quite recent date are also found thickly strewed locally in these parts, and may or may not be seen in the lungs and other organs. As a rule, there is more or less ascites in these cases. My colleague, Dr. E. O. Shakespeare, has recorded similar cases; and Dr. Morris Longstreth tells me also that he has seen and studied such cases. Dr. Mitchell Prudden describes (*New York Med. Record*, June 16, 1883) an allied case.

In chronic adhesive pleurisy there occur similar primary tubercular formations in the organized plastic exudate which in some cases gives rise to secondary (miliary) tuberculosis of other organs. The lungs may be perfectly normal in all parts, and show only peripherally, just below or bordering the pleura, some indurations of gray color made up of recent tubercle tissue. These young tubercle infiltrations are in some cases seen to have penetrated into the substance of the lung, like in a pleuro- or dissecting-pneumonia, directly from the old tubercular masses of the adjacent pleural membrane.

I have also examined several cases of plastic adhesive pericarditis, and found the plastic vegetations in this lesion to contain tubercles; two of these had coincident pleuritic lesions.

Cases which came under my observation during the last eighteen months—*i. e.*, since the opening of the bacillary campaign—were, of course, carefully examined for bacilli, and the results may be summarized as follows: bacilli were found in most of the lesions, if the tubercular disease of serous membranes was accompanied by cavities and cheesy masses in the lung, or by tubercular ulceration of the intestines, and if cheesy changes in general were prominent; but no bacilli could be discovered, even after repeated and careful search in any of the lesions of four cases of primary peritoneal and pleuritic tuberculosis examined. In none of these latter four cases were there any conspicuous cheesy changes in any organ, and no cavities or marked hepatizations in the lung, and no intestinal ulcers,

*M. Litten, Sammlung Klin. Vorträge, No. 119. Ueber acute Miliartuberculose, 1877. For further references see Wiener Med. Presse, No. 36, 1882; Charité Annalen, vol. vii, Berlin; Krankheiten der Respirations-Organe, in Virchow's Handb. der Spec. Path. und Ther., vol. i; Virchow, Geschwulste, vol. ii, p. 725, etc.; also, Formad, Transactions of the Phila. County Med. Society, and of the Pathological Society, for 1882–83.

although in two there was slight pulmonary miliary tuberculosis. These cases will be recorded in detail in a future publication.

I have also seen several cases of primary tubercular pleurisy and pericarditis, and a few of primary tubercular peritonitis, in the pathological institutes of Virchow in Berlin, and of von Recklinghausen in Strassburg. I questioned these foremost men of pathology concerning the etiology of these lesions. They, as well as Rindfleisch, of Würzburg, told me personally their opinion, stating their firm belief that these lesions often directly originated from simple chronic inflammatory changes, without the agency of any cheesy focus, or any specific agencies whatsoever.

Birch-Hirschfeld also states, in his classical pathological work (page 183), that "nearly every exudative pericarditis and pleurisy leads to a local tuberculosis, if it takes a chronic course."

How often primary tubercular lesions of serous membranes occur in non-scrofulous persons, and whether this is the only form of tuberculosis in this case of persons, is, of course, a matter of speculation, until thorough statistics and careful studies are made in this direction. Nevertheless, it is a demonstrated fact, as I will show further on, that primary tuberculosis can be produced in the peritoneum of animals, like the dog, which are proved not to have any scrofulous tendency. I have seen myself, and seen O. C. Robinson in my laboratory succeed in this experiment, by the introduction of simple irritants into the peritoneal cavity. Koch also never succeeded, even with the bacillus, in producing tuberculosis in the dog, except when using the peritoneal cavity or the anterior chamber of the eye (which is also a serous sac) as a point for inoculation.

Here is room for hypothesis. I would prefer to believe that tuberculosis could occur only in scrofulous persons, as this would better agree with the *scrofulous anatomy*. It is, however, positive that a scrofulous anatomy of the tissues may be artificially established by the blocking up of the lymph-spaces of the serous membranes, by fibrine and molecular *debris*, suspended in the serum which is being reabsorbed. This would then be a mechanical process, and not one of infection. If an inflammation occur in serous membranes, resolution becomes difficult through the peculiarity of the exudate. This is fibrinous mainly, and forming extensive, usually permanent organized deposits, it impairs the function of serous surfaces quite materially; the reabsorption of new exudates is probably sometimes entirely impossible. Thus conditions may possibly be created in serous membranes, not unlike those of scrofulous tissues, and simple irritants, perhaps the fibrine, may induce in them a similar reaction.

IV.—QUESTION OF CONTAGIOUSNESS. CLINICAL ASPECTS.

The idea of the contagiousness of tuberculosis is not new and, like other unfounded views in medicine, it has oscillated, like all fashions will, from one extreme to another for many generations. At present it is entertained by a number of scientists and by a part of the profession. This view has called forth, from time to time, a number of researches whose results were either pro or contra. I will refer to these subsequently.

Of late, it appears that the belief in the contagiousness of tuberculosis has won considerable ground, not so much on account of accurate observation, as on account of Koch's discovery of the bacillus tuberculosis.

Another element, which seems to have had an influence in this direction, is the fact that certain experimenters, formerly believing, from their own experiments, that tuberculosis was non-contagious, were led, later on, to change their opinions on account of the results of subsequent experiments. These latter experiments will, however, be shown not to be conclusive. Before discussing the merits of the bacillus question, I would like first to consider the question of contagiousness from clinical grounds; and should it be proved that tuberculosis is not contagious, then the necessity for a contagium surely falls to the ground.

According to the observations of the most prominent clinicians who have paid special attention to this matter, there is not a single authenticated case of tuberculosis as a result of contagion on record. Among scores of experienced men who deny thus the contagiousness of tuberculosis, it is sufficient to mention the names of Virchow, v. Reklinghausen, Stricker, in Germany, Gull, William Watson, Paget, Humphrey, Richardson, in England, Bennet, in France; and Hiram Corson and Trail Green, in our own midst—all men of close observation, with ripe experiences reaching over thirty to fifty years.

The statistics of the large Brompton Hospital for consumptives, for thirty-six years, with regard to the resident officials, compiled by Dr. T. F. Williams (quoted after the *Lancet* 1883), shows that of four resident medical officers, one of whom had served twenty-five years, none had any lung disease; of six matrons, none were consumptive; of 150 resident clinical assistants, eight became consumptive and five died, but in only one was the disease developed during residence at the hospital. Since 1867, of 101 nurses, only one died from phthisis, and that after leaving the hospital. Before 1867, six died, three of

these of phthisis, but only one became so whilst resident, and she had a consumptive sister. She died thirteen years after first joining the hospital, but was not there the whole time. Of the thirty-two gallery maids since 1867, none developed phthisis whilst at the hospital. Of twenty house-porters, five died, but none of consumption. Non-residents:—Of nine secretaries, three were threatened with lung disease, but recovered. Of twenty-two dispensers, seven died, three of phthisis, one while at the hospital. Of four chaplains, three died, none of phthisis. Of twenty-nine physicians and assistant physicians, eight died, none of phthisis. At the Chest Hospital, Victoria Park, there have been five resident medical officers during about the last fifteen years; all are alive and well. Two matrons, neither consumptive. There were two clinical assistants appointed every three months; none known to have developed the disease at the hospital. One nurse out of fifty or sixty in the last few years became consumptive while at the hospital, and she died after a year's illness.

An ingenious plan to decide the question of the communicability of phthisis was instituted by the British Medical Association by establishing the Collective Investigation Committee. This committee sent out questions relating to this subject to all the members of the Society. Of 1028 replies received, 673 negatived the idea of a contagium, while 261 replies favored it. According to these statistics, there is a manifest majority in favor of the non-contagiousness of phthisis; yet such a plan is unsatisfactory, as the answers may be of unequal value, as their worth must be estimated in proportion to the experience and authority of the sender.

Not without interest is the observation of Prof. Corradi, of Pavia, who noted that out of 133 families in which he had cases of consumptives, in only twenty-five of the families were there more than one member of the family ill of that affection.

There is no proof whatever that tuberculosis is conveyed from person to person by contagion. Seeming exceptions to this assertion can almost always be accounted for in some other way.

The assertion that the wife may contract the disease from the husband, I have pointed out, in a former paper, to be untenable; and I have also indicated that a predisposition to scrofulosis may be acquired from the unwholesome mode of life led, of necessity, by such individuals. Besides, it is established statistically that nearly one-third of all deaths occurring in middle life are due to phthisis. In view of the frequency with which this malady occurs, intermarriage between scrofulous individuals may be almost as common as between non-scrofulous ones.

The view taken that children become scrofulous by contagion from phthisical parents, may be met by the fact that instances have occurred where a number of young children of phthisical parents were early removed from their homes and distributed among healthy families, and yet all, sooner or later, became phthisical.

Healthy persons have even been fed on bovine tuberculous material (which is considered identical with human tuberculous material) and have thriven on it, as is proven by the interesting feeding experiments made upon man and recorded by Schottelius (Virchow's Archives, No. 91, 1883). The circumstances which led to this experiment were as follows: In Würzburg, the sale of meat affected by pearl-disease or bovine tuberculosis is permitted, but, as some opposition to its sale once arose, a community of country people agreed to use exclusively tuberculous meat, on account of its cheapness and in order to prove that it was harmless. From October, 1867, to November, 1868, forty-nine tuberculous beeves, with well-pronounced lesions, were consumed by these people while they were under the supervision of the district physicians. In many instances the meat was even eaten raw in consequence of habit. Ever since then, those people have continued the use of tuberculous meat, and thus far no bad results have been noticed; in fact, the record says that the people referred to are unusually healthy.

NOTE.—The concluding chapter will be furnished at once. It refers only to the diagnostic value of the tubercle bacillus, to the deficiency of the experimental proofs for the specific action of the bacillus, and to experiments proving that tuberculosis may be induced by non-tuberculous substances and simple irritants, in support of the statements made in the body of this paper.

SUBNITRATE OF BISMUTH AS A PREVENTATIVE OF CICATRICIAL CONTRACTION.—Dr. A. C. Post, of New York, thinks well of this agent employed as a local dressing in cases of burns and their remedial operations. When deformity or limited motion is due to the presence of cicatricial bands, he divides the adhesions in the usual manner, dressing the parts, first with carbolized oil or vaseline, and at subsequent dressings sprinkling them freely with the subnitrate of bismuth, so as to completely fill up all interstices between the incisions. The granulations are thus kept down, and the wounds are maintained in a healthy condition with little suppuration. When used as a dressing to granulating surfaces following burns, it lessens the amount of granulations, the contraction of which, when they are allowed to develope exuberantly, is the chief source of deformity.

KAIRIN IN HECTIC FEVER.

BY AMANDA TAYLOR-NORRIS, M. D.,

Assistant to the Throat and Chest Clinic of the Woman's Medical College of Baltimore.

About the first of November, 1883, I was called to attend a young lady affected with phthisis. The health of the patient had been impaired several years, dating from an attack of some acute affection of the lungs, the exact nature of which I do not know. On physical examination I found a circumscribed area at the base of the right lung, in which there was dulness and already evidences of softening. This soon extended upward and backward, and the disease developed so rapidly, that within six weeks the greater part of the lower lobe of the right lung was involved, and softening was progressing rapidly. She was at first put upon cod liver oil, for which Hancock's Mistura Phosphativa was soon substituted. She was also given an opiate to allay cough, which was troublesome. Strict attention was paid to all hygienic requirements. The disease continued to develop. The appetite was poor, she was losing flesh, expectoration was copious and purulent, and she was having hectic fever and night-sweats. For the latter, which were weakening, granules of atropia sulph. (one-sixtieth of a grain) were occasionally given.

At this time she was ordered pills of creasote and balsam of tolu made after the formula of a celebrated German physician, and published in this country in the *New York Medical Record.* In connection with these, Fowler's solution was given. There seemed an abatement of the symptoms for a few days under this treatment. It was especially noticed that expectoration was lessened. Very soon, however, the hectic fever became an alarming symptom, she having an almost daily afternoon temperature of 102½° and upward, while the morning temperature ranged from 100° to 101½°. She was given large doses of quinine, which had no other effect than cinchonism. This high temperature had continued over a month, when, on January 10th, I concluded to try kairin. One grain was given late in the afternoon, when the temperature was 102⅘°. Within an hour it fell 1⅘°. I also found a marked slowing of the pulse, it coming down from 120 to 88. No more was given on that day, as I was desirous of giving it when I could be present to watch the result. When given again, two doses were taken of a grain each an hour apart. The effect was to reduce the temperature to 99°. On this day the patient spoke of feeling a slight chilliness after taking the second dose.

The next morning the temperature was normal, but rose in the afternoon to 102⅕°. Three one-grain doses were given an hour apart, having the effect of reducing it to normal. On the 13th the temperature was again at 102⅖°, when kairin was repeated as on the day before. The next day it reached 101° in the afternoon. Two one-grain doses of kairin weregiven. After this there were some days when the temperature was not above normal, and kairin was omitted. When it arose again and reached 100° kairin was given. Such is the rule at present. Since the reduction of the fever there has been abatement of the night-sweats, an improvement in the pulse, and the patient feels better generally. At this early day I can discover that there has been a slight improvement in the physical signs in the lung. I congratulate myself in having found a means of controlling the fever.

Whether this will continue remains to be seen. I have given the kairin in capsules. No unpleasant symptom has followed its administration.

I have not used it in any other case, but have been so well pleased in this instance, that I shall certainly try it whenever a decided febrifuge is indicated.

326 N. Eutaw Street.

AN EXTEMPORIZED ICE-BAG.—Dr. R. A. Kingman writes as follows to the *Boston Med. and Surg. Journal* (January 24th): "Having occasion a few days ago to make use of an ice-bag, and nothing of the sort being obtainable, the wits of the family were set to work to find a substitute. The result of these cogitations was the suggestion of an expedient which, though ridiculously simple, is so thoroughly practical that I make an apology for asking you to mention it in the *Journal*. The credit of the suggestion is due a young lady in the family, who brought me a rubber gossamer cloak and asked if I could not use the hood. This was immediately filled with snow, and did as good service as if it had been made for the purpose."

NOTES OF A CASE OF INFLAMMATION OF THE CERVICAL PORTION OF THE SPINAL CORD, THE RESULT PROBABLY OF AN INJURY: FOLLOWED BY TETANIC SYMPTOMS.*

BY J. CHESTON MORRIS, M. D.

I desire to call the attention of the Fellows to the following report of an interesting case in which the diagnosis was obscure:—

On Sunday, November 25, I was consulted by Dr. —— about the case of his daughter, an intelligent, lively girl aged 12, of spare, nervous habit, but generally good health, except that about a year previously she had suffered from slight chorea. He thought she had mumps, but was afraid that the stiffness of her jaws and slight pain in the back and neck, which were all the symptoms complained of, might be due to diphtheria or else to cerebro-spinal meningitis. I told him I thought it was probably the result of a slight cold and was rheumatism; if, however, he felt uneasy he had better send for Dr. Darrach (in whose neighborhood he lived), and, if necessary, I would see her in consultation. Dr. D. telegraphed me to meet him the next morning, and he told me he had found the girl's jaws firmly locked the previous evening, and there was considerable opisthotonos. As we entered the room a convulsive movement passed over her features, with much suffusion of the face, which soon subsided leaving, however, a sardonic expression of countenance and marked opisthotonos. We both thought these convulsive movements might have arisen from dread of my repeating the efforts which had been vainly made the night before to open her jaws; but it was soon evident that this was not the case. She complained of no pain, and bore handling and examinatian well, but nothing further was elicited. Her pulse was about 119, skin and temperature normal or nearly so, tongue slightly furred, respiration rather frequent, but no evidence of lung or heart trouble. She lay on her right side, her head drawn back, with the spinal muscles strongly contracted, and occasionally spasmodically drawn. The abdominal walls were somewhat harder than natural.

Our diagnosis was congestion of the cervical region of the cord, whether of choreic or rheumatic origin we were in doubt, as the symptoms and history gave no clue. Still, the indication seemed to be to allay the spasm, and we directed the administration of full doses of fluid extract of conium, alternated with full doses of opium and belladonna, and liquid nourishment. Dr. Currie assisted Dr. Darrach in charge of the case. I saw her again on Wednesday morning; her pulse had fallen to 104; skin and temperature normal; she expressed herself as rather easier, and wished to be moved to the other side of the bed, which was accomplished to her relief. The trismus had yielded very slightly; the spasms occurred at longer intervals, but were rather more marked. Dr. D. thought there had been some increase of reflex cutaneous sensibility the day before in the lower extremities, but this had passed away. Careful examination showed absence of the patellar tendon reflex, but the sensitiveness of the skin to touch was normal. Our conclusion was that the spinal congestion had passed or was passing into the stage of effusion, but as it did not seem to be extending we hoped for a good result. The bowels had not been moved, and were becoming distended with flatus; enemata of flaxseed-tea and asafœtida were, therefore, ordered, and previous treatment continued. She, however, soon after became worse; delirium supervened, and she died in a convulsive attack on Thursday, November 29, at 4 A. M.

I requested an autopsy, permission for which was given December 2, "if I still thought it necessary after learning that some three weeks previous to her sickness she had had a severe fall forwards, striking her head so as to make her nose bleed severely; the blood also settled under her eyes." The autopsy, at which only the cervical cord was allowed to be examined, took place at 4 P. M., three days and a half after death. On opening the spinal canal by an incision through the back of the neck and sawing through the vertebral processes on each side, a bloody serum escaped from it; the lining membrane of the canal and the dura mater of the cord were deeply congested, and the cord itself felt softened; it was detached as carefully as possible, and the finger passed up through the foramen magnum into the cranial cavity. The foramen was smooth, but just below it on the

*Read before the College of Physicians of Philadelphia, January 2, 1884.

anterior wall of the canal, the odontoid process of the second cervical vertebra was denuded, and felt rough to the finger, almost carious. Unfortunately, as permission had not been obtained for examining the brain, and it was important to avoid disfiguring the body, no ocular demonstration could be made. The portion of the cord removed was placed in the hands of Dr. Morris Longstreth with the above history.

The case seems to me to be a very interesting and instructive one. An injury by *contre-coup* to the odontoid process, followed by inflammation of the spinal cord and tetanic symptoms coming on insidiously three weeks after the injury, in the case of an individual of choreic, rheumatic antecedents, was perhaps hardly to have been diagnosticated more correctly with the information we had. I may add, that her uncle, the son of one of the Fellows of this College, died of fracture of the cervical spine, the result of an accident, some thirty years ago.

I also subsequently learned that she had complained of pain in the back of the neck, after the fall, to the cook, and her mother informed me when I first saw her that she had for several days previously spoken of slight pain in the upper and middle part of the spine, which she supposed to be rheumatic or due to a slight cold taken while gathering walnuts. She also noticed on these days a peculiar drawn expression of the face, which occurred while she was at table, when the stiffness of the jaws was first noticed which gave rise to the supposition that she might be getting mumps.

Dr. Morris Longstreth submits the following note on the examination of a portion of the cervical spinal cord:

The substance of the cord is slightly softened. The larger vessels of the pia-arachnoid are very full of blood and very conspicuous. The general aspect of the surface is pinkish, indicating an injection of the smaller vessels. A cross-section of the cord presents nothing to note. The inner membranes can be more easily separated from the cord than normal, and it is apparent from their examination that there exists a slight exudation which renders their tissue somewhat opaque.

The microscopic sections were made, after a short immersion in alcohol and subsequently in Muller's fluid, by freezing. The tissues of the membranes appear swollen, their fibres are separated, and in places the interstices show a minute amount of exudation materials. The inflammatory material is seen also on their outer surface, but the amount of it is not considerable. It is composed of fibrinous threads in which are entangled a small number of nuclei. The blood-vessels are large, the swelling also affects their walls, and many of them contain blood corpuscles and clots. The specimens—those that were stained with a carmine fluid—show these parts deeply colored, and the nuclei are unusually conspicuous.

On the inner surface of the membranes toward the cord, the inflammatory changes of the same character are also seen; they extend into the substance of the cord but a short distance. The portion of the cord at its surface is markedly granular. The same changes are found in the portions of the membranes which extend into the anterior and posterior fissures of the cord, but at these parts the morbid condition is less distinct. The blood-vessels, ramifying in the substance of the cord show slight alterations of a similar character, and around them at a few places there appears a very slight exudation in which the nuclei stain deeply.

The nerve tubules and the ganglion cells of the cord show no appearance of change. The tissue of the cord, however, showed some alterations. Its general appearance was more granular than normal; this change was irregularly distributed, more marked always near the surface, but uneven in the depth of its extension. It is uncertain whether it is more marked around the capillaries in the interior of the cord, where it is often conspicuous in cases of tetanus. It must be noted that the effusion around these capillaries is very slight, however. The change of this tissue can be described as a granular disintegration, and, judged by its character and its situation, was probably induced by inflammation of the membranes affecting the contiguous parts of the cord. In one or two places, bundles of nerve filaments (cross-section of the spinal nerve roots) are seen attached to the outer surface of the membranes. Around these bundles and among the fibres the inflammatory changes are especially well marked.

Remarks on the Post-mortem Changes and the Microscopic Appearances.—The post-

mortem changes, taken in connection with the history and symptoms, show that the tetanic spasms were due to the inflammatory condition of the cord. The inflammation was most marked at the portion of the cord from which are derived the filaments of the nerves distributed to the muscles alone implicated in the spasmodic contractions. It would seem that the impress was communicated directly to these nerves, probably before their exits from the dura mater, since we see the inflammatory changes conspicuous around some of the filaments in which they are made up.

The changes in the cord, as here seen, are not of the character found in tetanus; at least they do not equal in degree those usually found. Here the vascular exudation is very slight or entirely wanting, and the granular disintegration is slight and localized, and evidently communicated from the inflammation of the membranes. In tetanus we have no inflammation, the changes consisting of exudation, mostly or entirely fluid, which leads to granular alterations of the tissues of the cord. Here we have a very evident, though slight, inflammation which has produced somewhat similar alterations of the cord, partial and much less in degree and only approaching the tetanus changes in kind.

Correspondence.

THE DETECTION OF SUGAR IN URINE.

GENTS:—Please publish what you consider to be the most positive test for sugar in the urine. Will nitric acid cause a dissolution of a precipitate of sugar?

Respectfully,

A SUBSCRIBER.

[There are several methods by which the presence of sugar in urine may be detected; the two most commonly made use of are known as Moore's and Trommer's tests.

Moore's test is employed as follows:—To the suspected urine an equal volume of solution of caustic potash (1 part to about 10 parts of water) is to be added, and the mixture boiled gently for about five minutes. If sugar is present a deep brown or black color will be produced.

This should only be employed as a confirmatory test, as it is not always to be depended upon, and in many cases might prove fallacious.

Trommer's test is the most delicate and valuable chemical test for sugar known, and is most simply employed in the following manner:—Add to the urine to be tested, solution of caustic potash in moderate excess. If, as is usually the case, a precipitate is produced it must be removed by filtration, and to the clear filtrate (in a test tube) add ten or fifteen drops of a very dilute solution of sulphate of copper; the mixture should on shaking become of a clear blue color.

This blue solution is then gently boiled; if sugar is present a yellow cloudiness is produced which quickly changes to a *red* precipitate of sub-oxide of copper.

The solution of sulphate of copper used should be so dilute as only to have a faint blue tinge; the mixture of urine and caustic potash solution should not be warmed before the addition of the copper solution, and should only be boiled gently for one or two minutes, as several substances besides sugar may separate sub-oxide of copper from alkaline solutions of copper on *prolonged* boiling.

A dilute solution of tartrate of copper in caustic soda or carbonate of soda solution, may be advantageously substituted for the solution of sulphate of copper; the tartrate being more easily decomposed than the sulphate, less boiling is required.

With a few modifications this method of testing is adapted to the quantitative as well as the qualitative determination of sugar in wine. R. D. C.]

SPECIALISM AND STUDENTS.—Nothing should be more carefully guarded against or more ruthlessly suppressed by teachers and professors than any tendency of the student either in the earlier or later years of his curriculum, to imitate the specialism which he sees prevailing among his leaders and seniors. We would by no means encourage him to devote himself to any special branch of our art or science before he has so occupied himself, and formed his mind and judgment by a study of *all* which his course embraces, as to receive the stamp of at least average merit in the complete series of his professional requirements.—*Med. Times and Gaz.*

Society Reports.

CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD JANUARY 4, 1884.

(*Specially Reported for Maryland Med. Journal.*)

The Society was called to order at 8.40 P. M., Dr. J. Edwin Michael, President, in the Chair.

Unclassified Pustular Eruptions.—*Dr. Rohe* read a paper on this subject. After describing the confusion resulting from a study of the older dermatological literature upon these affections, he referred to the great simplification made in the study of skin diseases by Hebra and his followers. By studying the diseases upon the patient, rather than in books, Hebra had come to the conclusion that "the pustular eruptions described by authors under the names of impetigo, ecthyma, porrigo, achor, etc., do not exist as special diseases, but are either accompaniments or sequels of other skin diseases, such as prurigo, eczema, or parasitic diseases, where the pustules are the result of local irritation from scratching, or the pustular eruption may accompany furunculosis, syphilis, pyæmia, etc." Such pustular accompaniments or sequels of other diseases should, however, not be termed impetigo or ecthyma, for such terms are misleading and would indicate that the names represent specifically differentiated diseases.

Dr. Rohé referred to the affections described by Drs. Duhring and Hyde in their works on skin diseases, under the name of impetigo, and called attention to the fact that these authors described under the same name conditions which are by no means identical. The name impetigo should be restricted to the contagious pustular disease described by the late Dr. Tilbury Fox and named by him *impetigo contagiosa.* Dr. Rohé proposed to discard altogether the names impetigo and ecthyma for the affections referred to and class them together as *atonic pustular eruptions.* A French author had already proposed a similar name for ecthyma, which he terms *furuncle atonique.*

Hebra had very definitely called attention to the production of pustules by scratching, especially in pediculosis and prurigo; but he omitted to note the fact that pustular accompaniments rarely occurred except in those in broken down health. It was only in such patients as were anemic, badly-nourished or in otherwise vitiated condition of health that such accompaniments or sequels had been noticed by Dr. Rohé.

The patients in which these pustular eruptions are frequently observed are men who have just returned from an oystering trip down the bay, where they have been exposed to stress of weather, insufficient or improper food, and other unsanitary conditions. These patients are nearly always anemic, and in some cases exhibit a sponginess of the gums which reminds one of scurvy. They complain generally of sore legs, and upon examination present several shallow ulcers and flat pustules, with inflamed borders. The lesion is very accurately represented by plate JJ in Duhring's atlas. Similar lesions are observed upon the arms and hands—much more rarely upon the face of children, who likewise present in their general condition, evidence of an unsanitary mode of life.

The treatment of these atonic unclassified pustular affections is very simple and promptly effectual where it can be enforced: cleanliness, dry clothing, a dry bed, good food and rest. As a medicine, tincture of the chloride of iron in 20-drop doses, three or four times a day, and locally, an application of ointment of carbolic acid or zinc oxide are all the measures necessary to produce prompt and complete recovery.

Specimens of Caries of Tibia and Fibula Removed by Amputation.—*Dr. Winslow* showed the specimens obtained from a man æt. 50, whose history was as follows: Some years ago he had had pain in the lower extremity of the tibia. Eight or ten months ago he had stumbled and hurt the part and as a result an abscess formed between the tibia and the tendo achillis. This was opened by a physician. He came under Dr. W's care in October. The tarsal region was riddled with holes on both sides of the joint, and the patient was unable to walk. Dr. W. enlarged the openings and on introducing a finger and probe, found carious bone. This was removed with a sharp curette, but the patient did not do well and suffered great pain, so that he was anxious for an amputation. This was performed, and the wound treated antiseptically with resultant cure. The caries was found to involve both bones of the leg, also the astragalus and os calcis.

Specimen of Leucocythæmic Spleen.—*Dr. I. E. Atkinson* exhibited this specimen removed some days ago, post mortem, from a woman æt. 41, who had been a patient of Dr. A. H. Powell. Her sickness began about 18 months ago. She had suffered from intermittent fever. Ultimately the spleen reached to the pubes and far across the median line seeming to fill the abdomen. There was no implication of the lymphatic glands. Ascites and anasarca were present with anæmic murmurs. Examination of the blood showed the proportion of white to red corpuscles to be one to twenty. Death was due to prostration. Dr.

Powell had treated the case with fluid ext. of eucalyptus, fluid ext. of ergot and dialysed iron, for six months, and with remarkable benefit. The liver was also considerably enlarged and formed a considerable tumor before death. The spleen had not been weighed; its dimensions were 11½ inches in length, 8½ wide and 3 to 4 in thickness.

SPECIMEN OF CANCER OF SIGMOID FLEXURE OF COLON.—*Dr. Tiffany* exhibited the specimen, and called upon Dr. Morawetz the attending physician to relate the history of the case.

Dr. Morawetz said the patient in question was a female, æt. 38, of slender build. There had been no sickness until last July. She then had symptoms of cholera morbus, but was well in two to three days. This was succeeded by looseness of the bowels, which she preferred having felt better when her bowels were free since about eight years ago. After that she had constipation which was relieved by Rochelle salts, but pain then came on necessitating the use of morphia. There was slight tympanites, but very little pain. Castor oil was given her which she threw up. A tube twenty inches long was passed up the rectum and with this injections were made; there was some coloration of the fluid returned. There was no pain. The last injection was given January 1st. At 2 o'clock the following night Dr. W. was called in haste and found her in a state of collapse—pale and with weak pulse. He then went for Dr. Tiffany, but when they returned the patient was dead. He was astonished to find carcinoma of the bowels as there was no symptom pointing to it during life. What was the cause of the sudden collapse? The patient seemed very well between 7 and 8 P. M., and commenced to sink at 1 A. M. He could offer no other explanation than that the pressure produced by the tympanites on the vena cava had caused a heart-clot; unfortunately they were not allowed to examine the heart, hence this could not be verified.

Dr. Tiffany had not seen the patient during life. The belly was extremely distended. The peritoneum contained 3 to 4 oz. of clear fluid. The bowels were not obstructed. No fæces at all were found in the bowel, either above or below the morbid growth, but only a certain amount of dark colored fluid above it; and a finger can very nearly if not quite penetrate the constriction. There was no peritonitis, the peritoneum appearing everywhere normal. The whole belly was carefully gone over and nothing was found, no glands, no secondary carcinoma. Did not know of what she died.

In answer to a question, *Dr. Morawetz* said there had been no difficult breathing. At his last visit between 7 and 8 P. M. the patient went up stairs to the water-closet without any help. There had been no irritability of stomach, no fæcal vomiting, but she had had bad smelling eructations the evening before. The contents of the bowel were colored dark green, probably from calomel which she had taken. The common condition of her bowels was looseness—from five to eight passages a day.

Dr. Atkinson observed that cases are not very uncommon in which post-mortem examination reveals a cancer not suspected before. Excluding the stomach and rectum, the sigmoid flexure is by far the most common site in the intestinal tract, of carcinoma, Some of the patient's symptoms should be attributed to the malignant growth.

Dr. Hiram Woods referred to a case presenting similar symptoms, a man seen at the Bay View Asylum. On post-mortem a cancerous mass was found at the pylorus and a clot was found in the heart.

SPECIMEN OF CARIES OF BONES OF LEG.—*Dr. Tiffany* exhibited the specimen, obtained from a man æt. 48, who had led a very active life. About twenty years ago a chronic inflammation set in in the bones of one leg below the knee, leading to a discharge of pus and then of pieces of bone. The disease travelled down the tibia from the knee, producing six or eight openings into the bone. When he came under Dr. T's care there was a large hole in the tibia four to five inches above the ankle, which was laid open and the cavity cleaned out. He did pretty well for a month or two but the disease progressed downwards to the ankle-joint, suppuration of the joint took place and amputation became necessary. The astragulus, as well as the tibia was found to be carious.

Dr. T. referred to the difficulty of making a prognosis in these cases. In children the disease stops almost always at the epiphyseal cartilage; not so in adults. Dr. Tiffany had recently had two cases in the latter. The second case began near the ankle and travelled upwards involving the knee-joint in the necrosis, and necessitating amputation of the thigh. Rarely, if ever in childhood, is inflammation found to pursue this course, namely, to extend from the shaft to neighboring epiphyses. In answer to Dr. Morison he said he could get no history of syphilis. It looked like a simple case of chronic osteitis.

SPECIMEN OF SEQUESTRUM FROM TIBIA REMOVED BY SEQUESTROTOMY.—*Dr. Michael* showed two sequestra from the lower portion of the tibia. The trouble in a boy, æt. 12, began with distinct periostitis, with intense pain. He was treated for suposed erysipelas. An abscess formed and was opened. A sequestrum was then found attached at one end but loose at the other. The disease had extended down to the epiphysis and stopped there, The result of

treatment had been good. The treatment had consisted of the drainage tube, washing out and application of iodoform.

The second specimen was from a student of divinity, pale and debilitated, and suffering from strumous arthritis. There were several sinuses on the inside of the ankle-joint. Through these the scaphoid bone was removed almost entire. Eight months after the operation the wounds were not entirely healed, but he had gained twenty-five lbs. and the prognosis was good.

Dr. Winslow said the English do not speak favorably of operations upon bone. Bryant, for instance, says that many get well under constitutional treatment alone. The Germans and Austrians, however, treat locally, and the speaker knew that removal of the local source of irritation is followed by good results. It is proper in any case to attempt to save before amputating.

REMOVAL OF FOREIGN BODIES FROM THE SURFACE OF THE EYE AND LIDS.—*Dr. Frank* opened this the regular subject of discussion by a paper (published in *Md. Med. Journal* of January 12th.)

Dr. Theobald spoke of cases where foreign bodies had been overlooked by physicians and active treatment instituted. A gentleman got a seed in his eye; the inflammation not subsiding the family physician gave calomel. In another case the physician used nitrate of silver. Among the substances that may thus intrude are the outer shells of tiny seeds—hay-seed for instance. These being concave are kept in position by atmospheric pressure. In one case the wing of some insect was at fault. One case was that of a man on board ship who recovered from the immediate effects, but three months after had quite an ulcer from sloughing of the corneal tissue. In two cases the little concave bodies mentioned above had been in the eye five weeks; other cases had been observed of shorter times. In another case a piece of projecting corn-stalk had struck the eye while the patient was going through a barn, and a minute fragment remained in for four months, when it was removed by the speaker.

Dr. Harlan reported the case of a boy 15 or 16 yrs. old; a small fragment of steel passed between the layers of his cornea some distance away from the point of entrance, so that it could not be removed by ordinary means. By means, however, of a magnet made of a number of small coils of steel, he succeeded in drawing it back along the track of entrance sufficiently far to reach it with a pair of forceps and extract. It had been in twenty-four hours. No anæsthetic was used.

Dr. Rohe recommended the use of a camel's hair pencil brushed across the ball; this is painless and will remove the foreign body if not imbedded.

Dr. Branham said no mention had been made of particles of oyster shell; this containing organic matter sets up suppurative keratitis, destroying the eye rapidly.

Dr. Tiffany referred to the method practised by coal-passers, of thrusting the tongue into the eye and wiping out the foreign substance with it.

A member mentioning the practise of using a towel to remove the foreign substance, *Dr. Frank* said he had known long-continued keratitis to follow this practice.

Dr. Bermann also said there was a liability of forcing a pointed body further in by wiping the surface of the ball with a towel or handkerchief.

STATED MEETING HELD JANUARY 18, 1884.

The Society was called to order at 8.40 P. M., when in the absence of both President and Vice-President, DR. R. WINSLOW was called to the Chair. The Chairman nominated for membership Dr. Geo. R. Graham, 123 Conway Street.

TREATMENT OF RETAINED PLACENTA AND HEMORRHAGE FOLLOWING MISCARRIAGE.—*Dr. Chunn* reported the following case: A multipara, æt. 27, with no trouble in former labors, miscarried at two months, and Dr. C. was sent for on the 3rd day thereafter to check hemorrhage. Ergot, gallic acid and ice over abdomen were employed, but no examination was made because it was thought the contractions of the organ would bring away its contents. A tampon was then employed daily for six or eight days, but the bleeding continued. A curette was then resorted to and with it a good deal of placental tissue was raked away. There was much hemorrhage following this, which was not affected by vaginal injections of hot water but was checked by applications of cotton saturated with diluted sol. of subsulphate of iron (1 to 3), upon an applicator, together with a tampon. Dr. C. thought if this treatment had been employed earlier, it would have been better for the patient. The uterus in the above case was not enlarged. In the last four months Dr. Chunn had had four similar cases all of which recovered. The os was dilated and anæsthetics were not needed.

Dr. Branham objected to the use of the curette unless it was certain that the placenta was in utero. Intra-uterine astringent injections suffice.

Dr. Moseley condemned the use of the sharp curette in the above case, but approved of the use of the dull curette. He also objects to dilatation of the os. He thought the os was sufficiently dilated in the case to use the intra-uterine hot douche which can be made by a

catheter, and is the most efficient mode of checking uterine hemorrhage.

Dr. Chunn explained that the case occurred two years ago, and he had only a sharp curette. He used the iron because he thought it best to stop the hemorrhage, which it did. He, however, objects to iron because of the risk of septicæmia.

Dr. Bermann referred to a case where a gentleman had a number of teeth pulled, which caused a hemorrhage from the gums, for which packing the gums with cotton saturated with a strong solution of liq. ferri subsulphatis was tried ineffectually. Ice checked it for a time; it then recurred and was finally checked by a powder of gallic and tannic acids (1 to 3.)

Dr. R. M. Hall referred to a case of abortion occurring at 6 to 7 months; the placenta remained behind, and six weeks afterwards came away in church without further trouble. In another case of the same nature at the 3rd month the after-birth came away of itself on the 3rd or 4th day.

Dr. Moseley said the detached placenta in utero was a foreign body and especially likely to break down, constituting as perilous a condition as possible, and should therefore be removed as soon as possible after the miscarriage, while the os is yet patulous.

Dr. J. T. Smith referred to the risk of hemorrhage as deterring physicians from acting in these cases of retained placenta.

Dr. B. B. Browne said it was better to wait if the os uteri were contracted and there were no symptoms, prepared however to act as soon as symptoms manifest themselves.

Dr. Latimer said in his opinion the uterus should not be curetted, unless there was something there to curette. Especially was this rule applicable when, as in the case reported, the statement was made that everything had come away. No retention can bear any comparison in danger to the use of any sort of curette. Any preparation of iron will produce a slough.

Dr. Moseley said the dull curette was less dangerous than any forcible dilatation of the os. He preferred hot water injections into the uterus; if that failed he would use dilute solution of iron.

Dr. Browne thought iron very objectionable. If fragments are all removed bleeding is not likely to recur. He employs a saturated solution (carbolized) of iron, tamponning the cavity of the cervix and also the vagina with styptic alum cotton. This will arrest any hemorrhage that may possibly occur and there would be a clear surface left. The iron excoriates the mucous membrane and produces a dirty coating, whereas the alum blanches the parts.

Dr. Winslow recommended the spirits of turpentine as a styptic. A saturated sponge introduced into the uterus causes contraction and expulsion. In one case a lady bled for hours from the bite of a leech, and nothing had any effect upon it until the turpentine was used. It makes a clean surface and is antiseptic. In bleeding after extraction of teeth, he recommended a cork, cut into suitable size and placed in the socket where it is pressed upon by the opposite jaw. This will always check the hemorrhage.

Dr. A. B. Arnold reported a case of miscarriage in which a placenta was retained and was removed piece-meal on the 2d day. On the 4th day he was called and found the patient had had a tremendous chill and high fever. The temperature rose to $106\frac{8}{10}°$, with remissions in the morning and exacerbations in the evening and very profuse perspirations. The lochia were fœtid. About the end of the 5th week there was violent pain in the right groin and lancinating pain down the leg; the pain was terrific requiring hypodermics of morphia for relief. The fever continued. At the end of the 4th month there was swelling of the joints of the right side, which subsided in three to four weeks. The patient then had pneumonia. About the 5th month a large abscess formed in the right groin which opened and discharged pus profusely. The fever and sciatica gradually subsided and improvement ensued which was very much promoted by a stay at Atlantic City during the summer. The abscesses all healed and flesh was regained but the patient continued lame and there was paresis. It was singular that the pneumonia and joint trouble in this case were all limited to the right side. Abscesses also discharged in the right groin and anterior aspect of the right thigh.

ALBUMINURIC RETINITIS PRECEDING ALBUMINURIA AND QUICKLY-ENSUING DEATH BY SEVERAL MONTHS.—*Dr. Theobald* reported the following case which he said was unique in his experience: A lady came to see him last August, complaining of recent trouble of sight and discomfort about her eyes. On examination commencing neuro-retinitis was found in each eye and in one several small retinal hemorrhages. Albuminuric retinitis was suspected but not confirmed on examining the urine. Cranial trouble was then suspected and treated accordingly. The trouble grew worse with occasional recurrence of hemorrhages; vision practically normal, and no other symptoms. The tests for albuminuria were repeated several times up to November 20th, but no trace of albumen was ever discovered. Two weeks later there were still more characteristic white spots showing fatty degeneration of retina. The patient was not seen again after this. December 31st Dr. Riley said the

urine was loaded with albumen. She had one convulsive seizure and was dead within five days after Dr. R. was called. Microscopical examination was twice made in this case; the first time nothing was discovered, the second a single tube cast and that doubtful.

Dr. Bermann referred to cases seen by him in which post-mortem showed that death had been due to advanced Bright's disease, and yet no albumen was ever found in the urine.

Dr. Frank had seen cases—out-patients—in London, in 1874–5 in whom typical albuminuric retinitis existed, and yet no albumen was found on examination. He also referred to a case of neuro-retinitis, not typical, where within forty-eight hours typical fatty degeneration appeared, followed by death within six to seven weeks after her first coming under observation.

Dr. Hiram Woods referred to three cases at the Presbyterian Eye and Ear Hospital in which the characteristic appearances of retinal trouble are present without albuminuria or other symptoms of Bright's disease.

Dr. Arnold said that in the fibrous or gouty kidney albumen and casts (except hyaline) are not unfrequently absent. The ophthalmoscope may then throw light upon the case. The condition of the heart and arteries also aids in the diagnosis, and was relied upon by general practitioners before the ophthalmoscope was brought into requistion. Physical examination shows an absence of valvular trouble, and there is a tumultuous and excited action of the heart and a peculiar condition of the pulse due to the hypertrophy of the left ventricle.

Dr. I. E. Atkinson said albuminuria is a late symptom of contracted kidney Mohammed maintains that there is a pre-albuminuric stage of Bright's disease, when the renal parenchynea is unaffected. This is characterized by high arterial tension. It is of exceeding importance according to the above author that treatment should be instituted in this stage as the disease is only curable then.

Dr. Atkinson said that though albumen is sometimes absent, yet if the urine be examined often enough it will be detected in the vast majority of cases.

The modes of death afford bn interesting study. In the case mentioned by Dr. Frank, the patient came to town to consult Dr. F. about her eyes, being otherwise in her usual health. She soon got weak and could not go to Dr. F's office; then uncontrollable vomiting set in—everything being rejected—which lasted until death. She also had violent headache, but no albuminuria, no dropsy, no intellectual disturbance or delirium. She died of pure asthenia.

Dr. Theobald said that in his case there was overaction of the heart, increased on going up stairs, but no valvular lesions detectable, and the urine was of normal specific gravity.

POLARISCOPE FOR ESTIMATING SUGAR IN URINE, AND APPARATUS FOR DETECTING COLOR-BLINDNESS: *Dr. Bermann* exhibited a polariscope, made in Bremen for estimating the amount of sugar in diabetic urine; also an arrangement of colored papers for detecting color-blindness.

Editorial.

MUSEUMS OF HYGIENE.—Dr. J. M. Browne, Medical Director U. S. N., gives an interesting account in the last number of the *Sanitarian* of the rise and development of the three museums of hygiene established in England, France and this country respectively. The first established was the Parkes Museum, founded in 1876 as a memorial of the well-known Dr. E. A. Parkes, Professor of Military Hygiene in the Army Medical School at Netley. This establishment was opened formally in a room at University College, London, June 28th, 1879, with a collection of articles illustrating sanitary science and a library of a few hundred volumes. There followed a series of weekly free lectures designed more especially for mechanics and workingmen. Progress was slow on account of the want of funds, but recourse was had, and successfully, to an exhibition.—The International Medical and Sanitary Exhibition at South Kensington which, coinciding with, the International Medical Congress, was a great success. This permitted the purchase of a building—consisting of an exhibition hall, corridors and offices, with library and reading-room—the opening of which took place in May, 1883. The annual membership is about $5, and the museum is opened daily free to the public.

The example thus set was followed by France, which made an appropriation and allowed an annual sum for the support of the "Institut Complet d' Hygiene" at Montpelier.

Thus stimulated our own museum of hygiene, under the Navy Department, was organized by the late Surgeon-General, Dr. Wales, in 1882, and an appropriation was secured from Congress. The number of exhibits is now 270 and the library has over 5500 bound and over 1000 unbound volumes. The reading-room is supplied with 115 periodicals. We have previously given so complete a description of this important

work that it is unnecessary to recapitulate, but we fully agree with Dr. Browne in his prediction with reference to these museums: "When, in the full life of sustained exertion, with definite motive, acknowledged authority and practical ability, they will steadily increase the avenues of scientific investigation and study of all matters relating to health, elevate the effect of invention and, in the wide diffusion of this knowledge, become salutary and corrective towards the physical and social well-being of the people."

THE MEASLES EPIDEMIC.—Through the courtesy of a friend we are placed in possession of some statistics of this disease as it prevailed in the District of Columbia during the month of December. The total number of cases as estimated by the Health Officer from information furnished by the profession was 5,106, but a number of cases were unattended by any physician. The number of deaths was 50, a figure far ahead of that for other diseases, except pneumonia (63) and consumption (66). Expressed in another way, the proportion per thousand of population per annum was for the three diseases 3,07, 3,88, and 4,06. The deaths of colored and whites were about equal, although the former constitute only one-third of the population. Eighty-four per cent. of the deaths were under five years of age. The death-rate per thousand per annum was 28.53, being 6.51 above the mean rate for ten years. The fatal cases were generally complicated with pneumonia, and in many cases certified as pneumonia; the primary cause is believed to have been measles. Over 48 per cent. of the total mortality was cases in which the respiratory organs were implicated. Rain or snow fell on seventeen days, and 2.89 inches of water fell during the month. Mean temperature 36.9, which is not very high compared with other years.

THERAPEUTIC VALUE OF FATTY INUNCTION.—Drs. N. A. Randolph and A. E. Roussel, of Philadelphia, have been lately conducting some experiments (*Phila. Med. Times*, Dec. 29) bearing upon the question of the absorption of fats when applied to the surface by inunction that have led to results most interesting in their bearings upon therapeutics. The fæces of fourteen infants were examined for oil with negative results, except in one case. These infants were then thoroughly rubbed with cod-liver oil twice daily for eleven days. At the end of the third day traces of fat were observed in the fæces of the majority; on the eleventh day a decidedly notable quantity of unabsorbed fat was found. Of six adults treated in a similar manner, for three weeks, in all but one case there was a well-marked increase in the proportion of fat. The estimated increase—experienced in 80 per cent. of the cases—the estimate being based upon a close microscopical examination—was from 2.5 per cent. to 10 per cent.

There is nothing new in the fact here pointed out of the absorption of fatty substances when applied to the surface of the body. This is known not only to result in disease but also in health. But as a therapeutic method it is almost obsolete. The above experiments are, therefore, suggestive and justify the inquiry whether we are acting wisely in ignoring so completely a means of promoting nutrition and assimilation that might often find an application more especially in the cachexias of early life.

Miscellany.

HOHENHAUSEN ON SUTURE OF THE INTESTINE.—Dr. Hohenhausen, in *Deutsche Med. Wochenschr.*, Sept. 5 (*Lond. Med. Rec.*, Dec. 15) suggests a new method of intestinal suture.

Having opened the abdomen of a dog under deep chloroform narcosis, and removed a small portion of the exposed intestine, he introduced into the lumen a cylinder made of flour and water, coated with white of egg to give it a firmer consistence. Over this the edges of the intestine were united, the central end being invaginated into the peripheral, and the external wound was then closed in the usual way. No fever followed the operation. The animal was kept quiet for three days, being at first more or less constantly under the influence of morphia, and on the third day a meal containing a considerable amount of fat was given, producing on the following morning the first stool since the operation. The external suture was removed on the fifth day, and on the ninth he was released from observation perfectly sound. In another dog, which was killed after 24

hours, remains of the cylinder were found a little way down the intestinal canal, and consolidation had commenced at the seat of injury where the injection of the vessels was not great. Dr. Hohenhausen sums up the essentials of the operation as follows. The animal must be deeply chloroformed, and must not have tasted food for twelve hours before. Antiseptic precautions must be strictly observed, especially as to the arrest of hemorrhage. The cylinder must not be too large but must slip easily into the intestine, and it must be of a suitable consistence. The animal must be kept for three or four days under the influence of morphia, and a stool should be induced by suitable food on the third day. Cold milk and iced water ought to be the first food, and broths may be given in about a week.

Old Shoes.

How much a man is like old shoes!
For instance, both a soul may lose;
Both have been tanned; both are made tight
By cobblers; both get left and right;
Both need a mate to be complete,
And both are made to go on feet.
They both need heeling, oft are sold,
And both in time all turn to mold.
With shoes the last is first; with men
The first shall be last; and when
The shoes wear out, they're mended new;
When men wear out they're men-dead too.
They both are trod upon, and both
Will tread on others, nothing loath.
Both have their ties, and both incline
When polished in the world to shine,
And both peg out—and would you choose
To be a man or be his shoes?
—*American Practitioner*, January 1, 1884.

Inunction of Quinine.—Dr. J. C. Annis, of Flat Lick, Ky., in the *Louisville Med. News* (Jan. 26, 1884) calls attention to the use of medicine by inunction and reports several cases in which he successfully employed quinine in malarial fevers by this method. Sixty grains of quinia in an ounce of lard were anointed thoroughly every three hours for two days. He believes that besides carrying the medicine into the system the skin absorbs a good part of the oil and thus enables the physician to exhibit in the same prescription supportive and specific remedies at times when both are urgently demanded, and when, from the condition of the alimentary canal, they could not be successfully administered.

Rupprecht on the Treatment of Boils and Carbuncles.—Dr. Rupprecht, of Hettstädt (*Deutsche Med. Wochensch.*, May 23), regards furuncles, carbuncles and anthrax pustules to be all dependent on an infectious cause, and the same treatment to be suitable for all of them. In boils, he removes the little scab which always forms early on the top, and presses into the purulent cavity a little piece of cotton-wool moistened with spirit of ammonia. This ought to be done six or eight times at a sitting, a fresh piece of wool being used each time, and it may be necessary to repeat the treatment on the following day. In very large boils scarification, and in carbuncles a cross incision, must precede the application of the ammonia; in anthrax the scab must be removed, and the surrounding tissue scarified in a radiating form. The parts should be dressed with boracic ointment after cauterising, and it generally heals without causing any disturbance. Boils in the external ear, where septic material is easily conveyed by the fingers, should be incised with a small knife, and then dressed with some antiseptic which will not injure the tympanum, such as thymol, boracic acid, or iodoform.—*Lond. Med. Record*, Dec., 1883.

Alcohol on Digestion.—Buchner, in the *German Archives of Clinical Medicine*, reports the results of a series of experiments on the influence of alcohol on artificial and gastric digestion, as follows:

1. Alcohol by itself, up to ten per cent., has no effect on artificial digestion.
2. Increased to twenty per cent. the process is lengthened.
3. A still higher percentage stops digestion entirely.
4. Beer has the same effect if used undiluted.
5. Likewise the red and sweet wines, while white wine, pure, merely delays it.
6. In ordinary gastric digestion, beer appears to act unfavorably, even in small quantities.
7. Wine is the same.
8. When the absorption and secreting functions of the gastric mucous membrane are impaired, alcohol completely checks the progress of digestion.—*Qt. Jl. of Inebriety*, Jan., 1884.

Treatment of Infantile Syphilis.—Prof. F. N. Otis, in an article "On Syphilis of Infants and Hereditary Syphilis," in *The Aesculapian* (January 1, 1884,), offers a few suggestive facts in regard to the treatment of this affection. He holds that *mercury*, in some form, must be introduced into the system of the infected infant. It is not, therefore, a question of the medicine—the *agent*—we shall use, but the *form* most easily assimilated, with the least disturbance to functions of infantile life. The digestive apparatus of the infant must be respected if any method of treatment is to be curative. To avoid any possible disturbance of the stomach the mercurial agent should be introduced through the skin by *inunction*. The skin should be gently and thoroughly cleansed with castile soap and warm water every other day during the entire treatment, and this should be continued, not only as long as any manifestations of syphilis are present, but with intervals of a week every month for six months afterwards.

If mercury must be given internally to very young infants, his belief is that it should be given in doses so small that their efficacy is thus, to say the least, very questionable. In cases where there is reason to believe that the presenting difficulty is due to the results of syphilis, that is, belonging to what is known as the tertiary period, the iodide of potassium alone, or in combination with mercury, should be administered in the same manner, and in doses proportioned to the age of the child.

Hypodermic Injections of Iron.—At the Pennsylvania Hospital Dr. J. M. Da Costa is using hypodermic injections of iron for anæmia in a case of combined malarial toxæmia and lardaceous disease of the viscera, including the intestinal glands. To the other solutions for this purpose he prefers a double salt produced by the addition of pyrophosphate of iron to a solution of citrate of sodium. Two grains of the salt in this form are given every day, varying the points of puncture, but generally administering it under the skin of the extremities; in this form no abscesses have been observed. With other solutions of iron, including dialysed iron, abscesses were quite common, even with every precaution as to the cleanliness of the syringe. In a case last winter of idiopathic anæmia (pernicious?) these injections not only arrested the patient in a downward course, but actually worked such a change that his strength and appetite returned, and he was afterwards discharged in good health. This case is not called pernicious anæmia because the patient did not die; but if an opinion could be based upon the previous course of the disease, and his chlorotic condition at the time of the change in his treatment, no other diagnosis and no other prognosis would have been entertained than that mentioned by any ordinary observer.—(*Boston Med. and Surg. Journal*, January 17th.)

Detention in Asylums.—In a paper on this subject, read before the New York Neurological Society, Dr. Ralph L. Parsons offered the following conclusions:

1. That inasmuch as many recoveries take place in asylums for the insane, it is to be expected that some convalescent patients may at any time be found in the wards.

2. That while, possibly, now and then a convalescent patient may be detained on probation an unnecessary period of time, such cases are not of frequent occurrence, nor important in their consequences when they happen, and that when they do occur the detention is very rarely indeed through criminal intent.

3. That many harmless incurables are unnecessarily detained in asylums for the insane; that these incurables would be happier in the enjoyment of ordinary family life and associations; and that systematic efforts should be made to secure their enlogement, and their establishment under family care.

4. That under certain circumstances curable patients should be removed from asylum restraint and associations while yet uncured.

Treatment of the Inebriate.—The inebriate is an egoist and always intensely introspective. He needs diversion of thoughts, feelings, and sympathies. He is always selfish and boasting of honor, which he has not, and consciousness of truth and justice which grows steadily weaker as the disorder progresses. Change of living, thought and action, with new hope, new faith, and purposes for the future—this is the mental condition which should be aimed at in all treatment.—*Qt. Jl. of Inebriety*, Jan., 1884.

Medical Items.

M. Bertin, of Cray, reports the case of a child, one year of age, in which the common carotid was successfully ligated for angioma of the parotid region of the jaw; and also a case of floating kidney, which came into contact with the uterus, and could be felt by vaginal examination.=Over 260 practitioners have matriculated at the New York Polyclinic since its organization in November, 1882.=Prof. Gegenbauer, of Heidelberg, is likely to succeed to the Chair of Anatomy in the Berlin University, left vacant by the death of Reichert.=Prof. Billroth requires those invited to his laparotomy clinique to agree not to visit the same day, before the operation, sick rooms, dissecting rooms or other places in the Pathological Institute, and not to wear clothes which they were in the habit of wearing in visiting these places.=The *Medical Record* reports over one thousand dollars contributed to the Sims Memorial Fund.=A correspondent writes to the *Medical Brief* as follows: "Patient blonde, light hair, blue eyes, nineteen years old, single, has prolapsus uteri, wears a McIntosh supporter, complains of cold hands and feet, never gets warm. I have had her on brom. ammonia, belladonna, nux vomica, mustard foot bath, all of which done her no good. What shall I put her on?" Who will volunteer to furnish the information?=The Red Star Line Atlantic Steamship Company has ordered its surgeons to mess at the second-class table, and ranks them in other respects as second-class passengers. This indignity should be resented.=Dr. Cameron Piggot, of this city, has accepted the appointment of assistant resident physician of the Matley Hill Sanitarium for mental and nervous diseases, of which Dr. J. S. Conrad is the medical superintendent.=Dr. Jas. T. Bartlett, the well-known physician and apothecary at Bay View Asylum, died on February 3rd, of diphtheria contracted in his professional work. He was 39 years of age.=A bronze bust of the late Dr. J. Marion Sims, is to be placed in the new Harvard Medical School—a gift from a grateful Boston patient of the doctor.=According to Dr. Curtis, four grains of *chloral hydrate* added to three ounces of urine will preserve it for a month, if kept at ordinary temperatures.—*L'Independente.*=Prof. Wolcott Gibbs of Harvard University is the first American who has been made a member of the German Chemical Society of Berlin.=A training school for nurses has been organized in St. Louis on a basis similar in many respects to those in Boston, New York, and other Eastern cities. Arrangements have been completed for some eighty lectures.=It is stated that Dr. Julius Wise will succeed Dr. D. C. Gamble as the St. Louis editor of the *Weekly Med. Review*. Dr. Wise formerly edited the *Mississippi Valley Medical Monthly*=Dr. Ambrose L. Ranney has been appointed professor of applied anatomy in the N. Y. Post-Graduate Medical School.=A bill has been introduced into Congress to establish "A Bureau of Animal Industry," the functions of which shall be to prevent the exportation of diseased meat, and to provide for the extermination of the infectious diseases of cattle.=A cremation society has been organized in Boston.=According to the British "Medical Directory" the whole number of practitioners in England is 25,038, distributed as follows: In London, 4,417; in the provincial list, 11,775; in Scotland, 2,430; in Ireland, 1,717; resident abroad, 1,717; in the army, navy, Indian medical service and the mercantile marine, 2,493.=Dr. Renzi recommends a solution of iodoform in turpentine as an efficacious inhalant in pulmonary disorders, in phthisis especially. Five or six drops of the solution are used every two hours, placed on a wadding in an inhaler.=The Phila. Neurological Society has recently organized with Dr. S. Weir Mitchell as President, and Drs. C. K. Mills and T. N. Kerlin, Vice-Presidents.=Two of the Cincinnati medical colleges have made arrangements for spring courses of lectures.

For Toothache.—The following remedy for toothache is recommended by a writer in the London *Electrician*: With a small piece of zinc and a bit of silver (any silver coin will do), the zinc placed on one side of the afflicted gum, and the silver on the other, by bringing the edges together, the small current of electricity generated, immediately and painlessly stops the toothache.—*Amer. Druggist.*

Changes in the Medical Corps of the U. S. Navy, during week ending February 2, 1884:

P. A. Surgeon S. W. Battle detached from the U. S. S. Gedney, and placed on sick leave.

Original Papers.

NOTES OF A CASE IN WHICH SARCOMA AND CONSTITUTIONAL SYPHILIS DEVELOPED SIMULTANEOUSLY.

BY I. EDMONDSON ATKINSON M. D.,

Professor of Pathology and Clinical Professor of Dermatology in the University of Maryland.

Laura W., mulatto, 17 years old, tall and slender, of delicate appearance and living a dissolute life, applied at the Special Dispensary, Oct. 2, 1879, for treatment. At that time she had a large chancre upon her left labium majus and in both groins multiple painless adenopathy. An appropriate treatment was prescribed for her, but she did not again appear at the Dispensary until April 2nd of the following year, when she was found to have general adenopathy, a miliary grouped papular and pustular syphiloderm upon her trunk, face and arm, and mucous patches of her buccal cavity and throat. She had also an effusion into her right elbow-joint with considerable pain and stiffness and pain and tenderness in her right shoulder. These joints had been troublesome for about one month, and for about the same period there had been a peculiar swelling upon the right hand. This was over the fourth metacarpal bone and formed a rather large elastic tumor, dome-shaped, soft and quasi-fluctuating. It began toward the distal end of the bone, from which it arose quite abruptly, and although altogether more prominent on the dorsal surface, extended to the palm, where it was also convex and elastic. The metacarpo-phalangeal joint was not implicated. This swelling was reported to have been painful at first, but was so no longer. Although the patient had been but six months syphilitic and although the enlargement was situated in a rather unusual location and presented a peculiar appearance, a gummy node was diagnosticated, in view of the early period at which tertiary symptoms often develope in colored people, probably on account of the strumous diathesis possessed by so many of them and of which my patient afforded a fair example. A mixture containing biniodide of mercury and iodide of potassium was ordered.

Her next appearance was upon August 19th. She was then much reduced in health. She reported that her menses had been absent since March, but that she was not pregnant. Her former eruption had entirely disappeared, but the elbow-joint and hand remained affected, the latter to a much greater extent than when last seen. Now, however, there was a circumscribed elastic, slightly reddened and painful tumor, two cm. in diameter, over the spine of the right scapula, situated in the subcutaneous cellular tissue, but also involving the skin and freely fluctuating. There was also upon the left shoulder a circular ulcer with a red base and everted edges and excavated. These lesions had been present some weeks. There was general adenopathy, with striking enlargement of the right epitrochlean gland. The elbow-joint was still distended and baggy. The right hand had become very much enlarged, the tumor occupying the whole dorsum and projecting into the palm. The circumference of the hand, not including the thumb, was twenty-three cm. The tumor was perfectly smooth and evenly rounded, remarkably elastic and giving a most deceptive sensation of fluctuation to the examining fingers. (Indeed, a physician who had treated it some time previously had lanced the hand under the impression that he had to do with an abscess. The patient stated that blood only flowed from the cut and that cicatrization was perfect in a few days, without discharge. The broad one cm. long scar of this incision is clearly indicated upon the plaster cast of the hand taken at this time). It involved the whole hand from wrist to knuckles and from the second to the fifth metacarpal bone inclusive. Ten grains of the iodide of potassium with twenty drops of the syrup of the iodide of iron were now prescribed, to be taken thrice daily. Inunctions of mercurial ointment were also to be made over the tumor twice daily.

This treatment was now vigorously carried out until November 4th, with the effect of causing the ulcer upon the left shoulder to heal and the gumma over the right shoulder-blade to completely disappear. Decided improvement in the condition of the elbow-joint became evident, and the general health was markedly improved. Nevertheless, the tumor upon the hand had increased to 26.5 cm. in girth. Fluctuation was also well marked, and a free incision released a quantity of thin pus. Steady pressure forced through the wound a large quantity of cheesy substance. In spite of this, however, the tumor rapidly regained its former size, but became quite irregular in outline. Through the incision the fourth metacarpal bone could be felt to be denuded of its periosteum, and manipulation caused the denuded extremities of the bones forming the metacarpo-phalangeal joint to scrape in a manner perceptible to the touch and ear. The growth that had heretofore been regarded as a rather unusual manifestation of tertiary syphilis in a scrofulous subject, now, both in its physical characters and course, became more and more suggestive of sarcoma. The advisability of an operation having been mentioned to the girl, she became alarmed and discontinued her visits to the Dispensary.

Shortly after this, however, she obtained admission to the University, and the service of

Prof. Tiffany, was again subjected to a thorough course of anti-syphilitic treatment, under which, though there was improvement of the general condition, no modification of the carpal tumor was affected. This persisting and increasing, despite the various measures instituted for its relief, Prof. Tiffany regarding its sarcomatous nature as no longer doubtful, amputated the arm at the lower third. The patient made an excellent recovery, and when seen by me five months later, had become stout and hearty. The stump was in perfect condition, and there was no sign of recurrence of the new growth. The elbow-joint had in the interval suppurated, but the openings had healed and inflammatory symptoms had subsided, leaving the joint partially anchylosed. No memorandum of the macroscopic appearances of the tumor had been preserved, but through the courtesy of Prof. Tiffany I was able to secure a piece of the neoplasm. A microscopic examination of sections of this, showed that it was made up of ordinary round cells with large nuclei imbedded in a scanty connective tissue reticulum; that, in a word, it was a small-celled round-celled sarcoma.

Considered from a clinical standpoint, this tumor could have been regarded as syphilitic only so long as the effects of treatment had not been ascertained. As soon as anti-syphilitic treatment had secured the prompt alleviation of the other symptoms unquestionably syphilitic, without in the smallest degree influencing this, it became apparent that there was no question of simple gummy tumor. It was still possible, however, that the scrofulous diathesis under which the girl was unquestionably suffering, might have asserted itself in modifying a gummatous formation, and this was the theory adopted at a later stage of observation. After the recurrence of suppuration, however, the persistence of the enormous mass of new formation along with the steady increase of the tumor pointed more directly toward sarcoma, a diagnosis ultimately definitely adopted and justified by the results of microscopic examination.

The occurrence of sarcoma in a syphilitic subject presents nothing extraordinary; indeed it is not improbable that occasionally syphilitic new-formations serve as the starting points for malignant neoplasms, not however, in virtue of any specific determining influence, but simply as affording centers of cellular activity upon which the malignant action may be engrafted. That the sarcomatous and syphilitic new growths should develop simultaneously, is, however, decidedly unusual, and in view of the great danger of errors, both in diagnosis and therapeutics under such circumstances, I have thought it worth while to place the foregoing case upon record.

CHRONIC NASAL CATARRH IN CHILDREN.*

BY HARRISON ALLEN, M. D.,

Professor of Physiology in the Univ. of Pennsylvania.

In many instances the clinical history of a case of chronic nasal catarrh in the adult embraces groups of symptoms which belong to the period of childhood. Comparisons of numbers of such histories force the observer to the conclusion that the juvenile phase of the disease includes various conditions of the nasal chambers, and of the pharynx. A lady, aged thirty, reporting for the treatment of a catarrh which had persisted from the seventh year, recalled the distress at that time experienced from the frequent passage of mucus from the naso-pharynx to the oro-pharynx. A young man, aged twenty, who suffered from obstruction of the nasal chambers, and whose tonsils were normal at the time of examination, remembered the fact that these bodies were of large size when he was quite young. A third patient, aged thirty-five, suffering from copious muco-purulent discharge from the nose, complicated with pharyngitis, was confident that the habit of hacking had annoyed him as early as his ninth year to as great a degree as at the date of reporting for relief. While it must be conceded that in recording the clinical history of an adult, allowance must be made for lapses of memory and for the probable coexistence of exanthematous and diphtheritic sore-throats, it is certain that some of the little patients who come under care exhibit symptoms which are apt to persist in some modified form in adult life.

In the light of such evidence it becomes a matter of interest to ascertain what peculiarities, if any, are to be found which characterize chronic nasal catarrh in children.

Accepting as an axiom that this disease cannot be appropriately studied without a correct understanding of the structures of the nasal chambers, it must follow that the differences between the adult and other juvenile phases of the disease may be expressed in some degree by the differences between the peculiarities of the chambers themselves at the two periods.

In the child the vestibule is small, the floor is raised, the inferior meatus is shallow, the mucous membrane is of a delicate red color, and the eminences corresponding to the anterior ends of the inferior turbinated bones are rounded, and relatively of greater length than in the adult.

In part owing to the difficulties, and in part to inherent distinctions, the juvenile aspect of the

* Read before the College of Physicians of Phila., January 2, 1884.

disease is marked by a number of negative features. Thus, the membranes are never infiltrated with the products of inflammation, or corrugated, or ulcerated. The lower border of the inferior turbinated bone is never concealed within a deep inferior meatus. The septum is never, or almost never, deflected, unless a history of injury explains such deflection. Disease is never located above the respiratory tract. Atrophic catarrh is unknown.

Symptomatology and Diagnosis.—Congestion and acute inflammation of the nasal mucous membrane is common in childhood. The discharge in the beginning of the attack is almost always mucoid. The serous stage, so commonly present after profound impression in adults, is not recognizable, and the transition is usually abrupt between a discharge of mucus to one of muco-pus. If air passes freely through the chambers the discharge is apt to dry and to form "crusts" or "scabs." These collect for the most part in the vestibule, though they may form at any portion of the respiratory tract. The discharge will often remain muco purulent throughout the entire treatment, so that instead of expecting a return of the mucoid stage the practitioner should look forward to a gradual cessation of the amount of the discharge. The muco-pus in favorable cases becomes thicker as the case improves, and toward the close is often of the consistence of curd.

The child either "sniffles" in order to draw into the nose the discharge which, from the shallowness of the vestibule, inclines to flow outward from the nostrils, or it exhales or "hawks" if it inclines to fall into the pharynx. By careful observation of these acts it can be ascertained that the place at which the discharge is most annoying (all things remaining the same), is also the place at which the greatest amount of obstruction exists.

Should the tonsils be very large and establish mouth breathing, care should be taken not to confound the tumid state of the membranes of the nasal chamber with the evidences of local disease. Although the two conditions of nasal catarrh and enlargements of the tonsils often exist together, they need not.

When tumid tonsils are present the probabilities are in favor of the adenoid growths at the roof of the pharynx being in the same condition. The naso-pharynx in such patients is occupied with tenacious mucoid discharge. The nasal chambers and the naso-pharynx considered as parts of a single chamber are shut off from communication with the oro-pharynx and the normal downward flow of mucus prevented. The mucus can be at times brought away through the nose by the handkerchief, and the impression may be erroneously received that the discharge, instead of being pharyngeal and mechanically retained, is catarrhal, and that it originates in the nose.

It need be scarcely necessary to say that the presence of mucus in a naso-pharynx which is thus narrowed, the danger to aural complication is decided, and while the condition is one not admitting of classification with cases of true nasal catarrh, the diseases of the nose and ear are inextricably associated.

The general health is rarely good, and symptoms which relate to malnutrition are so pronounced that they have received careful attention at the hands of the writers on diseases of children. This subject is elaborated in the succeeding paragraphs.

Etiology.—Chronic catarrhal states in childhood are invariably associated with other effects of mal-nutrition. While this is not a novel statement, it is at least one which has been imperfectly formulated. Such effects should not be dismissed as being simply those of scrofula and rickets, but should be exactly referred, as far as it is possible so to do, to the laws of development. Many conditions are present in patients who suffer from catarrh, which may be called errors in development. It is true, these errors are not of the kind denominated "variation" or "anomaly" but are pathological, and may be regarded as the results of precocity or retardation occurring in rapidly growing tissues. They are conspicuous in bone-tissue, tooth-tissues, skin-tissues, lymphatic tissue, and in nerve-tissue.

From the earliest period in development to its completion at the twenty-first year, disease will modify structural processes much more readily and profoundly than at any subsequent period. The tissues may be said to be more plastic during the formative period and to retain the impress of morbid action a longer time than in the adult, and to carry into the future the results of this impress in altered relation or proportion of the formed elements. It is not intended in this place to show that chronic nasal catarrh is in any respect peculiar in this regard, but to invite attention to the operation of such forces which appear to have escaped detection.

The period of childhood is marked by changes as great in the proportions of the parts of the head and face as in any other of the body. The growth of the brain and the development of the permanent teeth are among the more striking of these. Clinical writers lay great stress upon the influence exerted on the economy, by the errors of cerebral and dental growths. Are the influences they exert in the etiology or in the maintenance of nasal catarrh to be ignored?

The condition of the development of the brain in connection with those of the nasal

chambers while one of great interest presents difficulties for the investigator since the examination of large numbers of examples would be required before conclusions worthy of credence could be reached. Ophthalmologists have indeed, noted that the accelerated rates of development of the brain exist with a disposition to myopia. If such be the case, it is rational to conclude that the shapes of the nasal chambers will be in correllation with the states of the olfactory nerves, and thus the influence which exists between the brain and the eye will be found also to exist between the brain and the nose. The extent to which chronic nasal catarrh may be found among myopes cannot be formulated.

There is no doubt that the patients are as a rule in an unnatural condition. The mind is either precocious or dull; the temper is irritable and the disposition intractable; digestion is delicate, and reflex disturbances arising therefrom are of frequent occurrence. The patients belong to the class of subjects that develop morbid appetites, and, in girls, yield the predisposing causes which create so much disturbance at the approach of puberty. Chorea is occasionally noticed as a complication. In one example, a child of precocious intelligence, of delicate constitution, and who had nearly perished during an attack of acute pleurisy, the habit of exhaling air from the nostril was acquired after all symptoms of catarrh had ceased.

The fact that with chronic nasal catarrh, errors of development of the teeth and rates of growth and nutrition of the nails are often associated, it is convenient to examine the relations between the nails, the teeth, and other structures. By way of introduction to this topic, it can be said that in pathology the connection between the hair, the nails, and the teeth are numerous.* Abnormal development of the teeth occurs in congenital hypertrichosis. Hair and teeth are commonly found in dermoid cysts. In man and in ruminants, hairy warts are found upon the cornea. In congenital syphilis, the cornea, the teeth, and the nails are all liable to peculiar inflammatory invasions. Is it not more than a surmise that since all these structures—the hair, nails, enamel-organs—and cornea, arise from the *epiblast*, and are strictly tegumental in nature, that they may be found affected together? Be this as it may the nails and teeth are certainly to be considered together in studying chronic nasal catarrh in children, the nails at all times and the teeth during the formative period of the enamel-organs.†

Through the courtesy of Dr. J. Wilks O'Neill, the attending physician to the Southern Home for Destitute Children, I have recently examined 96 children, with the object in view of determining to what degree a connection could be traced between the teeth and the nails in individuals, many of whom, if not all, were known to have been subjected to neglect and to the various inherited effects which could reasonably be accepted as tending to retard development.

Of the entire 96—

15 children had white spots on the finger-nails in abundance; 5 of these had decided defective dental development—that is to say, excessively chalky enamel—distorted and disfigured crowns, etc.; 3 had moderately chalky crowns, but no distortion; 7 had no appreciable defect.

No defective teeth were found in the remaining 81 children, so that the existence of dental defect exactly correlated with the spotted finger-nails. Of the 15 children thus selected, a little less than half the entire number had spotted nails but no dental defect. No attempt was made to ascertain any defect of rate of eruption for the data obtained from the inmates of an asylum for destitute children would be unreliable. It is quite likely that the numbers of defects of teeth would be increased rather than dimished by more careful examinations made by dentists or other persons accustomed to detect minute abnormalities. Concerning the defective teeth and nails, it is

*From the fact that the writer's biological and clinical studies have been pursued conjointly, he trusts that it may be thought admissible to introduce at this place some reflections concerning the nails and the teeth. The nails and the teeth. These structures are of co-relative value in mammals generally. Blunt, flat teeth are always associated with hoofed digits, and sharp, conical teeth with clawed digits. Adopting the methods of the evolutionists, it may be assumed that the same forces which have been operative in changing the forms of teeth are also operative in changing the forms of the hoofs and claws. This co-relation is not found in the earliest of the mammalia. In the process of evolution of the quadrupeds as they exist about us from the few generalized types known to have flourished in the past, it can be inferred that the impress upon the nutritive processes which would affect the forms of the teeth would also impress the entire tegumental series of the organism; not only the teeth and the nails would be in common affected by common causes, but the hair as well. Confining these remarks, however, to the nails and teeth, it is probable that the changes of food-supply necessitating corresponding changes in habit would most probably affect the claws and hoofs sooner than the teeth, since the latter are more resisting, and at least in many genera are completely formed while the claws and hoofs are of continuous growth, and would be more readily influenced by changes in the surroundings.

†Among the applications of the rate of the growth of nails in connection with diseased states, reference may be made to papers by Dr. S. Weir Mitchell in paralysis, Dr. J. M. DaCosta in typhoid fever, C. E. Hasse in cyanosis, and Poland and Langenbeck in aneurism.

conceded that they may have arisen from acute illness, as in the exanthemata, or from gingival inflammation, as in congenital syphilis. The "measles-tooth" was found but in a single individual, whose case was not enumerated. For the rest it is quite possible some of the appearances may have been due to syphilis, though the pegged tooth was found in a single instance only. No account was taken of the occurrence of catarrh in the inmates, for although it is probable the condition existed it was not reported as present by the attendants. The disease is rarely recognized among the children of the poor, where the symptoms are not likely to receive attention.

From a careful study of nine patients from the writer's practice, it was found that five exhibited spots on the nails of the hand and defects in the form and irregularity of rates of eruption of the teeth. In a young lady, aged fifteen, who came under care for this phase of catarrh, the superior lateral incisors had never been erupted, while the left deciduous superior canine tooth had remained in the arch. In a second case of a girl, fifteen years of age, who had been much neglected, the depression remaining upon the vertex (answering to the anterior fontanelle), was conspicuous, the teeth were irregular, the vault of the hard palate high and narrow, the disposition shrinking and irritable, and the mental faculties dull. In such patients the epiphyses of the bones will be seen to be too large for the shafts, particularly in the case of the radius as it enters into the composition of the wrist-joint. At the same time, the finger nails are often marked by large white spots, and the teeth, with milky opacities of the enamel.

The bones being slow in growth, the function of manufacture of blood-corpuscles is largely withheld from the medulla and retained for a longer period than is natural in the bloodvessel-glands, notably the thyroid body, the tonsils, and the lymphatic glands. Hence a disposition exists for these structures to undergo hypertrophy. If this method of reasoning be accepted, it is evident that the presence of enlarged tonsils need not be regarded as a primary cause of the condition above outlined, though doubtless they may aid in a secondary manner in maintaining morbid determination of blood about the head, and if they are sufficiently bulky, to cause obstruction in respiration while the mouth is closed, will in themselves create a class of disturbances peculiarly their own. All that is to be emphasized in this connection is the fact that the causes of tonsil-enlargement are due to nutritive conditions which are part of the history of the lime-selecting and the blood-making tissues everywhere in the body.

Frequency and Diagnosis.—From a somewhat extended experience in the treatment of these and allied disorders, the writer has concluded that chronic nasal catarrh in the child is a rare disease, and must be separated from the catarrhs which are so common with the children in this community. A child otherwise healthy, who contracts a severe cold may have a duration of the nasal discharge for a time, which excites the apprehension of the parents, and the advice of the physician is asked. If no other sign exists but the discharge, that is to say, if the characters already enumerated are absent, the case can be diagnosticated, *subacute nasal catarrh.* If, however, in connection with the discharge, distinct evidences of malnutrition exist—as instanced in the skeleton—in the tonsils, nails, and teeth, the diagnosis of *chronic nasal catarrh* can be made.

Congenital Malformation.—While causes operating upon the fœtus may be said to create the conditions which have just been recognized, it is also true that an entirely distinct class of pre-natal influences is effective in creating nasal catarrh. In a case of absolute atresia of both nasal chambers—with which condition was associated defective speech—the effect to the ear of the listener was almost identical with that produced in cases of cleft palate, notwithstanding the fact that the palatal and the pharyngeal mechanism were normal. In another case, that of a child three years of age, it was noticed that after an attack of scarlet fever the child could no longer breathe through the nose. The parents were inclined to attribute this condition to changes brought on in the nose by the attack of illness. Inasmuch, however, as the left side was absolutely occluded and the right side merely permitted a cotton-tipped probe to pass through into the pharynx; and in addition, the fact that the hard palate was narrowed and very high arched, while lachrymal obstruction and fistules existed on both sides being more on the left, the conclusion was drawn that the condition was congenital, and was due to errors in the formation of the bones of the face. In this case the angles of the mouth were excoriated, the cervical lymphatic glands were enlarged, and the existence of congenital syphilis, although the teeth were not pegged nor the cornea hazy.

Effects of Local Injury.—The extent to which local injury influences the shape of the nasal chamber has a special bearing upon the subject of nasal catarrh in children. As a result of the frequent falls upon the face, it has been assumed that the deflection of the nasal septum which is so common in the adult, may arise from this cause. While it is conceded that blows on the nose may deflect the septum and thus induce obstruction and nasal distress,

it is in the experience of the writer a rare occurrence. He has met with four cases only of such a condition, and in one of these a marked hereditary condition existed in other members of the family to nasal catarrh.

Prognosis.—The prognosis of simple cases of acute, and of subacute nasal catarrh is always favorable. The prognosis of the chronic cases should be guarded. Success depends to such an extent upon the recuperative power of the constitution of the patient, and to the character of the surroundings, that it is difficult to fix upon any one issue to all cases. It has already been seen that if neglected, the disease may be as noticeable in adult life as in childhood. Assuming the premises as to the nature of chronic nasal catarrh to be correct, it is evident that a cure cannot be expected until the development of the larger medullary cavities of the bones is completed. Under appropriate treatment the diseause is so far kept under control that all suffering abates and disappears, at the same time that the general system remains in an unsatisfactory state. Of such cases a reasonable hope may be held out that the disease will be entirely cured by the twenty-first year.

Treatment.—The details of the treatment may be embraced under the following heads:

(1) Removal of the obstruction of the discharges and the reduction in size of the swollen membranes.

(2) The applications of mercurial ointment to the vestibule.

(3) Straightening the nasal septum and overcoming atresia.

(4) The administration of general tonics, etc.

(1) The removal of the daily accumulation of the discharge in the nose and the naso-pharynx is a matter of great moment. If the discharge is in the nose it may be removed by dropping into the nose by a pipette (the head being thrown back) a few drops of a detergent lotion. In a short time the fluid is felt in the throat. It is very gratifying to notice the prompt relief which follows the judicious use of such remedies to the nasal mucous membrane, particularly if the medicine be allowed to trickle in small quantities along the lower border of the inferior turbinated bone.

When a mucoid discharge collects in the naso-pharynx, it is best removed by the use of the pharyngeal syringe. The instrument used should be smaller than the one sold under this name. An instrument of convenient form can be improvised by attaching an Eustachian catheter to the nozzle of a No. 1 India rubber syringe, or to the smaller syringe used by dentists. The rule should be subject to no exception that the liquid is to be placed above the palate with the greatest care and gentleness, and a very small quantity, not over twenty to thirty drops of the liquid thrown in. After the instrument has been withdrawn, the head is bowed and the fluid is invited to flow through the nose and to trickle from the nostrils. A child who has had the instrument used with violence, will never consent to a second application. It must be remembered that the naso-pharynx in the child is very small, and becomes reduced to a mere chink when constricted, as at the time of the introduction of the nozzle of the syringe. The fluid thrown in cannot return into the oro-pharynx, but must flow forward. Should force be used by sending into the chamber a larger quantity of liquid than it can retain, and obstruction be present in the nasal chambers, the fluid will be exceedingly apt to pass up in the ears. Too much stress cannot be laid upon this source of danger, for, with the general disuse of that dangerous instrument, the nasal douche, in children, the impression is received that the pharyngeal syringe is a safe substitute. It is in the writer's judgment but little less dangerous than the douche, indeed, the source of the danger to the ears is precisely the same in the two instances. No doubt the physician *can* use the douche without danger, as he can the syringe, but if he habitually uses an instrument from which no aural complication can possibly arise, he is then and then only absolutely safe.

A few moments after the first application or toward the close of the first sitting, the handkerchief having been used by the child, large quantities of mucus or muco-pus are removed and the little patient is made relatively comfortable for a period extending from several hours to a day. Any detergent dissolved in tepid water suffices for the purpose of making these applications. No specific action of drugs is to be anticipated. Weak solutions of carbolic acid and glycerine, namely, about a drop of the acid to two drops of glycerine dissolved in an ounce of water, is as good as any. Boracic acid in almost any strength; common table salt; potassium chloride; are all in use with physicians, and are found efficient. It is not so much the remedy selected but the manner of using it that should receive attentive care. The use of astringents so universally mentioned, such as the preparations of tannin, of zinc, etc., can be, in the judgment of the writer, discarded. As for the preparations of iron, they are without exception mischievous.

(2) The condition of the floor of the nasal vestibule almost always demands attention; The use of mercurial ointments, such as are employed by oculists for blepharitis and granular lids, is followed by most encouraging results. The ointment of the red oxide of mercury in the proportions of one grain of the salt to one

drachm of cosmoline is well borne. The ointment is best applied with a camel-hair brush to the interior of the nostril before retiring. An occasional application in the office to parts not accessible by an untrained hand is advantageous.

(3) The operations for misplaced nasal septum present no peculiar features in children, and the consideration of the procedures need not be undertaken here.

(4) In order to correct the discharge which is apt to be of a simple character, it is necessary to care for the general health. The extent to which the tonsils should be reduced in size is to be determined by the degree in which they obstruct respiration. Should the premises given above respecting the etiology of the affection be accepted, it is evident that the tonsils need not, and indeed should not be, excised unless they are known to interfere with respiration, in which event they should be removed without hesitation.

Clinical Notes.

CLINICAL CASES FROM THE SURGICAL CLINIC OF THE WOMAN'S MEDICAL COLLEGE.

SERVICE OF RANDOLPH WINSLOW, M. D.,

Professor of Surgery.

CHANCRE OF BREASTS—GENERAL SYPHILIS.—Annie S., aged 29, married, presented the following history: Her husband having been from home for eight months, contracted syphilis during his absence. Upon his return in addition to the usual marital embraces, he also sucked both breasts of the patient, which in due time became sore, for the relief of which she applied for treatment. Present condition—Each nipple is the seat of a solitary sore, which is red, glazed, often bleeding, discharging scantily sero pus, indurated, and very painful when rubbed by her clothing. The sores are small and more or less rounded, superficial and not much excavated The axillary glands are indurated and enlarged, and a maculated eruption is appearing upon her thorax, arms and legs. There is no complaint of genital ulceration and no examination is submitted to. The patient is anæmic and run down in health.

The treatment was very simple. Calomel was used locally upon the chancres, and internally one of the following pills was taken three times a day: Quin. sulph. gr. i; mass. hydrarg. gr. ii; ol. res. pip. nig. gr. ½. These pills, sugar-coated, happened to be in stock in the drug-room, and were thought to fill the indications for tonic and specific treatment admirably. Five days later she reappeared, somewhat improved. In twelve days the chancres were nearly healed, and the eruption was fast disappearing. Only two pills were directed to be taken daily. In nineteen days the sores were healed, and the eruptions had disappeared, a little induration remaining on the nipple. One pill was ordered to be taken daily. She then disappeared from observation.

The interest in this case centres in the fact that the initial lesions of syphilis were found upon the nipples. Whilst it is not very rare for nurses to contract chancres upon their nipples from nursing syphilitic children, it is rather uncommon for it to be propagated in this manner by an ardent husband. The chancres must have been due to mucous patches or other lesions in the mouth of the man, who had probably recovered from the primary sore upon the lip, contracted from kissing or sucking a woman with syphilitic lesions upon the mouth or breast. Or he may have had a labial chancre from using the pipe of a man affected with syphilis. The fact that both breasts were involved, showed that the infection of both must have been accomplished at very nearly the same time.

ANCHYLOSIS OF SHOULDER.—George K., aged 8 years, had scarlet fever two years ago, but had no joint trouble. Some years since, his mother is said to have jerked his arm violently, and since then he has had pains at times. Has consulted several physicians, and has been treated with electricity for paralysis of the muscles of the shoulder.

Upon inspection, the deltoid is seen to be atrophied, and the shoulder flattened. Elevation and abduction of the arm somewhat limited, but motion is quite extensive. The scapula is seen to follow all the excursions of the humerus. When the arm is grasped and the shoulder steadied, it is found that complete anchylosis, apparently bony, exists at the shoulder joint, and that the quite extensive motion allowed is effected by the rotation of the scapula upon the muscles of the back. This condition though unrecognized, had evidently existed a long time, as not only were the muscles atrophied, but the humerus was smaller than that of the opposite side. As the amount of motion allowed was as good or better than that usually obtained by a resection of the head of the humerus, it was thought to be advisable not to attempt any operation for the relief of the condition, though a subcutaneous division of the neck of the humerus might have secured a useful false joint with perhaps more extensive motions, but it was judged best to let good enough alone.

TRAUMATIC ANEURISM OF PALMAR ARCH.—Nick, aged about 16 years, an inmate of the House of Refuge, was stabbed a month before

coming under notice in the palm, upon the ulnar side, wounding the superficial palmar arch. The hemorrhage was free at the time but was controlled, and the wound readily healed. Soon a pulsating tumor appeared, which increased in size until it was as large as a walnut, the tissues becoming thinner and softer. A well-marked bruit was observed, and the part became painful. Pressure upon the radial artery arrested the pulsation in the sac; hence this vessel was ligated at the wrist, and throbbing and bruit ceased immediately, but after a few days the tumor began to increase and pulsation returned. The ulnar artery was ligated, subsequently, and the pulsation ceased and never returned. The tumor shrank rapidly and became hard, and after the lapse of a few weeks disappeared entirely. A point of interest in connection with ligation of the radial and ulnar arteries is in regard to the recurrent circulation. The anterior interosseous artery normally sends a small branch to the deep palmar arch, and also anastomoses with the anterior and posterior carpal branches of the radial and ulnar. These vessels are small but rapidly enlarge and soon restore the circulation. Usually in 24 hours the fingers and hand will be warm, and in order to promote the collateral circulation, the hand should be well enveloped in cotton-wool and supported in a sling.

DUPUYTREN'S CONTRACTION OF FINGERS — B., aged 20, has partial anchylosis of right elbow, the result of a crushing injury. The arm is flexed and is capable of about one-quarter motion at the elbow. He has also complete bony anchylosis of the second phalangeal articulation of the ring finger of the left hand, the result of injury, the finger being bent in a useful position. The little finger is also flexed at the second phalangeal articulation, the prolongation of the palmar fascia springing up when an attempt is made to extend the finger. He is anxious to have his various deformities remedied, but it is judged best not to meddle with a partially movable elbow, which is flexed in the most favorable position. As the impediment is due to irregularity in the joint surfaces and not to fibrous bands, no operation except excision would promise to be of any avail, and it is not likely that better results would be obtained than already exist. The finger which is firmly anchylosed does not admit of operation, as the flexion is in such a position that he enjoys much use from the member. The contracted little finger was operated on by subcutaneous section of the constricting bands in several places, and the finger straightened, and retained in a light plaster of Paris splint. He reappeared several times with the finger in a satisfactory position and was then lost sight of.

Society Reports.

BALTIMORE MEDICAL ASSOCIATION.

STATED MEETING HELD DEC. 17TH, 1883.

(*Specially Reported for Maryland Med. Journal.*)

The society was called to order at the usual hour, DR. J. S. CONRAD, President, in the Chair.

The Executive Committee made a report in regard to the arrangements for the annual supper.

Drs. Chas. H. Riley and C. W. Filler were proposed for membership.

TYPHO-MALARIAL FEVER.—*Dr. J. L. Ingle* read the following: I shall merely give some —to me, at least—interesting features as found in a case of what, for want of a better name, I have denominated typho-malarial fever. I call it typho-malarial because it seemed to be neither purely typhoid nor solely malarial, but the latter disease with an engrafted typhoid condition.

On the 8th of Sept. last, I was called to see a patient who was a travelling salesman for a firm in this city and who had just returned from an extended trip through Ohio and Kentucky. He had been subjected to much exposure, often after night, in a malarious region, had suffered from loss of rest and great fatigue consequent upon long drives over rough roads, and, moreover, had been compelled to partake at country inns of coarse and badly-prepared food. These circumstances seemed well calculated to aid in the production of the disease from which I found him suffering when I first saw him, and which, as he expressed it, "had been coming on for some time."

From him I obtained the following history: Previous health excellent; said he had scarcely been sick a day in his life; usual weight 176 pounds, present 150. The disease began insidiously and the decline in health had been so gradual that the patient could not say exactly when his illness commenced. His appetite had failed, he was disinclined to any exertion, mental or physical, had headache, chilly sensations, aching in the back and limbs, had vomited and had had slight nosebleed.

When I saw him his tongue was furred, skin hot and dry, had a hacking cough, a little tympanites and slight mental dulness. His bowels had been moved by a purgative several days before but were then constipated. The case dragged through many weeks, the patient making a complete though tardy recovery.

I will not detain you with an examination of the symptoms presented from day to day, and which we would naturally expect to find in such a case, nor by a detailed account of the

treatment which was simple, supporting from first to last, and to a certain extent expectant, but will merely state the mental hebetude was never very pronounced, that there were no rose-colored spots, scarcely any iliac tenderness and no diarrhœa. On the contrary there was obstinate constipation throughout the entire course of the disease. I wish rather to call your attention to a puzzling peculiarity which I observed, viz: the *disproportion* between the *pulse and temperature*—a *slow pulse* with a *high temperature* (I mean *comparatively* high, for at no time did the temperature exceed 103°). I confess this peculiarity caused me no little anxiety, for while, in other respects, the patient seemed to be doing as well as could be expected, he had this miserably *weak* and *slow* pulse, and I felt as though I was treading upon very uncertain ground, so long as this condition lasted.

I consulted several authorities at that time, but failed to find any mention of this disparity between pulse and temperature. The only notice I have ever seen of it was in an article by Prof. Richard McSherry of this city, entitled "Notes on Fevers," which appeared in the *Med. News* of 22d September, 1883, but which unfortunately I did not see until after my patient was convalescent. Had I seen the article sooner it would have afforded me much comfort, showing as it did that this difference between pulse and temperature was not of the grave import I had imagined.

I kept an accurate record of pulse and temperature throughout the sickness, but in order not to weary you, will not give every entry, but cull the principal discrepancies, and just enough to show the peculiarity to which I have already alluded. For instance, the first time I saw my patient, the temperature was 101° and pulse only 78. At another time I found a temperature of 100.3° and a pulse of 76. At still another time a temperature of 103° and a pulse of 76. With the latter temperature (103) the pulse ought to have numbered 120. Later on as the *fever* began to *decline* the *pulse increased* in frequency. Thus when the temperature was only 100° the pulse rose to 80; and when, on one occasion, the temperature was 99° the pulse was 96.

Thus you see the pulse in this case played some strange freaks, and I have presented this sketch (crude as it is) in order to get an expression of opinion from gentlemen present as to the *frequency* of this disparity between pulse and temperature. Is it of sufficiently frequent occurrence to be considered one of the diagnostic signs of this disease? My friend, Dr. Jno. Neff, to whom I happened to mention the subject a few evenings ago, said that he had been struck with the same peculiarity in one of his patients, and doubtless other physicians have had similar experience?

In closing I would like to ask whether any one present can suggest a better name for the disease which I have just reported than the one I have chosen, namely, Typho-Malarial Fever? I am aware that there are objections to this name, and yet I know of none better. Either the disease must be improperly designated by some of us, and called by some other title by writers upon fevers, or else very little has been published upon the subject, for I have consulted quite a number of textb-ooks, and in only *one* of them have seen *any* mention made of typho-malarial fever *as such*, and that was in a note by Hartshorne in Reynolds' System of medicine.

Dr. J. A. Steuart had had an exactly similar case, lasting about eight weeks. The temperature at the height of the disease was 102½° to 103½° F., once 104° F., while the pulse ranged from 68 to 74. As the temperature fell, the pulse rose in exact proportion. The bowels were somewhat constipated; there was no tenderness, no rose-spots, a fair appetite and intellect unaffected; he bore quinine remarkably well, taking at one time as much as twenty-four grains a day. He had also precisely the condition of the left leg described by Dr. Ingle, which subsided gradually, leaving the limb sore and stiff. His recovery was complete.

Dr. J. T. Smith referred to the case of an old lady who was attacked suddenly with what seemed to be thrombosis of the leg, but all the symptoms disappeared without after effects. What becomes of the clot in these cases? Why is there no evidence of its effects in other vessels?

Dr. A. B. Arnold would not feel justified in calling anything malarial which was not intermittent or periodical. In typhoid fever the rise of temperature is pathognomonic. He would look upon the thrombus as an effect of the retardation of the circulation. These cases do well because the auxiliary circulation suffices. Such cases are not so rare; they are neither typhoid nor malarial. They occur most frequently in young persons, especially business men, broken down in health. One of the indications of treatment is to support the circulation. In typhoid fever the pulse not uncommonly does not rise in proportion to the temperature.

Dr. Ashby had treated such cases at the Virginia springs, and was satisfied that they were not typhoidal.

Some question arising in regard to the relation of the thrombus to the circulation, *Dr. Arnold* said it certainly was significant that the thrombus affects the lower extremity and the veins, being apparently a local disease of the vein itself. The formation of the plug is

certainly very much favored by the retardation of the heart's action. That great debility always slows the pulse is not provable. In fevers there are other factors in action. The rise of temperature depends on the fever poison, whatever that may be.

Dr. J. T. King: According to Woodward, the inventor of the name—typho-malarial—there are three conditions which favor the disease: scurvy, malaria and crowds.

Dr. J. F. Perkins referred to a case seen at Bellevue Hospital, New York, in 1879, and to the characteristic pigment changes.

Dr. Ingle said the evidence seemed to show that the disease was different from malarial or typhoid fever. In his case, the vein trouble commenced after convalescence had set in, and when the pulse was increasing in frequency and strength.

Dr. Arnold, in conclusion, remarked that thrombus developes slowly and may have begun sometime before its actual manifestation.

Editorial.

Prof. Overbeek van Meijer and the Sewerage of Baltimore.—In a pamphlet entitled "Les Systèmes d'évacuation des eaux et immondices d'une ville" (Paris. J. B. Ballière et fils, 1883), this gentleman, who is the Professor of Hygiene in the University of Utrecht, Holland, stated: "I have just learned that the city of Baltimore, with 435,000 inhabitants, which had intended to follow the example of Memphis, has abandoned this design, and has asked M. Liernur to prepare a plan for the application of his system of sewerage to the entire city. This resolution has been taken after the discussion of a report very unfavorable to the Waring system, presented by Dr. Chancellor, Secretary of the Board of Health of the State of Maryland." His attention having been called to the error contained in this statement, he has written a letter, which is published in the *Sanitary Engineer* of the 7th inst., in which he says: "In a letter dated Baltimore, November 3, 1883, M. Whyte, the mayor of Baltimore, wrote: 'Baltimore has taken no definite action on this subject, except to obtain from its special engineer M. Ch. H. Latrobe, Esq., a report in that connection, and to print one from a committee of the Council. No action of the corporation in favor of or in opposition to any system has been taken since then by any department of the city government, nor has the city asked M. Liernur for any project. Although I have personally looked somewhat into the Liernur system for my own edification, I do not know any other city official who has ever heard of him, and no one has been authorized to request of him any suggestions or plan whatever.' The conclusion is, therefore, that I have been falsely informed about those two points. I state, moreover, that my informer was not Dr. Chancellor. But I must also state that my communication as to Captain Liernur having been requested to make a plan for Baltimore is based upon *fact*. He has been so requested by a party who opposes the Waring system upon sanitary and financial grounds, and who exerted himself to effect the introduction of the Liernur system. Whether or not he overrated his influence is not for me to say."

The above shows a degree of carelessness of statement which is not creditable to one holding such an authoritative position as the Professor of the University of Utrecht. It is evident from the latter part of the quotation, that what was only the request of an *individual*, and made in his individual capacity, has been magnified by interested parties into a request of the authorities of Baltimore. It is time that men were held accountable for such hap-hazard statements, which are altogether too frequent and which, in the present instance, are not calculated to advance the interests of the system—under certain circumstances no doubt possessing advantages over others in vogue—which their author has so much at heart.

Virchow on the Nature and Infectiousness of Tubercle.—The views of this eminent pathologist were elicited recently upon this subject during the course of a discussion held in the Berlin Medical Society, a report of which appears in the *Wiener Medizinische Presse* of December 9th. As the leading German authority upon such matters it is of the highest interest to learn what conclusions he has reached with regard to the significance of the important researches that have been carried on under his immediate observation. To speak briefly, he advises that we employ the term "bacillar" instead of "tubercular" in designating those processes due to the tubercle bacillus, and that we reserve the term "tubercle" for distinct anatomical formations. He denies that Lænnec attributed tubercle and case-

ous infiltration to the same origin although he embraced both under the clinical term phthisis. He (the speaker) holds that there are several kinds of phthisis, in which besides the inflammatory and the tubercular, the syphilitic variety—not recognized by Lænnec, but not now denied—must figure. He sees no ground for calling caseous pneumonia tuberculous, since it contains no trace of tubercle. It is necessary to consider the question from two points of view—a causal and an essential. Tubercle and caseous pneumonia are not both *tubercular*, but both may be *bacillar*, just as a gumma and an erythema syphiliticum are distinct, yet both due to syphilis, or the results of phosphorus-poisoning present equal dissimilarities.

In regard to infectiousness, he says that much confusion has arisen from confounding the terms infection and contagion, which according to his view are distinct in meaning. He illustrates this by a reference to thrush and scabies, and by the artificial introduction of aspergillus (a fungus met with quite frequently in birds) into the body. In the last named case, which best represents the contagion process, the aspergilli grow at the point of inoculation and spread to other organs, giving rise to metastatic changes there also, but there is never any dyscrasia or toxic infection of the whole body. Splenic fever is taken as an illustration of an infectious disease. Here the fungi do not act merely mechanically, nor by their simple presence, but upon the tissues of the body, thus giving rise to toxic products. A large number of investigations have demonstrated to the speaker that the inoculation of the blood of animals affected with splenic fever will set up the worst forms of this disease although not a single bacillus anthracis is demonstrable, and Prof. Roloff has just confirmed this observation. Of these two processes the difference is obvious by the results of a second inoculation, which will be successful in the first but will fail in the second. Before the discovery of the bacillus tuberculosis, miliary tuberculosis alone of the varieties of the disease manifested a typhoid disposition; no one supposed such a thing as a specific poison and a toxic infection in connection with the local process in the others, but merely a tendency to set up new local processes in other situations. So long as the fact cannot be proved that the bacillus tuberculosis has such a toxic action, we have every ground for suspecting that it acts where it is and not upon remote regions and when, for example, we take the blood of an infected animal after the first invasion has passed by we can have no expectation that it will act injuriously. The speaker is, therefore, not of the opinion that the bacillus tuberculosis has infectious properties in the strict meaning of that term.

It will be seen from the above brief epitome that Prof. Virchow acknowledges the full etiological significance of the bacillus tuberculosis, thus confirming the value and correctness of the discovery of Koch, an opinion to which our distinguished fellow-countryman, Dr. Flint, looking at the subject from another—a clinical—point of view has just given his adhesion.

THE MEDICAL SOCIETY OF THE STATE OF NEW YORK AND ITS CODE OF ETHICS.—As New York is the Empire State, so it appears the New York Medical Society assumes to be the empire society, of these United States; for it has recklessly and ruthlessly rent asunder the system which has heretofore, in conformity with the genius of our institutions united the profession together harmoniously under one representative national head, and it has ignored, and shown itself utterly indifferent to, the sentiments of every one of its sister medical societies. Through the efforts of a number of ambitious and unscrupulous leaders, it has isolated itself from all other similar organized bodies throughout the country. And yet, strange to say, this result seems to have been brought about in spite of the adverse sentiment of a large majority of the physicians of the state. For, in the discussion that took place upon resolutions offered at the late annual meeting, Feb. 5th, by Dr. Didama, of Syracuse, with the object of repealing the new and restoring the old code—and which were defeated by a vote of 124 to 105—the author of these resolutions stated that "*it could be shown in their own handwriting that less than one-third of the members of the state society, and less than one-fifth of the profession in the state, favored the new code*," and this statement does not seem to have been contradicted save by the very indefinite assertion of Dr. Roosa that such a "notion" was "delusive." It thus seems that the national party has lost the day purely by

reason of an inexcusable indifference, whilst the minority, combative and well-handled, has triumphed by its very audacity. In view of this repeated failure to restore the Society to its proper status—that is to the status of all the other state societies—we are not surprised to learn that the friends of union and good government have organized a new society, known as the "New York State Medical Association." One year ago, in referring to this very subject, we said that this was the only course left for them to pursue, "in order to preserve the honor and respectability of the profession in their complete integrity." Time has still more convinced us of the wisdom of such a course of action. The attitude assumed by the New York Society precludes all idea of friendly relations, since whatever promotes its influence and welfare militates against those of the national society and widens the breech already made. It seems to be the expectation of the promoters of the new movement, that their example will lead to similar proceedings in other state societies, but we cannot but remark the entire absence of any ground for such an expectation in the events of the last two years, and we trust that the good sense and professional pride of American physicians will preserve them from following so bad an example.

Reviews, Books and Pamphlets.

Sewerage of Cities, a Reply to the Paper of Col. George E. Waring, C. E., of Newport, R. I., on "The Liernur System of Sewerage for Baltimore." By C. W. CHANCELLOR, M. D. Reprint from the Transactions of the Sanitary Convention of Maryland. 1883. Pp. 24.=*Trismus Nascentium or The Lockjaw of Infants.* By J. F. HARTIGAN, M. D., of Washington, D. C. Reprint from *Amer. Jl. of Med. Sciences*, January, 1884. Pp. 39.=*The Proper Use of Ergot in Obstetrics.* By JOSEPH TABER JOHNSON, M. D. Reprint from vol. vii Gynecological Transactions. 1883. Pp. 25.=*The Opium Psycho-Neurosis—Chronic Meconism or Papaverism.* By C. H. HUGHES, M. D., St. Louis, Mo. Reprint from *The Alienist and Neurologist*, January, 1884. Also by same writer, *Borderland Psychiatric Records; Prodromal Symptoms of Psychical Impairment.=So-Called "Concussions of the Spine" in Railway Injuries.* By JOHN G. JOHNSON, M. D. Vanden Houten & Co., Printers, 60 Cedar St., New York. Pp. 31.=*Conversations Upon the Physical and Mental Hygiene of Girlhood, with a Supplement Upon What Constitutes the True Woman.* By THOS. S. POWELL, M. D. Reprint from *Southern Med. Record.* Pp. 84.=*Closure of the Jaws and its Treatment.* By J. EWING MEARS, M. D., Philadelphia. Reprint from vol. 1, Transactions of Amer. Surg. Association. 1883. Pp. 16.=*School Hygiene.* By THOS. J. LUNDY, A. M., M. D. Detroit: Chas. M. Rousseau, Printer, Detroit. Pp. 16. =*Fractures of the Neck of the Femur.* By N. SENN, M. D., Milwaukee. Reprint from vol. 1, Transactions Amer. Surg. Association. 1883. Pp. 113.

Miscellany.

CAUSES OF MOVABLE KIDNEY.—Upon consideration of the position of the kidney, it being entirely behind the peritoneum, and securely held in position by the vessels and nerves entering the hilum, and by abundant connective tissue holding it in direct contact with the posterior abdominal wall, it becomes obvious that very peculiar and unnatural influences must be in operation to effect its dislocation and constitute the movable kidney.

While not an uncommon condition at post-mortem examinations, it is apt to be overlooked, because of the kidney retaining its relative position. According to observation, the affection is markedly more frequent among women than among men, and before puberty is very rare. Senator has noted this lesion in one out of one hundred and forty adult females suffering from disease. As a cause of movable kidney, the commonly accepted condition, disappearance of the fat of the capsule, is inadequate. Senator considers the chief exciting causes, which specially explain the more frequent occurrence in females, to be as follows: Relaxation of the abdominal walls through repeated pregnancies; change of position in the organs of generation; tight lacing of the upper abdomen, which leads to dislocation of the lower, and to stretching of the hepatico-renal and duodeno-renal ligaments. The last also explains the fact that the right kidney is the one most frequently at fault, the greater length of the right renal artery, and the attachment of the colon, perhaps, having some share in the result.—(*Courier of Medicine*, January, 1884.)

Obstructed Labor from Varicose Swelling of the Vagina and Vulva.—Dr. J. A. Octerlony (*American Practitioner*, January 1884) reports a case of the above character. A woman, forty-two years of age, who had already given birth to eleven children by short and easy labors, suffered in her last pregnancy with great swelling of her lower extremities, which also became the seat of marked and extensive varicosities. When labor came on the labia majora were a good deal larger than normal, and owing to varicosity, felt under the finger as if they contained bundles of large worms. With each pain the labia became more and more turgid, and the veins of the vagina felt large and cord-like. More and more blood was forced into these parts, and the obstruction so encroached upon the vulva and vagina that it was with difficulty that the hand could be passed up for the introduction of the blades of the forceps. Though the uterine contractions were still strong and regular, labor did not progress and instrumental delivery became necessary.

Edema of the labia and vagina are referred to by obstetric writers as one of the causes of dystocia, but marked varicosity must be an exceedingly rare condition.

Dr. Octerlony suggests the following treatment for this condition: (1) Give support to the varicose parts by means of a folded towel pressed firmly against the labia. (2) Delivery early with the forceps if there is marked obstruction to the progress of the fetal head.

Examination of Urinary Sediments.—Certain urines, especially concentrated urines and those passed in febrile conditions, deposit upon standing a considerable sediment composed chiefly of alkaline urates, and often deeply colored by uroerythrine. The detection of the organized sediments, such as blood globules, epithelium, casts, etc., in such cases is difficult and often impossible. To facilitate the examination in such cases Méhu (*Jl. de Pharmacie et de Chimie*, 1883, p. 228) adds to such sediments, after they have subsided and after most of the urine has been removed, a small quantity of a saturated aqueous solution of ordinary sodic phosphate. This dissolves completely the pigments and urates so that the subsequent examination of the sediment is comparatively easy. An excess of the sodic phosphate does no harm, but its addition frequently causes a precipitation of crystalline calcic phosphate. Méhu prefers this method of treatment to the common one in which the urates are dissolved with water. The latter delays the subsidence of the organized elements, and besides tends to soften and break them up.—(*Boston Med. and Surg. Journal.*)

Encouragement for the Struggling Physician.—Thus, from starting amid the sloughs and swamps of Alabama, having for his patients the most humble in the land—often spending his nights by the bedside of the sick found in the slave huts of these localities—without family influence, poor, and with nothing to aid him save a strong will and careful preparation combined with a devotion to purpose, he rose by the splendor of his own genius above all obstacles, and before he had reached the meridian of life, we find him one of the acknowledged discoverers and benefactors of the world, and ranking as one of the foremost men in his own country. And a few years later we hear of him in all the great capitals of Europe, sometimes the guest and pet of Emperors, often receiving honors and distinctions from learned and enlightened scientific bodies, courted by the élite of his own profession, sought by the nobility, and receiving titles and decorations from courts representing and boasting the most splendid civilization the world has ever known.—*Dr. W. O. Baldwin's Eulogy on J. Marion Sims, Gaillard's Med. Journ.*, Jan., 1884.

Treatment of Alcoholism by Strychnia.—Dr. Dujardin-Beaumetz has demonstrated, as the results of his experimental investigations and of observations made on man, that, although strychnia may be advantageously used in combating the symptoms of intoxication and acute delirium caused by alcohol, it is powerless as regards the multiple alterations in different organs which are the results of the presence of alcohol in the different tissues of the economy. Strychnia, therefore, is only at the very most, a therapeutical agent capable of causing the disappearance or mitigation of some of the symptoms induced by the abuse of alcoholic drinks.—(*Med. Times and Gaz.*, January 12th.)

TYPHOID FEVER IN PREGNANCY—Dr. Martinet thus concludes a paper in *L'Union Medicale:* (1) Typhoid fever is rare in pregnant women. (2) It determines abortion in about one-half of the cases; the more surely, the less advanced in the pregnancy. (3) The lightest forms may produce abortion. (4) This complication arises usually in the course of the third week, and sometimes at the beginning of convalescence; it causes no recrudescence nor return of fever. (5) Puerperal accidents are the exception. (6) The immediate causes of abortion are unknown; elevated temperature active or passive, uterine congestion, and changes in the blood, although seemingly the most probable, cannot be regarded as the causes in all cases. (7) The treatment for the fever and miscarriage is the same as for each condition above.—(*Amer. Practitioner*, January, 1884.)

THE DANGER OF LARGE DOSES OF QUININE.—Dr. A. A. Smith, in a paper on this subject (*N. Y. Med. Jl.*, Feb. 2) comes to the following conclusions as the result of his observations: "Large doses of quinine should not be given in any case of high temperature after heart failure begins, unless agents to counteract their effects on the heart are given.

Great caution should be exercised in giving large doses of quinine, in high temperature, in any case of organic heart disease with enfeebled power. They should be used cautiously in old people with high temperature."

A CASE OF POLYDACTYLISM RECURRING THROUGH FOUR GENERATIONS.—Dr. H. M. Brown, of Milwaukee, reports (*Weekly Med. Review*, January 12th,) a case of this character. In the 1st generation.—Great grandfather had six toes on each foot. 2nd generation.—Grandfather, six fingers on each hand; grandaunt, six toes on each foot. 3rd generation.—Father, six toes on each foot; six fingers on each hand; brother and two sisters, the same. 4th generation.—1st, one son, six fingers on each hand, six toes on each foot; 2nd, girl, six toes on each foot; 3rd, girl, normal; 4th, boy, normal.

Prof. Courty has retired from the Montpelier Faculty of Medicine.

NON-VESICATING CROTON-OIL.—An important discovery seems to have been made by Mr. Harold Senier, of the London Chemical Society, to judge from an abstract given in a recent number of the *Lancet* of a paper read by him at a meeting of the Pharmaceutical Society. It amounts to nothing less than that croton-oil may be separated into two different oils by the action of alcohol, one of which is irritating but not purgative, and the other purgative but not irritating. When alcohol of the specific gravity of 0.794 to 0.800 is added to croton-oil in the proportion of seven or more volumes to six, the oil separates into two parts—one of them (the vesicating oil) dissolves in the alcohol, and remains soluble in alcohol in all proportions; the other (the purgative oil) separates, and is then found to have become insoluble in any proportion of alcohol. This insoluble oil is said to be a safe and pleasant purgative, free from any undesirable action, in doses of one-tenth to one-half a minim, in the form of pills made with magnesium carbonate and extract of henbane as excipients.—(*N.Y. Med. Journ.*)

CURABILITY OF INEBRIETY.—Dr. T. D. Crothers, in a paper on this subject (*Qt. Jl. of Inebriety*, Jan., 1884), believes the following propositions are correct and will be confirmed in all future studies:

1. Inebriety is a disease which may be studied, traced and understood, and whose course or march follows a progressive line, full of hints pointing out the means of cure and prevention.

2. Inebriety is curable, as other diseases, by the application of physical remedies in proper surroundings, by competent men, who seek to apply exact means to meet every case.

3. Inebriety must be studied from a physical point of view, as the result of physiological and psychical laws, and not a matter of chance or a low, vicious element in human nature.

4. Standing on the frontier lines vast outlines of hills and valleys stretch out before us, all under the domain of law. When the traditional superstition, which hangs over this field, vanishes, and the causes of inebriety are known, as well as the means for prevention and cure, a new era of humanity and civilization will begin. The increasing prevalence of inebriety in this country demands a scientific study of the subject, and a more thorough acquaintance with the laws and forces which govern its rise and progress; from this a knowledge of the best means of treatment will be ascertained and applied.

CIDER AND ITS ANTI-CALCULOUS PROPERTIES.—A writer in the *Gaz. Med. de l' Algerie* calls attention to a recent publication by a pupil of Dr. Denis-Dumont, surgeon-in-chief of the Hotel-Dieu, of Caen, which professes to demonstrate that cider is the enemy of stone in all the varieties of calculi which, from one cause or another, affect the bladder. During a long experience in the hospitals of Caen, Dr. Denis-Dumont was struck with the almost complete absence of patients affected with stone—almost complete, because there were a few cases whose habitual beverage was wine. On treating these cases with cider, they were either considerably benefited, or entirely relieved of their malady. Struck with these facts, Dr. Denis-Dumont entered into correspondence with a large number of the medical practitioners of Normandy, principally those who practiced in localities where cider was the common and almost sole beverage. Of these practitioners, some of whom were of forty years' experience and longer, none had treated a case of stone. If they had treated any affection allied to stone, it was in cases where cider was not the ordinary drink, or it was due to some foreign cause. As a consequence, he has collected a mass of valuable observations which confirm his conjectures, and support him in formulating the proposition that cider is not only a prophylactic against the formation of stone and other affections of the bladder, but also that it is an energetic curative agent, when in the condition to be absorbed, like any ordinary drink, and brewed in the best manner. Cider, even in Normandy, is frequently improperly made—but it would seem that bad cider is not worse than bad wine. The writer, using the precaution to declare that he is not of Normandy, goes on to say, with the effusion of a Frenchman, that, if the results of Dr. Denis-Dumont are admitted, they will furnish cause enough for the encouragement of plantations of apple-trees, and for the fabrication of a beverage which laughs at the phylloxera, which has been served on the table of a Queen of France, to Saint Radegonde; which Charlemagne did not despise; which was celebrated after the epic mode in a Latin poem dedicated to the glory of Philippe-Augustus by Guillaume le Breton, and which Francois the First appreciated on his visit to Normandy.

CONSUMPTION OF LIQUORS.—An interesting study is afforded by a table just issued by the Bureau of Statistics, showing the consumption within the United States of proof spirits, wine and malt liquors. The following table exhibits the total quantity of each consumed and the per capita consumption:

	Annual av'ge for 3 years ended June 30, 1878.	Annual av'ge for 3 years ended June 30, 1883.	Increase per cent.
Distilled spts., galls.	57,111,982	73,641,727	28.94
Wine, "	19,812,675	25,248,223	24.43
Malt liquors, "	310,653,253	508,077,788	63.55
Total.....	387,577,910	606,957,738	56.60
Cons'n per cap. gals.	8.36	11.49	37.44

It is apparent that the use of malt liquors has diminished the consumption of distilled spirits, thereby decreasing drunkenness, pauperism, crime and other indirect expenses connected with the liquor trade.

We present here a second table, showing the relation of consumption in 1883, as compared with the average of the three years ended June 30, 1878:

	Annual av'ge 3 years ended June 30, 1878.	Year ended June 30, 1883	Per cent. Inc.
Dist. spts., "	57,111,982	76,762,063	34.40
Wine, "	19,812,675	25,885,492	30.65
Malt liquors, galls.	310,653,253	555,375,654	77.81

Professor Elliott, of the Treasury Department, estimates the total population in 1883 at 54,163,000. Upon that basis we have a per capita consumption of 10.18 gallons of malt liquors, 1.42 gallons of distilled spirits, a fraction below a half gallon of wine.

Beer, however, is not the only enemy of spirit drinking, for we find coffee exerting a powerful influence in the same direction. In 1878 the consumption was 309,956,493 pounds or 6.51 pounds per capita, while in 1883 it reached 515,927,827 pounds or 9.52 pounds per capita, an increase of 46 per cent. Coffee loses 16 per cent. in roasting, and making this allowance, and estimating one pound of coffee to two gallons of infusion, we have a consumption of that delightful stimulant of 16 gallons per capita annually.

Tea is out of the race, its stimulating properties being less marked than coffee. In 1878, the consumption of tea was 65,366,449 pounds, or 1.39 pounds per capita, while in 1883 it was 70,771,225 pounds or 1.31 pounds per capita, equal to 8 gallons of infusion. Evidently the middle classes of stimulants are growing in favor.—*American Grocer and Dry Goods Chronicle*, Feb. 7.

Papaine (Vegetable Pepsin).—Dr. Berthaud advocates (*L'Union Medicale*, Nov. 13, 1883) a vegetable substance called "papaine" as a substitute for pepsin. Papaine is a milky juice extracted from the trunk and green fruit of the caraca papaya. This valuable tree is indigenous, according to some, to South America; according to others, to the Spice Islands. It is found in India, in the Mauritius Island, in the Antilles, and in South America. The juice which exudes from the green fruit of the papaya, and even the seeds of this tree, possess valuable vermifuge properties. But the tree is chiefly interesting from the fact that the juice obtained from its fruit, leaves and trunk, contains a considerable proportion of a principle analogous to animal pepsin, to which M. Wurz and M. Bouchut have applied the name "vegetable pepsin." This juice exercises a marked action on muscular fibre, causing its speedy softening and digestion. Even the emanations from the tree are sufficient to produce this singular action on meat. In the countries where the papaya is cultivated the inhabitants suspend in the high branches the meat which they wish to make tender. It is therefore not strange that the idea should arise of making the papaya juice subserve some practical use to mankind. Experiments have yielded the most satisfactory results. M. Wurz, in a report to the Paris Academy of Sciences, in November, 1880, stated that papaine had dissolved a thousand times its own weight of fibrin, acting with as much rapidity and regularity as animal pepsin. It has been tested clinically as well as in the laboratory, and abundant evidence has been afforded that its action is certain and constant. Its general use would, therefore, prove more satisfactory than that of animal pepsin, much of which, as it is now found in commerce, is comparatively worthless from adulterations. Moreover, according to M. Wurz and M. Bouchut, all nitrogenous foods—milk, flesh, fibrin—are digested in much larger quantity by papaya juice than by pepsin secreted by the stomach; furthermore, the vegetable ferment possesses this great advantage over the animal ferment, that it acts equally well whether in acid, neutral, or alkaline solutions.

Papaine is indicated in cases of gastralgia, gastritis, dyspepsia, and all affections characterized by perverted functional action of the stomach. In all cases it is (according to the opinion of Dr. Berthaud) a much more valuable remedy than animal pepsin. —*N. Y. Med. Journ.*

Another Advance in Abdominal Surgery.—Mr. Nelson Dobbin, of Bristol, suggests the opening of the abdomen in cases of gastric ulcer where perforation has taken place. He advises, the stomach having been exposed, and the injury discovered, it should be treated in one of the following ways: either simply to stitch the viscus to the abdominal wall and establish a fistula; or, the edges of the ulcer being pared, to unite them by sutures or simply to sponge out the peritoneal cavity and leave all to nature. Of course, during either treatment, the patient's strength would be maintained by nutrient enemata. He has not yet practically tried his proposition. What led him to seriously consider the propriety of undertaking one of the steps he recommends, was a case he lately had of a young woman who, after a laborious day, was seized with pain and tenderness in the abdomen, followed by collapse and pain in the epigastrium. Death with symptoms of peritonitis took place in less than twenty-four hours. He was at the necropsy most strongly impressed by the ease with which the hole in the stomach could have been reached.—*London Correspondent of Journal of American Med. Association.*

Preventive Medicine in China.—It is recorded that on a certain occasion the Emperor of China inquired of Sir George Staunton about the manner in which physicians were paid in England. When he was made to understand what the custom was, he exclaimed—"Can any man in England afford to be ill? Now, I have four physicians, and pay all of them a weekly salary; but the moment I am sick that salary is stopped, and until I am well again; therefore, my indisposition is never of long duration.—*Sanitarian.*

Hot Water for Colds.—Dr. G. R. Sheppard, of Hartford, Conn., says: "I have used hot water as a gargle for the past six or eight years. In acute pharyngitis and tonsillitis, and in coryza, or cold in the head, if properly used in the commencement of the attack, it constitutes one of our most effective remedies, being frequently curative." To be of service a half pint or a pint at a time should be used just as hot as the throat will tolerate.—*Amer. Druggist.*

How to Prepare the Hardened Catgut Ligature.—Prof. S. W. Gross recently received from Germany, in response to an inquiry, the description of the method used there in preparing the hardened catgut ligature which he considers the best in use. It is the invention of McEwen, of Glasgow, and does not untie or become too quickly absorbed. The directions for preparing it are as follows: Take an E. No. 7 violin string for the larger arteries and do not uncoil it; put one ounce of a 16⅔ per cent. solution of chromic acid in water into five ounces of glycerine, and in this soak the coil for two weeks; at the expiration of this time hang it on a nail to dry, protected from dust, and afterwards keep in a solution of one part of carbolic acid to five of glycerine. Before use, put them into $\frac{1}{100}$ solution corrosive sublimate for twenty minutes, and afterwards a $\frac{1}{1000}$ solution of the same for eighteen hours. Soaking in oil of juniper for twenty-four hours, then keeping in absolute alcohol, and using after immersion in corrosive sublimate as above, is an excellent German method.—(*College and Clin. Record*, Feb. 1, 1884.)

Calabar Bean in Constipation.—It has been observed as a result of the poisonous action of calabar bean on animals, that there is a tetanic spasm of the muscular coats of the intestines, which results in the forcible expulsion of the contents. This physiological property of the drug suggested to Dr. Schaefer (*Berlin. Klin. Wochenschrift*) the employment of the drug in cases of obstinate constipation (obstipation), dependent on weakness of the muscular coats of the intestines, such as may be frequently met with in women and old men. The results of his experiments have amply justified his anticipations, based on the physiological properties of the drug, severe cases having yielded to the treatment in less than twenty-four hours after its administration. His formula consists of a solution of $\frac{5}{8}$ of a grain of extract of physostigma in 2½ drachms of glycerine. Of this six drops are given every three hours.—(*Amer. Druggist.*)

The Medical Times and Gazette, one of the most scientiffc and progressive of the London medical weeklies, comes to us this year in a new dress and much improved in appearance and in its table of contents. The publishers are determined to place this journal in the lead of the English medical publications, as they have reduced the subscription price from $8.00 to $4.00 per annum, post free, with a decided improvement of its reading matter. Messrs. P. Blakiston, Son & Co., of Philadelphia, the American agents of the *Medical Times*, will promptly attend to all subscriptions forwarded to them.

Treatment of Tonsillitis.—Dr. Carl Seiler, in the *Medical Times* (Feb. 9th), says: "The treatment of tonsillitis has of late been largely ventilated in the medical journals of this country and also in those abroad, and various remedies have been praised as specifics in this painful, and often recurrent, throat affection. Thus, for instance, a correspondent of the *Medical News* treats tonsillitis by the applications of bicarbonate of soda, and claims that seldom are more than three application of the dry drug necessary to cure even severe cases. There is no dobt that a mild alkali, such as the bicarbonate of sodium, is very soothing, when applied to inflamed surfaces, and it is used largely in the treatment of burns on the skin, but in my experience it has failed to be more than a soothing application, and in spite of it many cases go on to suppuration. The same is true of the application of the gum-resins so highly recommended some time ago in this affection. I have not found anything better than a strong solution of nitrate of silver, sixty to one hundred and twenty grains to the ounce, applied with a brush to the inflamed glands; and if the remedy is resorted to early in the disease, the symptoms almost invariably subside within a few hours. If, however, the inflammation has lasted for a day or two, the silver solution will not abort the attack, but it will in most instances prevent suppuration. It is curious to observe with what regularity in some persons the tonsillitis recurs during the winter months, and I have seen a number of cases in which a tonsilitis occurred regularly every six weeks. In these instances it is best to remove the glands, which are always more or less hypertrophied after an attack has passed off, either with the tonsillotome, or if the gland be too small to be grasped by the annular knife of the instrument, by a few incisions with the galvano-cautery knife."

MIDZU AME.—Frequent inquiries having been made concerning midzu ame, Dr. J. C. Berry, of Okayama, Japan, furnishes the *Med. News* (Feb. 2, 1884) with the following information:

"Midzu ame is an extract of barley-malt and rice, in the proportion of about one part in ten, and hence may be termed a malted extract of rice. It is prepared by steaming the rice (a variety very rich in gluten called *mochigoine*) in perforated wooden boxes until fairly soft, when it is crushed and thoroughly mixed with the malt. After standing about twelve hours it is placed in hempen bags and the contained liquid forced out by strong pressure. This is then slowly evaporated to the consistence of a thick syrup, and, when ready for use, has a pale amber or amber-brown color, according to the care observed and amount of heat employed in its preparation.

Midzu ame has long been used by the Japanese as an article of diet for the sick, but not until within the last six or seven years has it been regarded as possessing medicinal properties. It is now employed as a medicine under the following conditions:

1. *In cases of indigestion arising from nervous exhaustion or infirmity.*

2. *As an adjuvant to other remedies in cases where food medicines are required, e. g.*, with cod-liver oil emulsion, instead of barley-malt, in preparing the extractum malti cum ferro, diluted with dialyzed iron, etc.

3. *As a nutrient and restorative in some exhausting diseases.* For this a tablespoonful dissolved in hot water and added to a glass of rich milk makes a very nutritious and easily digested draught for the sick."

A KNIFE-WOUND OF THE INTESTINES—ABDOMINAL CUT ENLARGED—THE GUT SUTURED—RECOVERY.—The following case of abdominal surgery is reported by Dr. W. O. Roberts (*Amer. Practitioner*, Jan., 1884): A stout man, aged 54 years, received a cut in the abdomen with a pocket-knife. The wound opened the abdominal cavity and penetrated the small intestine. A knuckle of the gut at once protruded and there was much hemorrhage. The abdominal wound was extended at its two ends so as to admit the hand freely. A large coagulum lying underneath the abdominal walls was removed and the intestines carefully drawn out until the cut portion was brought into sight, when it was found that, in addition to slitting the gut, the knife had penetrated the great mesentery in two places, each an inch in length. One of these was occupied by a clot and was not bleeding. In the other, bleeding was going on rapidly from three small vessels. Cat-gut ligatures were immediately thrown around these, and the hemorrhage ceased. The wounded bowel proved to be the jejunum and was empty. The lips of these cuts were secured with continued sutures of catgut. When completed it was found that the stitches had considerably diminished the caliber of the tube, but not, it was believed, to an extent which would interfere with its functions. The peritoneal cavity was next well exposed to view by the aid of a mirror and thoroughly cleansed with sponges made hot in carbolized water; the intestine was returned; the external wound was closed and the patient put to bed. The patient made an early and complete recovery.

MALFORMATION OF THE VAGINA SIMULATING EXTROPHY OF THE BLADDER.—At a meeting of the Boston Society for Medical Improvement, held January 28th (*Boston Med. and Surg. Journal*, Feb. 7th), Dr. T. M. Rotch showed a specimen which had been seen by many physicians during life at the West End Dispensary, and had been mistaken by all of them for extrophy of the bladder. There was a large abdominal hernia, and below it a mucous surface that had been taken for the posterior wall of the bladder. On this surface were two culs-de-sac, which from their position had been taken for ureters. Still below and in the median line was a large orifice resembling the meatus of the urethra. A dissection showed this to be the vagina, a probe passed outward from the uterus coming through it. The supposed ureters were culs-de-sac. Below them were two hitherto undiscovered orifices, the right of which was a blind opening, the left being the real urethra, as water flowed out through it when injected through either of the real ureters. By following down the ureters, a normal bladder was found, through which the water passed. The exposed mucous surface was, therefore, a malformation of the vagina.

EXTIRPATION OF THE SPLEEN.—In a paper on this subject (*Jl. of Amer. Med. Ass'n*, Jan. 26) Dr. A. N. Blodgett, of Boston, comes to the following conclusions: "When in consequence of a wound of this region, there is hernia of the spleen, the surgeon would be justified in excising the protruding portion. All the observations relating to this condition indicate the benignity of the procedure, and its uniform termination in recovery. In disease of the spleen, its extirpation is contraindicated in the case of cancer or of symptomatic hypertrophy, either in relation to an affection of the liver or to an *intoxication paludeenne*. The results of surgical interference have been universally deplorable.

"Cysts of the spleen are curable by means of treatment more easy or less dangerous than extirpation.

"In cases of wandering spleen the operation might be indicated if the symptoms were alarming. *En resume* it may be affirmed that splenotomy is practicable in the human subject without altering the condition of health. This operation is indicated only very exceptionally. It is difficult to obtain a fortunate result, the chances being in favor of a rapid termination in death, due to hemorrhage or to shock from the operation."

THE INFLUENCE OF ALCOHOL ON THE PHYSIOLOGICAL ACTION OF CHLOROFORM.—Dr. R. Dubois (*Comptes Rendus de la Societe de Biologie*) has been conducting a series of laboratory experiments upon this subject, by bringing dogs under the influence of alcohol and then administering chloroform as an anæsthetic. He has arrived at the following conclusions:

1. In the condition of acute alcoholism, anæsthesia is produced more rapidly.
2. The vital resistance of the animal is shorter.
3. The proportion of chloroform in an anæsthetic mixture can therefore be diminished.
4. The quantity, in volume, of the mixture required to penetrate the bronchi to produce anæsthesia and death is less than the amount necessary in the normal state.
5. As in the non-alcoholized animal the lowering of the temperature is in direct relation with the duration of resistance on the part of the subject.—*Journal American Medical Association.*

NEGLIGENCE IN PRESCRIPTION WRITING.—*The Weekly Med. Review*, in commenting upon the carelessness of physicians in writing prescriptions, suggests that every prescription should contain:—

1. The name of the patient, and if it is a child, it would be advisable to state the age.
2. The date on which it is given.
3. Clear and exact directions as to administration.
4. The name of the physician.

If these rules be followed, errors, fatal ones sometimes, would not be of such frequent occurreuce.

SURE CURE FOR CORNS.—A writer in the *Druggists' Circular*, who has tried the remedy, recommends the following: Take one-fourth cup of strong vinegar; crumb finely into it some bread; let it stand half an hour, or until it softens into a good poultice; then apply on retiring at night. In the morning the soreness is gone, and the corn is picked out. If the corn is a very obstinate one, it may require two or more applications to effect a cure.

Medical Items.

The combination of bichloride of mercury with chloride of sodium makes a permanent antiseptic and is the one now used in the New York hospitals.=Dr. Elisha Harris, a well-known physician and sanitarian, died in Albany, on Feb. 1st, at the age of sixty.=A new medical college at Quincy, Ill., is announced. The *Record* suggests there are still several cities in the United States having as many as thirty thousand inhabitants yet without a medical college.=Cascara sagrada, in two-grain doses, is recommended as a useful remedy for piles.=The appointment of a Professor of Pathology in the University of Cambridge will be made next May. The salary will be £800 a year.=During the academic year 1882–'83 only 672 M. D. degrees were conferred in France and 692 in the German Empire.=A movement has been set on foot in the profession in Great Britain for the purpose of founding a society for mutual assurance against sickness.=Sir Spencer Wells was for some years the editor of the *Medical Times and Gazette*.=Preparations are now being made by German students to commemorate the fact that just twenty-five years have elapsed since the renowned clinical teacher, Prof. Frerichs, accepted the call from Breslau to Berlin.=It is reported that Dr. Oliver Wendell Holmes will shortly go to England on a lecturing tour. This has since been denied by Dr. Holmes.=At the Höpital St. Louis, at Paris, a comic opera, written and composed by the young surgeons attached to the establishment, was recently performed for the amusement of the patients.=The Philadelphia Polyclinic and College for Graduates has had seventy-two paying members in its different classes during the past term.=The Northern Medical Association of Philadelphia has reorganized under the name of The Philadelphia Clinical Society. Women physicians are eligible to the Society, and Dr. Hannah T. Croasdale is second vice-president.=A work on obstetrics, by Robert Barnes and his son Fancourt, is announced to appear shortly.=At his last ovariotomy, Mr. Knowsley Thornton remarked that if the case on the table recovered it would complete a line of seventy cases which he had done at the Samaritan Hospital within the two years ending Feb. 23, 1884, without a death.=

It is said that the tooth manufacture of the United States amounts to 10,000,000 teeth per annum. The value of these teeth is a million dollars. The materials of which they are composed are feldspar, kaolin and rock crystal.=The Department of Veterinary Medicine in the University of Pennsylvania has recently been organized and the members of the Faculty, with the exception of two or three special teachers, appointed. The course of study extends over three years, beginning Oct. 1st and ending June 15th. The requirements for admission to this department are the same as for the department of medicine.=At the recent meeting of the Medical Society of the State of New York the code question was again discussed and a motion to restore the national code was lost, leaving the new code in force. As the outcome of this action the adherents of the national code held a meeting and organized a new State society.=Prof. Da Costa has successfully removed a keloid following variola, from the face of a girl, by the topical application of collodion continued for four months.=Holmes says: "Diagnosis has reached a wonderful degree of accuracy; prognosis has become a terrible kind of second sight which is not always handled carefully enough; treatment gains a little with every decade."—*Med. and Surg. Rep.* A circular has been sent to the profession of Philadelphia, bearing the signatures of two of the most eminent surgeons of that city, asking for contributions to reimburse Dr. Forbes for the heavy outlay ($4,000) he incurred last winter in his defence against the charge brought against him of complicity in the stealing of bodies from Lebanon Cemetery.=The Louisville *Medical News* has recently criticized the conduct of the Louisville Medical College. To get even with the *News* this college now attempts to show up the delinquences of the Medical Department of the University of Louisville, in whose interest, it is claimed, the *News* is published. From a circular received by us we infer that very bad feeling exists between the Faculties of these respective schools.=It is said that in Philadelphia twenty per cent. of professional work done, is given without charge to the public.=The *Quinologist* says ergotine given in doses of sixteen grains will neutralize the cerebral effects of fifteen grains of quinine. Tinnitus may be entirely avoided by combining these two remedies. =The number of medical works by New York authors in the fifty years from 1800 to 1850, was 109, and from 1850 to 1880, thirty years, 236. It is estimated that New York writers have also added 25,000 pages to the periodical medical literature during this latter period.=Holloway, the celebrated patent-medicine manufacturer, is dead, at the age of 84. One of the last acts of his life was to give $500,000 to the hospitals of London.

A Notice to Subscribers.—During the past year, several canvassers were employed to solicit subscriptions to this journal. By this means a large number of names were added to our subscription list. It has come to our knowledge recently that a few physicians subscribed conditionally, and have not considered themselves *bona fide* subscribers. We, therefore, ask all physicians who are now receiving the *Journal* regularly and who do not consider themselves responsible for the payment of the subscription price to notify us at once, that we may continue or discontinue, as circumstances indicate.

When to Aspirate.—Prof. DaCosta says: (*College and Clinical Record*): Do not aspirate pleuritic effusions as long as urgent symptoms, such as failure of the heart and symptoms of blood-poisoning do not demand it, for the liquid will generally reaccumulate and the second time it will be purulent. Give iodide of potash and other remedies, to promote absorption and to make the kidneys act. For the latter the infusion of juniper and jaborandi internally, and dry cupping over the region of the kidneys will often be of benefit.

Changes in the Medical Corps of the U. S. Navy for the week ending Feb. 4th, 1884:

Surgeon W. K. Van Reypen from the U. S. S. "Powhatan" to the Navy Department as Assistant to the Bureau of Medicine and Surgery, and Acting Chief of that Bureau.

Surgeon A. A. Hoehling from special duty at Washington to the "Powhatan."

Changes in the Stations and Duties of the Officers Serving in the Medical Department U. S. Army, from Feb. 4th to Feb. 11th, 1884:

Barnett, Richards, Captain and Assistant Surgeon; granted leave of absence for six months on account of disability.

Original Papers.

RAPID DILATATION OF THE CERVIX UTERI; WITH REPORT OF FIVE CASES.

BY WM. P. CHUNN, M. D.,

Chief of Gynæcological Clinic, University of Maryland, Assistant Surgeon to the Woman's Hospital, etc.

(*Read before the Clinical Society of Maryland, Feb. 15th.*)

Among the many recent advances in gynæcology and obstetrics, none have led to more beneficial and lasting results than the various ways and means devised for dilating the neck of the uterus in the numerous pathological conditions to which that organ may be subjected. As time goes by the different modes of treatment vary, and, as a consequence, what was accepted and taught a few months ago may at the present time be considered useless and out of date. During the last few years increased knowledge and improved instruments have not only made results more successful and certain, but, in addition to these benefits, experience has enabled the profession to operate in such a manner as to save time, which may be alike precious to patient and physician.

In regard to rapid dilatation of the cervix, I wish to call attention to five cases recently operated on, in which I am persuaded valuable time was saved and in which danger was lessened. And it is the history and results of these cases, as well as the method of their treatment, that I wish to draw attention to to-night.

The first case presented itself some three months ago, and gave a history of persistent menorrhagia and metrorrhagia. This had lasted sixteen months previous to date, at which time she had suffered an abortion. The patient was pale and anæmic, and was much weakened by loss of blood. The uterus being in place, with no laceration, and examination showing no cellulitis, I determined to dilate and curette the fundus, as I felt certain that portions of the secundines were retained. The patient being chloroformed, Sims' speculum was introduced, and the uterus was well pulled down. Dr. Elwood Wilson's dilator being introduced, the blades were slowly expanded, and in fifteen to twenty minutes space sufficient to introduce my index finger was afforded. A Sims' curette somewhat dulled was then introduced, and the whole of the endometrium was gently scraped from fundus to cervix. The whole operation lasted only some 25 minutes. After this simple procedure the hemorrhage ceased entirely, the patient being restored to perfect health. My second case presented the same symptoms as have already been described in case No. 1, except that the menorrhagia had lasted only about two months. Physical examination revealing no abnormality in the pelvic organs, I decided to dilate rapidly the *os internum* and curette the uterine cavity. An anæsthetic having been administered, I passed in rapidly, one after another, the hard rubber dilators of Hegar of Germany, kindly loaned to me by my friend, Dr. Neale. In twenty minutes the os uteri was dilated sufficiently to pass my index finger, after which the same curette being introduced, the uterine cavity was thoroughly scraped, as in the preceding case. The patient recovered from the operation and went on to improve steadily, the menorrhagia ceasing almost entirely. The third case occurred in a patient aged twenty-four years, but in this case the hemorrhage was not due to any cause connected with parturition. The uterus seemed somewhat enlarged, and a small fibroid was suspected to be present. Bleeding continuing constant, it was decided to dilate the cervix, and introduce the finger as a means of diagnosis. The patient was accordingly chloroformed, and Hegar's hard rubber dilators were introduced, one after another, until No. 12 was reached. At this stage of the operation dilators Nos. 13 and 14 were missing and could not be found, and dilator No. 15 could not be introduced, as the disproportion in size between it and the one preceding was too great. Consequently the finger could not be used as a means of diagnosis. But the curette did just as well. The instrument being applied to the whole uterine cavity, many granulations were scraped out, much to the relief of the patient, as the bleeding ceased entirely and has not since returned. In this case the Hegar's dilators failed to accomplish the whole purpose intended, but were of sufficient assistance to enable the treatment to be carried out. In the last-mentioned case the dilator did not have a fair trial, as two of the most important sizes were missing. In this instance

the cervix was torn so badly by the tenaculum tearing through that I immediately put in a suture, which acted very satisfactorily. I do not intend to advocate the use of the hard-rubber dilators over and above any other mechanical dilator, for any instrument used for the purpose would have accomplished the purpose where these had just failed.

For the reports of the fourth and fifth cases I am indebted to the kindness of my friend, Dr. Neale, in whose practice both cases occurred. His first case and the fourth of this series was married and forty-six years of age, and was last pregnant five years ago, since which time she has not felt well, leucorrhœa and menorrhagia being the chief causes of her troubles. These symptoms finally became so constant and the menorrhagia so profuse, that she applied to Dr. Neale for treatment. Applications to a hyperplastic cervix and the removal of numerous small cervical polypi having failed to give relief, an operation was offered and accepted by the patient. The rubber dilators being used, sufficient dilatation was soon attained, and Thomas' curette was effectively used, so that one month after the operation the patient reported herself as entirely cured. The whole operation only lasted twenty-five minutes.

The fifth case was very much like the preceding, but was the result of an abortion instead of granulations. The woman was 35 years of age and was the mother of eleven children, five miscarriages. For a month or two after what was presumed to be a miscarriage, nearly constant bleeding continued, and no cause being found to account for it, it was decided to explore and rake out the body of the uterus. The patient being chloroformed, Hegar's dilators were rapidly introduced until the largest size was accommodated. The cervix being soft, their operation lasted only seven minutes, after which the lining membrane of the body of the uterus was thoroughly scraped from fundus to cervix, many granulations being cut away. At the end of a month this patient also reported herself as being entirely well.

This method of treatment proving so successful in all these cases, I shall certainly give it a fair trial in the future instead of employing any kind of tent. I suppose it is hardly necessary for me to state that rapid dilatation of the cervix in this class of cases is not original with myself, but nevertheless it may be sufficiently unappreciated and untried by many to make this report of some interest. I repeat, then, that in the majority of cases of menorrhagia or metrorrhagia resulting from aborttion or from granulations, and where the uterus and broad ligaments are in normal condition, and when the os is somewhat softened, and, lastly, where only sufficient room is needed to introduce the finger or curette, rapid dilatation should be employed, and tents should not be used. I am inclined to think that the majority of practitioners have been using and still continue to use sponge tents in just this very class of cases. The cases reported in this paper are, of course, largely insufficient in number to settle the question definitely, and time only will determine positively. In Germany I am informed it is the rule to use mechanical dilatation nearly altogether, tents being entirely excluded. Dr. H. P. C. Wilson has used various sorts of dilators instead of tents for the last year or two, and considers the practice eminently safe and proper. It is possible that I may be somewhat prejudiced in my ideas concerning tents and their uses, but as I have already lost one patient from the use of a slippery elm tent, I would naturally feel anxiety in any case where one was introduced. In many cases where persistent menorrhagia and metrorrhagia are present, resulting from granulations, small polypi or retained secundines, etc., it is not always necessary to use any dilator whatever. In such cases the os is very frequently patulous and soft, and a small hand may easily be introduced into the vagina, and the index finger of one hand made to enter the cavity of the fundus by pressure being made above with the other. Here it is a very simple operation, indeed, to curette the uterine cavity. It has been urged by those in favor of the employment of tents that the simple introduction of a tent may stop a long-standing metrorrhagia or leucorrhœa by itself, and that an operation may not be necessary at all. Such is occasionally the case, but what is generally involved in the "simple introduction of a tent?" The doctor, more than likely, calls in the afternoon or evening, the woman is laid on the table for what she generally calls an opera

tion, a tent as large as possible is then jammed into the cervical canal, causing necessarily severe pain. The woman is then put to bed with a dose of opium and left for the night. If the patient is lucky and the dose of opium large, she may suffer no pain. If the cervix is hard and unyielding, the night is apt to be passed in great discomfort and distress. The next morning the doctor pays his second visit, the woman is again put on the table, and the tent removed, after which it may still be found necessary to use the curette. Septicæmia is also to be added as among the possible dangers. In contrast to this method of treatment, we have that of rapid dilatation, in which the patient is put on the table, a little chloroform is given, the cervix is dilated and the curette introduced, and the whole thing completed in twenty-five minutes. Rapid dilatation has, I believe, almost altogether taken the place of tents in dilating the cervix for stenosis, caused by anteflexion in the virgin state. I have frequently seen Professor Howard incise the cervical canal bi-laterally or quadrilaterally and then introducing his own dilator, stretch the canal to the required limit, thus combining the two methods with great success. I doubt, however, whether any one would be bold enough to incise and then introduce a sponge tent, as in that case, I take it, septicæmia would be almost certain.

By way of conclusion, I think I may say that, in appropriate cases, rapid dilatation has the advantage over tents in two very important particulars, viz: saving of time and lessening the danger of septicæmia.

286 Madison avenue.

A BRIEF SUMMARY OF NINETY-NINE CASES OF LITHOTOMY.

BY CALEB WINSLOW, M. D., BALTIMORE.

By request I herewith present a brief summary of my lithotomy operations. As most of these operations were performed many years ago, this report must, of necessity, be very meagre, but as far as it goes it is correct. Number of operations, 99; males, 98; female, 1; successful, 98; died, 1; cause of death, dysentery and peritonitis; age of patient, about 18; healthy negro. Number of adults operated on, 7; number of children, 92; oldest 70 years; youngest, 3 years; whites, 93; blacks, 6. Total number of stones removed, 109; most in a single patient, 3.

Method of Operating—Left lateral, with some times a bilateral incision of the prostate when the stone was large. A large stone was removed from a woman by stellar incision of the urethra and dilatation.

Instruments—Curved staff, with gorget 8 times, scalpel 91. Most of the stones were removed entire, but a few had to be crushed and the debris washed out. One large calculus $5\frac{3}{4}$ inches in greatest circumference and $4\frac{1}{2}$ in its shortest, was so hard that it could not be crushed by my most powerful crushing forceps and had to be removed entire, which was effected with much effort but without any bad consequences.

Recurrence of the stone occurred in one case, an old gentleman aged 70 years, and was removed a second time successfully.

In another case two calculi were removed and a third detected encysted in the fundus of the bladder, which resisted every effort at dislodgment, and night coming on, the operation was discontinued. Two weeks later the incisions were broken through with the finger and handle of scapel, and the stone was found to be loose in the bladder and was easily removed.

In one patient, a child three years of age, the operation was abandoned on account of excessive hemorrhage from the perineal incision. Ten days later the operation was successfully completed without undue bleeding.

Upon two occasions my assistant allowed the staff to slip out of the bladder, and being unable to replace it, I was obliged to finish the operation without its aid.

Complications—The only one of importance was the wounding of the rectum in one case, which did not offer any obstacle to the rapid healing of the wound, the patient making a perfect recovery.

In one instance, incontinence of urine was left as a result of the operation, in a boy seven or eight years of age.

All of these operations were performed in North Carolina, most of them whilst I was practising in the eastern portion of that State, but some of them since I have been residing in Baltimore. Upon one occasion I visited North Carolina for the purpose of operating, and performed five lithotomies in two successive days—three upon one day and two on the next.

Whilst residing in that State, I was generally able to attend to the after treatment personally, but in many instances the patients lived at a distance and the subsequent management was left to the family physician. In all the cases upon which I have operated since moving to Baltimore the after treatment was of necessity relegated to the attending physician.

Most of the patients operated upon were

natives of eastern North Carolina, living in that portion of territory north of the Albemarle Sound and east of the Chowan river, a tract about sixty miles long and thirty broad. This country is flat and swampy, and would seem to be free from any geological conditions which would be likely to favor the production of stone. The habits of the people present no especial peculiarity in regard to food or mode of life, and the affection occurs with equal frequency amongst the rich and the poor.

Dr. Agnew states specifically that stone in the bladder is not common in North Carolina, whilst Dr. Gross leaves it out of his list of States in which it is of frequent occurrence. So many cases coming under the notice of one practitioner living in a sparsely settled country, in a period of eighteen years, is rather remarkable, and would indicate a marked prevalence of the affection in that section of the State. Besides the cases here recorded I have been requested upon numerous occasions to visit the same section for the purpose of operating but have declined to do so.

My cases bear out the statement of Gross that calculus is rare in the negro race, there being but six operations upon negroes in my ninety-nine cases.

Clinical Lecture.

ON SOME MINOR AILMENTS.*

BY J. MATTHEWS DUNCAN, M. D., F. R. S.,

Physician-Accoucheur and Lecturer on Midwifery at St. Bartholomew's Hospital.

When I use the term "minor ailments" to designate the subject of this lecture, I take the physician's, not the patient's, point of view. To her the matter in hand, however slight in the physician's estimation, is most interesting and important, and cannot be, without care, spoken of as minor. Such ailments may be painful and grievous while they last, but they do not destroy general health, and they are not fatal.

Patients are often very inquisitive into the causes and nature or importance of diseases, and physicians are sometimes too facile in naming them, or in concurring with patients regarding them. Here, as on many other occasions in the course of medical practice, the physician should be firm in adhering to pure truth, not forgetting that all kinds and degrees of falsehood, all half-true statements, even when made with good motives, all statements, true only as so many words, should be avoided, should also be abominable in his eyes. It is true, and never to be forgotten, that a lie is always a lie, and never does the greatest good, now or in the future; always does harm, now and in the future. Never allow yourselves to be shaken in these principles by desire of any kind of time-serving. Great medical men have boldly taught that the physician may not only conceal the truth, but, in certain circumstances, declare a lie. I avoid mentioning the name of one most highly respected, who advises this course in the case of cancer of the liver, asserting that the entertainment by the patient of false views as to the nature or danger of his disease, will materially and favorably modify its course, and secure temporary ease of mind for him. The pathology, therapeutics, and morality are, I believe, all most bad; experience has taught me quite otherwise; and, besides, if you allow yourself to lie once, why not ten times? There are cases in casuistry in which you may be driven to make a statement that is not true, but they almost never occur in medical practice; and the only justification of this conduct is the avoidance of a graver falsehood, for there are degrees of importance of lies. You have it always in your power to be silent, and it is scarcely possible to construct a lie out of that negative. If you wish to impress your patient with a due sense of the gravity of her case, you may do so without bluntly surprising her with a terrible announcement, as by calling a consultation, or using some other such indicative or preparatory measure.

I make these statements preliminary to some remarks on minor ailments, because it is more frequently in them than in graver ailments that patients are injuriously, and, I am sorry to say, often cruelly misled.

I have said that patients are often ingenious and inquisitive as to causes: the physician is most anxious to forecast consequences. With this forecast or prognosis, so far as he is concerned, I have now nothing to do. But his patient is sure to ask questions regarding her fate, or to argue regarding the gravity of her case from his expressions, oral or other, and from his conduct. In every case a physician is instructing his patient regarding her disease; and if he instruct her badly, he may cause her much evil. In

* Selected from the "Med. Times and Gazette," Jan. 19th, 1884.

the case of minor ailments it is common for this evil to be produced by an exaggerated anxiety, or by a costly and perhaps fussy and frequent interference of the physician. Many minor ailments are in this way generated or aggravated, or rendered inveterate—cases that a little kindly consideration and careful conversation would dissipate, are changed from molehills into mountains.

You will meet with cases of amenorrhœa in healthy girls, whereof the cure is sought with an enthusiasm that is explained only by perhaps accidentally finding out that the patient or her guardian regards it as a disease of the highest degree of gravity. A woman with no uterine complaint however, and in perfect health, is told that her womb is displaced, and immediately she is transformed into a great sufferer eager for cure, willing to endure the martyrdom of enforced rest and local treatment to gain what can never be gained in that way; she has been badly instructed by her physician, and this bad instruction will render her return to health a matter of great difficulty, a result to be secured only by overthrow of her confidence in her previous instruction. Cases are quite common where women have great pain and misery, which are entirely "imaginary" as they say, yet real, and which are cured at once by the assurance pressed into their minds that they have not cancer—by their abandoning an erronrous idea.

There are many minor ailments, chiefly in the forms of aches or pains, for which the best treatment is to coax the patient into neglect of them. Let them alone as far as possible, for the more attention is drawn to them the worse they will be, and the longer will they last.

To deal wisely and boldly with minor ailments, it is necessary that you should previously make yourself well assured as to the nature—that they really are minor, and, if, possible, exactly what they are. Often you cannot ascertain what they are, while various conditions of them satisfy you that they are minor.

NEURALGIA OF A LABIUM.

I have never seen any neuralgia more intense than that of the cord in the male. One case in a clergyman I can never forget, it was so very severe. In woman I have only seen it distinctly a few times. The worst case was that of a stout old lady liable to bronchitis and asthma. In her it came only occasionally, but when it did come it was so severe as to cause much alarm; the pain ran along the cord or rather the round ligament in the right inguinal canal, and was most severe in the corresponding labium. It was soothed by kind attention, hot bathing being generally used, sometimes anodyne applications to the skin.

COMMENCING HERNIA.

All pains about the external inguinal opening are not neuralgic, nor inflammatory. I remember well the case of a sensitive young lady whose pains had been very puzzling to her physician, who had reasons for avoiding strict local inquiries. She was indeed sent to me to have these inquiries made, because much and varied treatment by medicines and rest had failed to give any relief. The pain was confined to the region of the femoral opening on one side; rest removed it, exertion induced it, coughing made it worse; and a strong impulse was felt in the part by the hand applied when a deep cough was made. Knowledge of the seat and cause of the pain was nearly enough for its cure; and complete relief was got by wearing a truss. Cases of a like kind are not very rare.

NEURALGIA OF BONE.

When a bone of the pelvis has been injured, the part, sometimes after complete recovery so far as manipulative examination is concerned, retains a morbid sensitiveness or weakness. It is not swollen; but it is liable to ache severely or be painful. Cases of this kind in bones of the limbs I have known to be successfully treated by laying the bone bare by knife, raising the periosteum, and gouging or chiselling off the surface of the affected part. In my cases I have not resorted to this, and I may best and most briefly tell you all I know of the matter by giving a few details of two.

A fine healthy young woman had a first labor, managed by a skilful accoucheur, natural in all respects, except that delivery was completed by short forceps. At the time of delivery nothing special was noted as to wounding; but the patient felt a deal

of pain in the private parts, on the left side, during all her recovery. She got up, however, and was well and strong; but as soon as she began to walk, the pain in the left labium recurred, and was increased in severity as she increased the use of her legs. The pain was now ascribed to weakness, now to falling of the womb, now to ulceration, and was treated accordingly, but with no good effect. Careful local investigation discovered the labium to be internally cleft, and the deepest part of the cleft quite healed, healthy-looking, but adhering to the descending ramus of the pubes. The bone was scarcely tender, but whenever it was touched, the patient at once, and again in subsequent examinations, declared that that, and that alone, was the seat of pain. The bone was occasionally tender after great exertion, as in dancing: it was always and exclusively the seat of the aching pain. The labium had been cut by the anterior margin of the left blade of the forceps, and healing had taken place with adhesion of the cicatrix to the subjacent bone. Complete satisfaction as to seat and nature of the disease was half the cure. Avoidance of long walks and of much dancing, hot bathing at bedtime, tonics, iodide of potassium, were all used, and did not bring quick relief. It was not until these cures had been continued more than a year that the whole matter was forgotten. Now she never feels it.

A middle aged woman, a clergyman's wife, was thrown out of a little pony phaeton and fell on her sacrum. After the accident she had continued pain in it for a long time; and the pain recurred after intervals of health varying in length. When it came, she felt the part to be a little tender, but not swollen. Latterly, after some years, she was led to believe that now her suffering was not from the injury, but from some disease of the womb. Then she consulted me, and it was very easy to make out that the pain was in the bone, exactly where the injury had been inflicted. There was no uterine disease, and the conclusion was inevitable that the case was one of neuralgia consequent on mechanical injury. With assurance on this point she was quite satisfied, and went away with some directions as to treatment when the aching came on.

Perhaps this disease should be called chronic ostitis, not neuralgia; I do not here attempt to decide.

RHEUM OF A SACRO-ILIAC JOINT.

This disease is common, and often mistaken as a sacrache, and as indicative of some uterine or ovarian affection. I know it well, for I frequently suffer from it, generally in the right, rarely in the left, less rarely in both. It is a rheumatic ache, sometimes nearly as commanding as a bad lumbago, produced by any bodily movement that causes pressure on or movement of the joint. When a woman has it, she attributes much importance to it, not as a pain, but as an indication of some latent internal disease of which she has alarm and dread, naturally fostered by ignorance. When she comes to you, you must carefully investigate it and give her good information and advice.

It is not enough to make out that the region of one or other or of both joints is the seat of pain, for ovarian disease may cause that; nor is it enough, even if, in addition, the pain is aggravated by the erect position or by walking, for that may be also a reflex of ovarian disease. But if, still farther, you find the joint is tender, perhaps a little swollen, and if you find that the least movement of it causes pain, you may be pretty well assured; and you hold the case well ascertained if you find, on examination of the pelvic excavation, that there is no disease to account for it. In this affection your examination discovers ordinary, not surgical or morbid, mobility of the joint; and when describing looseness of the joint I told you how to make out its mobility. One source of error in this examination you must note, namely, that the pain is induced by pressure on the anterior iliac spine, and the woman may say the pain is there; but, with care, you make out that the pain is only produced by such pressure on the anterior iliac spine as moves the bone at the sacro-iliac joint, and that pressure on the ilium that does not move the joint is not painful.

NODES OF CONNECTIVE TISSUE.

These are indurated masses, not very hard, irregularly rounded or spindle-shaped, of size varying from that of a bean to that of a hazel nut, generally painless, sometimes tender. There may be only one or several may be in the same neighborhood. They have not the charac-

ters of neuroma. They may disappear as they come, without known cause.

This disease I have rarely seen, and, as far as I know, it has no direct practical importance, except when the little masses are tender, or when the patient happens to find them, and becomes anxious as to their cause and nature.

We had lately a case in "Martha." The woman had been long in the ward, suffering from parametritis and the albuminuria which occasionally accompanies it. She made a good recovery, and before going away, called attention to little, tender lumps. They were three in number—two just above the posterior superior spine of the ilium on the right and one a little higher on the left.

I have seen a case in which they were situated in the sub-cutaneous cellular tissue over the sacrum and adjacent part of the hip. In another the node was the size of a pea; and situated a little above the middle of Poupart's ligament.

PERINEAL SWEATING.

In inveterate cases, however much they may be minor, it is necessary to enter minutely and carefully into every particular, and this is true of none more than that of "whites." A patient will add, as a tail to her case, that she has whites, or she will say she is cured, all except whites; or she will complain simply of very bad whites By this she implies that she has a large amount of unhealthy discharge from the vagina; white or nearly white, and this she fears, understanding that it is very dangerous, or, at least, weakening. Probably, also, she has used many diverse lotions without avail for a lengthened period.

Now, it is common to find that this case has been quite misunderstood, and consequently mismanaged: examination by the speculum discovering no mass of mucus or the matter of whites—no such quantity as would cause discharge. It is, indeed, not rare with such complaint to find the passage drier than natural. Such women it is sufficient to tell that they have no whites, that there is nothing to be cured, that they should give up the use of injections of every kind, and it is good to add that, if all proves not to be right, the patient should return with the whites present, and with the diapers worn, or any evidence of the presence of the disease.

When she comes back you may find that she has had some whites after a long walk or long standing—a result which is scarcely to be deprecated. Or you may find some superficial irritation of the vestibule or vaginal orifice, from which a white or non-purulent discharge has come, and which may be easily cured by an appropriate application; and the same may be said of some eczema of the vulva. Frequently all she produces is a cloth damp with perineal sweat, and often also stained brown by it. Lately we had in "Martha" an aggravated case of this kind from a distant county. As we could find nothing, the woman was pressed to produce the evidence of her disease for which she had been long treated, and which so alarmed her as to make her glad to encounter the inconvenience and expense of coming to the hospital. She said it came on when walking, and she was accordingly sent to walk; and, with an air of triumph, she then showed a diaper with a small brown stain of feculent odor. The women was quite simple and ingenious, and believed that this stain was vaginal whites. It was plainly some brown mucus from the anus.

When women get fat and sweat freely they often have such moisture about the anus and genitals. This is very disagreeable to them, and, unless correctly instructed regarding it, they are easily induced to believe it is morbid, and the result of vaginal or uterine disease. Both men and women, however careful and cleanly, have their linen moistened, and often stained brown, especially if they have walked much; and such discharge a woman is easily led to believe to be whites, and an indication of disease of the womb.

Sudden gushes of watery fluid on the linen are sometimes otherwise explained. Not very long ago a patient consulted me for this, believing that it came from an ovarian cyst, and required constant treatment to prevent the cyst closing. I could find no disease by local examination, but I was also told that when it occurred the patient was very alarmed and nervous, and this led me to suspect it might be urine. The fluid was collected in a cup, and found to have all the qualities of urine. The diagnosis communicated to the ingenious patient that her disease was merely nervous discharge of urine was enough for her cure, and she went away rejoicing.

But I must further add that some sudden copious watery discharges I have been quite unable to explain, and have tried to satisfy myself by supposing they were from the glands of Cowper. The neck of the womb may suddenly secrete copiously, but the secretion is very viscid and not in such large quantities, so far as I have observed, as to explain the gushes I am speaking of.

Cases of this kind may be sometimes minor examples of hydrops tubæ profluens. This

is a disease probably more frequent than is generally supposed, but certainly very rare in its distinct and greater forms. A case lately came under my notice where the gushes of watery and slightly viscid fluid were great, and had a general history, as follows: Gradually increasing hypogastric pain and general constitutional disturbance, then copious flow from vagina and relief for a varying length of time. When the woman was at ease there was to be found only an enlarged uterus; when she was in pain and before the discharge there was distinctly connected with the uterus and lying on its left side a large and increasing tense and somewhat tender cyst.

SACRACHE AND BACKACHE.

There is no more common, and, therefore, no more important sympton of uterine disease, and especially of disease of the neck of the womb, than sacrache. The pain is dull, or an ache rather than pain. It is situated at or near the base of the sacrum, and, referring to it, the patient puts her hand to the part. I say with emphasis, "at or near," and it is desirable to make this more definite. A pain below the middle of the sacrum is not at or near, and a pain above the middle of the lumbar spine is not "at or near." Such pains and aches do not point to the womb as the characteristic sacrache does; but the characteristic sacrache only points in that direction. It is not in itself nearly sufficient, not even strong evidence of disease of the womb. Occurring in a virgin, it would not alone, unless very very severe and inveterate, lead you to make an actual examination of the womb.

Other back aches, that is, pains in other regions of the back, not the sacrache, may accompany uterine disease, but do not point to the womb, are not symptoms rationally held as indicating womb disease. Unfortunately women are at present so under the influence of bad medical instruction that they regard all pains in the back, from the occiput to the coccyx, as nearly sure indication of uterine mischief, and demanding uterine treatment.

The sacrache of womb disease may be constant, but generally it comes and goes. Frequently it is dispelled by lying, is felt on going to bed, and has disappeared before morning, and long standing makes its reach its hgihest pitch, then it is otherwise, that is, when the ache is worse in the morning before getting out of bed or is relieved by walking. Then it is certainly not uterine.

I have said that you must not regard all sacraches or other backaches as uterine. They are common in men and in women. A weakly woman who attends to all her pains, can do no standing or walking without backache, and often it is a sacrache. Especially if she has a long back will she suffer in this way.

The pains liable to be confused with real sacrache are all in the lower back about the lumbar spine. It is only such that might mislead any rational physician. Regarding them, you will get some light from noticing the causes of the same pains in men. Now, I find that weakly men are liable to these aches, sacral or lumbar, on walking or standing, and in many they are produced by excessive venereal indulgence.

Hospital Reports.

PRESBYTERIAN EYE, EAR AND THROAT CHARITY HOSPITAL. REPORT FOR JANUARY, 1884.

TOBACCO AMBLYOPIA.

BY HIRAM WOODS, M. D.,

Assistant Surgeon in Hospital.

During January there have been paid at this hospital 2,276 visits. Of this number 540 are registered as new patients. The average daily attendance has been 84. This shows a large increase over the work done during the same month of last year, when the total number of visits paid was 1,577; number of new patients, 424, and average daily attendance 58. There were performed during the month 35 operations for the relief of eye troubles.

On January 26, H. T., a white man, 54 years of age, applied for treatment for gradually failing vision. He could only read very large type by holding it close to the eyes. His distant vision was $\frac{4}{100}$. Glasses gave no relief, and the ophthalmoscope showed no intra-ocular trouble whatever. The man had been an habitual smoker from his boyhood, "smoking about all the time." This case is a type of many which are constantly seen at an eye hospital. On examining the record book for the past year, I find that 19 cases of amblyopia and amaurosis have been laid at the door of tobacco. A small number of these—five or six—showed atrophy of the disc more or less advanced. This, of course, was the *immediate* cause of the lessening or loss of sight. When careful inquiry was made into the cause of the atrophy, the prolonged use of tobacco was all that could be found. It is well known that in many cases of nerve atrophy no clue as to the cause of the trouble can be

gotten from the history. Rarely this atrophy of the optic nerve is one of the earliest symptoms of locomotor ataxia, developing some time before there are any distinct signs of trouble in the spinal cord. In many other cases it is due to influences of which little or nothing is known. Hence, while it cannot be positively stated that tobacco alone will cause atrophy of the optic nerve, there are so many cases on record in which this atrophy has followed its abuse, or where an increasing blindness, evidently due to a partial atrophy, has been checked by stopping the use of tobacco, that it is very probable that such a causal relation does exist. Some have held that "tobacco atrophy" has characteristic appearances, but this is not generally accepted, since these same appearances have been noted in atrophies evidently due to other causes. The damage done by tobacco seems to be, at first at least, a purely functional amblyopia. The fundus presents a normal appearance, but glasses will give no help at all. The proper treatment for these cases is to stop the use of tobacco at once. It is the rule at the Presbyterian Hospital to put the patient on $\frac{1}{20}$ gr. strychnia sulph., three times daily. Under this treatment the sight will frequently improve. In some cases the improvement is noted in a short time, while in others it is more gradual. It is always a difficult matter to keep track of these patients, for they very soon get tired of coming, whether or not they get benefit from treatment. It is, therefore, nearly impossible to tell to what degree the functions of the retina and optic nerve are ultimately restored. Of the cases seen last year some did not make a second visit. With others, if there was any improvement at all, it was so gradual, that the patient passed from observation before it was noted. Two cases showed very decided and prompt improvement. The treatment was absolute discontinuance of tobacco, and $\frac{1}{20}$ gr. strychnia, t. d.

Case I, age 35, applied January 13, 1883. His distant vision was practically nothing—about $\frac{2}{200}$. Holding the Jaeger test-types within two or three inches of his eyes he could read No. 16. Glasses gave him no help. February 3, he could read No. 8 of the test-types at six inches, and had a distant vision of $\frac{20}{100}$. March 14, he had R. E. $\frac{20}{40}$ L. E. $\frac{20}{60}$. At this time he obtained employment as a clerk out of the city, and I have not seen him since.

Case II, age 42, applied February 14. R. E. could only read large print—No. 20 of test-types. L. E. had distant vision of $\frac{20}{200}$. By February 27 the R. E. had improved to $\frac{20}{70}$, while the L. E. had still only $\frac{20}{200}$. His last visit was on March 6, and the condition was the same as stated above.

A point of interest in these tobacco cases is that they all follow *excessive smoking*. There has never been at the hospital a case of amblyopia from tobacco used in any other way.

Society Reports.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

STATED MEETING HELD JAN. 24TH, 1884.

(*Specially Reported for Maryland Med. Journal.*)

Vice-President SHAKSPEARE in the Chair.

GENERAL TUBERCULOSIS OF SEROUS MEMBRANES.—Exhibited by *Dr. W. E. Hughes*. Caroline K., white, æt. 17, was admitted to the University Hospital, Nov. 3rd, 1883. There was a history of articular rheumatism in father and mother. The family was free from consumption. She herself had been perfectly well till eight months previous, when she developed symptoms of acute pleurisy. The acute symptoms subsided after a few days and with the exception of slight dyspnœa and hacking cough, she soon felt as well as before. Two months afterward she had pain, swelling and redness involving successively all the large joints of the body, lasting ten weeks and disappearing completely. From the onset of the articular trouble her strength and flesh failed steadily, appetite grew poor and digestion bad, dyspnœa and cough increased slightly. Five weeks before admission she began to have occasional sharp pains through the abdomen, and noticed that the abdomen was gradually enlarging. When first examined she was pale, somewhat emaciated, had hacking cough with mucous expectoration, slight, constant dyspnœa very little increased on exertion. The right pleural cavity was filled with fluid up to the third rib. The abdomen, much distended with fluid, free to move. The heart was normal in size, but there was a strong mitral systolic murmur. She had an irregular hectic fever. Under treatment the pleural effusion rapidly subsided, but in the abdomen less rapidly. One month after admission, symptoms of meningitis developed, and examination of the eye

ground showed descending neuritis. A week afterward a double pericardial friction sound developed over the sternum opposite the third intercostal space. She died December 16th. *Autopsy* seven hours after death. Thorax—right pleural cavity completely obliterated by organized plastic adhesions; in the adhesions numerous small grey miliary tubercles were found. Right lung congested, compressed and contains scattered miliary tubercles. Left lung contains a few miliary tubercles; pleura normal. Heart normal in size; marked thickening of mitral leaflets with incompetency. In the pericardium at upper part of anterior surface of left auricle, and over base of aorta, were a few small greyish granulations, apparently tubercular. Peritoneal cavity contains about two quarts of straw-colored serum. Peritoneum everywhere studded with grey miliary tubercles. Old peritoneal adhesions in several parts of abdomen, notably in left lumbar region, and around pancreas. These old adhesions are filled with miliary tubercles. Lymphatic glands moderately enlarged, not cheesy. Numerous grey miliary tubercles in membranes of base of brain especially in Sylvian fissures. No tubercles in any organs except the lungs.

Tubercular Ulcers of Intestine with Perforation.—Exhibited by *Dr. Wm. E. Hughes*. William T., white, æt. 30, was admitted to the University Hospital, April 16th, 1883. His mother and a sister died of phthisis. He always took cold easily and was never strong. Two years ago after lifting a heavy weight he had several slight pulmonary hemorrhages. At that time he had no cough. Four months before admission he took a heavy cold. From that time up to his admission he had a dry hacking cough with mucous expectoration, some dyspnœa, pleuritic pains on the right side and a few small hemorrhages. He lost twenty pounds. On admission, there was in the lower part of the right pleural cavity an effusion localized in the posterior half. Over the right lung the respiration was somewhat roughened, with an occasional bronchitic rhonchus. The left lung was normal. Under treatment the effusion subsided, but consolidation commenced at the apex of the right lung. The consolidation went on to breaking down, and the same process commenced at the left apex. He gradually failed with the usual phthisical history. One month before death, uncontrollable diarrhœa developed with severe colicky pains and intense tenderness throughout the abdomen. He died December 26th of gradually increasing asthenia. *Autopsy* three hours after death. Great emaciation. The right pleural cavity was completely obliterated by firm old adhesions; on the left there were some adhesions at the apex; no fluid. The right lung had numerous small cavities in the apex; the lower two lobes were riddled with miliary tubercles and small cheesy masses. The left lung was at the apex indurated with tubercular and cheesy deposits; in all other parts it was healthy; bronchial glands were enlarged. The heart weighed 4½ ounces. The aorta was slightly atheromatous. The liver weighed 2½ pounds and was somewhat nutmeg in appearance. The intestines were everywhere adherent to each other, and to the abdominal wall, and scattered through the adhesions and over the peritoneum were a few miliary tubercles. The small intestine contained tubercular ulcers strung along its length from the lower part of the duodenum to the ileo-cæcal valve. They were about as numerous in the upper part of the intestine as in the lower. Several of these ulcers had perforated the peritoneal coat, but the contents of the intestine were prevented from exuding into the abdominal cavity by adhesions which had formed around the perforations to the neighboring peritoneal surfaces. There were a few tubercular ulcers in the colon. The mesenteric glands were enormously enlarged.

Phthisis Following Empyema—Amyloid Kidneys—Cancer of Uterus.—Exhibited by *Dr. Wm. E. Hughes*.—Amanda F., white, æt. 38, was admitted to the University Hospital for cancer of the uterus. She had been a sewing woman and had been much exposed to draughts. Her mother died of cancer of the uterus. There was no phthisical family history. One of her children died of tubercular meningitis. While in the Hospital she complained of pulmonary symptoms, and physical examination of her lungs showed on the left posteriorly flatness down to midway between the spine and the angle of the scapula with blowing breathing and gurgling rales, anteriorly tympany with metallic, cavernous breathing, at the base a small amount of fluid free to move. On the right, hyper-resonance with exaggerated breathing and at the apex moist râles. Her general condition was much below par. She had a troublesome loose cough with free muco-purulent expectoration and pleuritic pains through both sides of her chest. Five and a half years before she had taken a severe cold from which she dated all her trouble. With the cold there had been severe pleuritic pain in the left side, some dyspnœa and slight muco-purulent expectoration occasionally streaked with blood; in a month she had lost twenty pounds. Afterwards the acute symptoms disappeared, the pain grew less severe, the cough loose and the expectoration quite profuse. She slowly lost ground till about a year before when after a succession of heavy colds her condition deteriorated more rapidly. There was more dyspnœa, more cough, and an occasional rise of temperature preceded by

chilliness. During this year she had several pulmonary hemorrhages. For a month the frequency of micturition had been much increased, but the urine contained no albumen though the quantity was increased and the specific gravity somewhat lowered. The first symptoms of cancer of the uterus had appeared about seven months before. For more than a month after admission she improved, then a day after, a rather profuse pulmonary hemorrhage. She developed a typical uræmic condition. The urine was very scanty and loaded with albumen but contained neither tube casts nor blood. The uraemic condition disappeared after two days and the urine increased to its former quantity, all but a trace of the albumen disappearing. Two weeks after this, for the first time, a few waxy and epithelial casts were found in the urine. From this time on the quantity of urine passed daily varied from 50 ounces to 70 ounces; its specific gravity ranged between 1008 and 1015, and the quantity of albumen contained steadily increased till, toward the end, it became as much as one-third of the bulk of the urine. At no time were very many tube casts present though they were never absent; they were either waxy or epithelial. She died Jan. 1st, 1884, of uraemia, which had gradually developed. *Autopsy* five hours after death. Much emaciation. The left lung was compressed, atrophied and firmly bound down in the posterior part of the pleural cavity. The remainder of the cavity contained gas and about eight ounces of sero-pus. The pleura was much thickened and transformed into a pyogenic membrane. The lung itself was hollowed out into a large cavity with suppurating walls by an extensive series of bronchial dilatations with more or less destruction of lung tissue. The lung was so torn in its removal that it was impossible to say whether or not there had been a communication between it and the pleural cavity The right lung was emphysematous and contained some tubercular and cheesy deposits at the apex. The heart weighed nine ounces; its right cavities contained an unusually developed ante-mortem clot closely moulded to the pulmonary valve. The kidneys weighed 11½ ounces and presented very characteristic amyloid change. The body of the uterus was unchanged, but its cervix and the upper part of the vagina were destroyed by cancerous ulceration. There was no infiltration of the lymphatic glands. Other organs normal.

SECONDARY TUBERCULOSIS OF THE BLADDER, URETER, KIDNEY, AND SUPRA-RENAL BODY.—Exhibited by *Dr. Wm. E. Hughes.* Ida G., white, æt. 19, had suffered with the usual symptoms of phthisis for about nine months before she came under observation. Her father and a sister had died of phthisis, and she had always taken cold on the slightest exposure. When first seen she was standing leaning over the back of a chair, suffering the most agonizing pain in the region of the bladder. Desire to urinate was constant and irresistible and the passage of the small quantities of urine gave rise to such suffering that she would shriek and almost faint. Till two weeks previous there had been no trouble with the urine, then the pain began, slight, at first, and became gradually more and more severe. She had passed frequently masses of clotted blood, with great suffering. Under anodynes the pain became less, and on examination of the bladder showed it to be much contracted with roughened walls. Examination also brought on a slight hemorrhage. The urine contained nothing abnormal except blood and pus. Under the continued use of anodynes the pain decreased and finally disappeared. After the cessation of pain the blood disappeared from the urine but was replaced about two months afterward by a small quantity of albumen and a few granular tube casts. About this time œdema began in the ankles and gradually involved the whole of the lower extremities. The tissues finally became so distended that her legs were utterly useless. The urine never contained more than $\frac{1}{10}$ of its bulk of albumen and the tube casts were always few in number. She died of asthenia four months after coming under observation. *Autopsy* fourteen hours after death. Extensive degeneration of lungs. Liver was extremely fatty, being of a uniformly yellow color with no distinction whatever between its lobules. The bladder was small and firmly contracted, its walls thickened, its inner surface roughened, rugose, papillomatous, its mucous membrane thickly studded with tubercle granulations. The substance of the right kidney contained numerous grey miliary tubercles, its pelvis was dilated and presenting the same appearance as the inner surface of the bladder. The corresponding ureter was as thick as an index finger; its walls firm, hard, infiltrated with tubercular deposit; its mucous membrane in the same condition as that of the pelvis of the kidney. The right supra-renal body retained none of its original structure; it was a mass of cheesy tubercles firmly adherent to the kidney. The left kidney, as well as the other organs, was normal.

Dr. Formad had examined these specimens for bacilli. None were found in the first case, although the post-mortem was made within about two hours after death, and frozen sections at once cut. The lymph glands were also examined as well as the lungs without detecting any bacilli. In Dr. Hughes' second case the lymph glands as well as the perivas-

cular spaces were crowded with colonies of bacilli. In the first case was an absolutely primary tuberculosis of the serous membranes with no bacilli, while in the second *ulceration* was present with lymph gland bacilli as well as invasion of other tissues. This would indicate that bacilli and general tuberculosis most commonly result from surface troubles, *i. e.*, the mucous membrane of the lungs, intestines, etc., when affected by tuberculosis. In the case of tuberculosis of the serous membranes there was no history of a strumous diathesis, and no general tuberculosis ensued. From the careful study of ten similar cases, Dr. Formad was inclined to think that serous tuberculosis was the only form of the disease to which *non-strumous* individuals were liable.

Dr. Shakespeare said that he had been struck with the fact that the third case, with a family history of carcinoma, apparently developed tuberculosis after empyema, and that post-mortem, carcinoma of the uterus was found. An antagonism between these two diseases has been long believed in, but of late has been questioned, since a careful scrutiny of statistics has shown them to be more commonly associated than is generally believed. Dr. Shakespeare then called attention to the fact that in most cases a family history was obtained running back for only one generation, yet there being no statement as to what degree the investigations had been carried, statistics drawn from such sources must be unreliable, as Dr. Formad, among others, has called attention to the fact that tuberculosis can and often *does* skip one generation. There were some points in the history of the case of tuberculosis of the serous membranes which suggested that the primary trouble might have arisen in the joints which are closely analogous to serous sacs, if they are not actually such.

Dr. Hughes said that in the patient where he had stated that the family history was good, he had gone back for *three* generations directly and collaterally.

Dr. Musser asked what was the effect of repeated tappings on the development of tubercle, as some clinical teachers are now advising against such operations in simple pleurisies, advocating in preference other remedies to induce rapid absorption of the effusion.

Dr. J. C. Wilson thought this question could only be answered by an analysis of a large number of cases specially examined for this purpose.

Dr. Shakespeare, having been informed by Dr. Hughes that the so-called tubercles in the case of carcinoma had not been examined microscopically, suggested the reference of this specimen to the Committee on Morbid Growths since it might really be only a case of miliary carcinosis and not tubercle. With reference to the influence of tapping on the development of tubercle, ——showed that it most frequently developed where no tapping had been performed, but where rapid resorption had taken place. Pathological experiment has shown with what ease any inoccuous substance, even simple traumatisms, will set up tuberculosis of the serous membranes. If, then, a general tuberculosis can result from tubercle of the serous membranes, a point not settled as yet by experimenters, repeated tappings with perhaps the coincident introduction of deleterious substances might account for the alleged fact mentioned by Dr. Musser.

TUMOR OF THE ANTERIOR MEDIASTINUM WITH SECONDARY DEPOSITS IN THE HEART AND LUNGS.—Presented by *Dr. J. C. Wilson.* The specimens were removed from the body of an unmarried woman, aged 60 years, who died in the Hospital of the Jefferson College, January 7th, 1884. The patient had been singularly free from sickness until about eighteen months before coming to the hospital, three weeks prior to her death. The earliest symptoms were fixed pains of varying intensity in the sternal region, with attacks of palpitation and dyspnœa. These symptoms increased in severity and were aggravated by exertion. After a time she began to experience difficulty in swallowing. Six weeks before admission to the hospital her feet and legs were for the first time observed to be swollen. The dropsy soon became general. She had no knowledge of her family history.

On admission she suffered from constant dyspnœa, paroxysmal, often urgent, worse at night—inability to lie down, occasional unproductive cough—a sense of weight and oppression in the chest and particularly in the precordial region, pain under the sternum and great discomfort in swallowing. There was a high degree of general anasarca with evidences of pleural and peritoneal effusion. The surface was cool, the skin bluish. The examination of the chest was rendered difficult by the unusual thickness of the tissues, the patient being not only enormously dropsical, but also very fat and the breasts being hugely developed. It was nevertheless noted that the impulse of the heart was feebly felt, the apex beating in the sixth inter-space and somewhat to the left of its usual position; that a first systolic blowing murmur was heard at the apex, feebly propagated towards the left; that the heart sounds at the base were unusually obscure, and that the pulse was feeble, frequent and irregular. There was flatness with absent respiratory murmur at the base of the chest on both sides and harsh broncho-vesicular respiration over the upper regions of the chest.

In the upper sternal region the cutaneous

venous twigs were conspicuous without rising as is sometimes seen above the level of the skin. They were dilated and tortuous and symmetrically arranged beyond the sternal borders at which they abruptly ceased.

The thyroid body was enlarged and formed an egg-like projection in the median line. It was exceeding hard, but not sensitive over the seat of pain. The patient regarded it with indifference, and said that *the lump* had existed for "many years."

I was unfortunately prevented from being present at the autopsy and this tumor was not removed.

The boundaries of dulness in the precordium could not be distinctly made out. It was, however, noted that the distribution of pressure signs absolutely negatived the existence of aneurism of the aortic arch. The pupils were equal in size and in response to light, the voice was unchanged, the radial pulses equally feeble.

The patient died suddenly in an attack of dyspnœa at 9 P. M. on the 7th of January.

Necropsy—Body much swollen and œdematous, face and thorax very blue. Both the pleural sacs and the peritoneal cavity contained fluid in large amounts. Strong pleural adhesions on left side. The anterior mediastinum in its upper segment was occupied by a large firm mass mamillated in structure, extending from the notch of the sternum dowards five (5) inches and adherent to that bone and the costal cartiliages. The width was about three (3) inches and its depth in an antero-posterior direction about the same. It occupied exactly the position of the thymus gland. Its visceral surface was embossed but smooth, in its upper portion only adherent to the great vessels. No adhesions existed between the parietal pericardium covering its posterior surface and the visceral layer of the pericardium.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

STATED MEETING, THURSDAY, FEBRUARY 7, 1884.

The President, R. A. CLEEMANN, M. D., in the Chair.

A YEAR'S WORK IN OVARIOTOMY.—*Dr. William Goodell* read a report of his cases of ovariotomy during the past year. Of these he had twenty-five, with seven deaths. Eleven of them were performed in the private rooms of the Hospital of the University of Pennsylvania, with one death. Ten were operated on at their own homes, with five deaths, and four at his private hospital, with one death. He attributed the majority of these deaths to three causes. *First*, That he made it a rule never to doom a woman to certain death by refusing to operate on her, however forlorn the hope of her recovery might be, and three of these fatal cases were very ill indeed at the time of the operation from septicæmia and purulent cysts. *Secondly*, That the women of this country, being unwilling to go to a hospital, either insist on being tapped, which increases the risk of the radical operation, or else postpone the operation until the tumor has become very large, adhesions have formed and the health has become greatly undermined. Out of his twenty-five cases he had but eight without adhesions, and one of these, a case of double ovariotomy, died at home, he not having seen her or treated her after the operation. *Thirdly*, That five of his fatal cases had been operated on at their own homes, which were so distant he was able to see but one of them after the operation, and she did not rally, but died in eight hours from the shock of the removal of an intra-ligamentous cyst, universally adherent. The fatal case at his private hospital was one of pelvic abscess bursting into the bladder. The operation was not a difficult one, although the lower portion of the cyst had to be separated from the two layers of the broad ligament by which it was enveloped. The sole fatal case out of eleven performed at the hospital of the University was due to hospitalism. This he deemed a good record, for the building is used as a general hospital, with many railroad accident cases and suppurating wounds. In this hospital he always operated in one of the private rooms, where the patient was kept until all danger was over.

While acknowledging that his results were not so good as those of British ovariotomists, he said that, on the other hand, it was to be said in his favor that he never refused to operate on a woman, however slim her chances of recovery. He made this statement because, according to remarks made by Dr. Sutton at the last meeting of the American Gynæcological Society, Billroth is the only one among European ovariotomists who "refuses to operate upon nothing that deserves the chance of life," and his success amounts to about sixty-five per cent., whilst one of the most successful of British ovariotomists "does not remove very large tumors—viz., those which weigh from sixty to sixty-five pounds, with extensive adhesions, etc."

Out of the twenty-five cases of ovariotomy there were twelve in which both ovaries were removed. In all these cases the second ovary was positively diseased. Yet, with a larger experience, he (Dr. Goodell) was becoming more and more inclined to remove both ovaries in all cases of malignant degeneration of

one ovary in all women who have passed the climacteric or who are approaching it, and in all cases complicated with fibroid tumor of the womb.

Finally he referred to the fact that some ovarian cysts, although they may appear to the eye benign, show from their subsequent history that they are malignant, the woman dying a few months later from carcinoma of the pelvic organs or at the site of former adhesions. Very unfortunately there are no diagnostic criteria to indicate the character of such a cyst.

Dr. A. H. Smith feels that Dr. Goodell is hardly right in saying that in England desperate cases are rejected. In his own experience, while in England recently, several cases which were very desperate and which would have been generally rejected here were operated upon successfully, and were ready for discharge three weeks after operation. It occurred to him that the lower average temperature had much to do with the result. The thermometer is not allowed to rise above 65° F. in the room in which the patient is kept, and in Lawson Tait's cases it rarely goes over 60° and never up to 65°. Perhaps this has good effect in preventing hyperpyrexia. The English ovariotomists are also very careful in details, especially in preventing hemorrhage, and use an immense number of hemostatic forceps. Ovarian cysts are remarkably common in London.

Dr. B. F. Dawson, of New York, upon invitation by the President, spoke of the English ovariotomists, and alluded to what he had himself seen while on visits to England as to very desperate cases being operated upon. His own late experience had been so good that he was inclined to attribute it, as well as the good results of the English operators, to absolute painstaking in the most trifling details, with absolute cleanliness; not simply antisepsis, but the utmost care throughout every step of the operation. Among other things, a very large number of hemostatic forceps are used to secure each bleeding point the moment that bleeding commences. His own last six cases of laparotomy, performed this winter, two of which were very desperate in their character, have been successful, and the results, he felt, were largely due to the avoidance of any preventable hemorrhage and great care through all stages of the operation to prevent blood or fluid from the cyst escaping into the peritoneal cavity. This care is exercised throughout the "toilet of the peritoneum," and he always uses a flat sponge, as does Mr. Wells, inside of the abdominal walls, upon the intestines while introducing the closing suture, which is removed only when it becomes necessary to do so to twist the last wires.

He always uses napkins to fold over the edges of the abdominal incision to prevent the oozing from the edges escaping into the peritoneal cavity or soiling the operator's fingers. He also enfolds the cyst in towels as it is withdrawn from the cavity, to guard against even a trace of fluid soiling the intestines or wound. He clamps the pedicle temporarily when possible and places a napkin under the clamp before dividing and cauterizing it. Every adhesion that shows any risk of bleeding is cauterized as soon as it is separated, even when ligated. Douglas's pouch especially is sponged out until the sponges come away absolutely clean. In a recent very desperate case, one in which Dr. Emmett expressed his sympathy with him as to its almost certain fatality, the operation occupied two hours and forty minutes, owing to pains-taking observance of the above details, and although half of the uterus was removed and adhesions were numerous, calling for many ligatures and frequent use of the cautery, yet convalescence was uncomplicated and speedy.

Dr. Goodell remarked that the quotation in his paper, to which exception had been taken, referred to Mr. Tait. It was taken from a paper read last autumn before the American Gynecological Society by Dr. Sutton, who was with Mr. Tait three months. He (Dr. Goodell) had seen about a dozen ovariotomies in Great Britain and only one was a difficult case, and in that the patient died. There he had seen patients refused on account of their age, while in this country they are not. Dr. Goodell had operated successfully in patients aged respectively sixty, sixty-one, sixty-two, sixty-four, sixty-five and sixty-seven years, and some one in this city had a successful case in a patient over eighty-three. Dr. G. had once operated upon a patient seventy-six years of age, of a long-lived family. This was before the days of antisepsis and the patient died. He believes that minute attention to details is the chief element of success. One important point is to make the abdominal incision sufficiently large to see every adhesion as it is separated and to ligate or secure immediately every bleeding point. This requires a courage which it took him years to attain. He always observes Spencer Wells' method of placing a flat sponge beneath the abdominal walls when introducing the closing sutures. He does not like wire but always uses carbolated silk sutures, each eighteen inches long. After all have been placed, the ends are twisted together into one strand on either side and caught in the bite of a pressure forceps. The lips of the incision are then widely separated and a final search is made for any oozing, leakage, or accumulation of serum. They are then rapidly tied and the wound

dressed. This final toilet of the peritoneum cannot be made when wires are used. He now believes in the use of a drainage tube, but he had hard work to bring himself to the point of accepting it, as he still looks upon the tube as a foreign body, a necessary evil. He had once seen death caused in a healthy man by the simple perforation of the peritoneum, without wound of the intestine by a small stilette, and this had made him fearful of the effect of the presence of a drainage tube. But he now considered that the peritoneum in the case of an ovarian cyst has by thickening and attrition lost much of its vulnerability and does not resent slight causes of irritation. He occasionally resorts to the actual cautery at a black heat to stop bleeding from torn adhesions but he prefers the pressure forceps, the ligature or the application of Monsel's solution. He thinks there may be some truth in Dr. Smith's idea concerning the effect of the low temperature of the operating and of the convalescent room. He was struck wlth the absence of ill-results in one operation in London by Dr. Bantock, of which he had been a spectator. The day was cold, damp and foggy, and the operating room was chilly, the windows being open; but the patient promptly recovered. One case of his own in which the extreme emaciation and prostration of the patient forbade postponement was operated upon in severe winter weather; the steam pipes at the hospital had been frozen over-night, and although they had been thawed out, the temperature of the operating room was only 54.° In this case the cyst had contained colloid matter and had burst spontaneously; all that could possibly be removed was scooped, sponged and washed out. Much remained behind, yet the patient recovered and afterward became quite fat. This operation was performed three years ago, both ovaries were removed, but another tumor can now be discerned in the abdomen. The patient being fat and also very sensitive, it is not possible to determine accurately its character, but he hopes it is a pedunculated fibroid of the uterus and not a malignant tumor.

Dr. Dawson requested Dr. Goodell to give his opinion respecting the management of the drainage tube, and of the importance of the spray.

Dr. Goodell, when operating in private houses, has begun to dispense with the spray. Carbolic acid spray poisons some patients, and he, being afraid of it, only uses it when he does not consider it safe to omit it, as for instance in a general hospital or when there are many spectators present. Year before last he lost one patient from its use; she had contracted kidneys. Only last week in a case operated on in the Hospital of the University, the patient was profoundly affected by it and was with difficulty restored by means of digitalis, stimulants, etc. When he omits the spray he uses the drainage tube more frequently. If he finds in Douglas's pouch, after the sutures have been placed, and the sprays removed, two or three drachms of bloody serum, and the source of this oozing cannot be found, he inserts a drainage tube; and he also uses it in all cases in which there has been peritonitis or when septic symptoms are present from a purulent cyst. Over the mouth of the tube he springs a piece of rubber sheeting which is folded over a sponge squeezed out of a five per cent. solution of carbolic acid. The sponge is examined and squeezed out every few hours and the tube moved slightly to clear the openings and allow any accumulation of serum to escape. As soon as a moderate amount of serum escapes without any tinge of blood, the tube is removed. This generally happens within forty-eight hours, but in one case it was necessary to allow it to remain five days. He never irrigates the abdominal cavity, but he sometimes introduces the long nozzle of a hard rubber syringe into the tube and draws out any serum that may have accumulated. When he operates in the country and leaves the patient in the hands of the family physician, he tries to avoid the use of the drainage tube as much as possible.

Dr. Dawson had given some attention to the question of the drainage tube. In New York two deaths had lately happened after ovariotomies, and in each case the surgeon had ascribed the fatal termination to the too early removal of the tube. Soon after these unfortunate cases he had operated and had been obliged to use the drainage tube; on the second and third days after the operation the serum exuding from the tube was bloody. On the fourth day it was pure serum. The patient was doing well and Dr. Dawson concluded to let well-enough alone, and, with the result in the two other cases before him, allowed the tube to remain. He used a wire with a pledget of absorbent cotton attached to the extremity, to soak out the accumulated serum, and continued to use fresh pieces until they came away clean. The tube was evidently being walled in by a deposit of lymph around it. On the sixth day, after finding very little serum, the last pledget of cotton brought away a little yellow spot that might have been lymph or pus. That night he discovered another trace of the same appearance, and the microscope showed it to be pus. The next day the discharge was fetid. A saltspoonful of iodoform was put into the tube every time it was cleaned, and on the tenth day it was removed and a roll of absorbent cotton saturated with iodoform was put in its

place. This was replaced in a few hours with another until all signs of pus ceased. The opening closed in forty-eight hours. The patient recovered. He would like to ask if Dr. Goodell had ever regretted removing a drainage tube too early. Is a drainage tube more of a foreign body on the third or fourth day than it is on the first?

Dr. W. H. Parish had recently performed abdominal section for the removal of a fibroma of the uterus. In this case he used a drainage tube although he was not able to pass it down into Douglas's pouch. On the third day he noticed that the serum escaping from the tube was cloudy and had a slight odor. On the fourth day the odor was quite objectionable and as the tube had evidently become separated from the abdominal cavity by the formation of a canal of lymph around it, resembling in appearance diphtheritic membrane, he decided to withdraw the tube. He washed out the canal with a two per cent. solution of carbolic acid. The canal soon closed and there was no return of the offensive odor.

Dr. Goodell could not recall the loss of a case after the removal of a drainage tube. He has had, however, a number of deaths while the tube was still in position, but that meant simply that the cases were complicated and difficult ones. Was not the tube itself the cause of the pus in Dr. Dawson's case? Air containing germs was of course admitted into the tube in the cleaning out process and these germs would cause decomposition of the lymph. Might not also the tube acting as an irritating foreign body cause pus? He introduces a stitch in such a manner, beyond the drainage tube, and this closes the opening as soon as the tube is withdrawn. He has occasionally followed the removal of the glass tube, by the introduction of a rubber one of smaller calibre, but he has discontinued this practice believing the glass tube to be the least irritating.

Dr. W. H. Baker reported for Dr. Walter F. Atlee a case of ABDOMINAL SECTION. Mrs. E. C., of Erie, Pa., was brought to this city by Dr. Edward Cranch. She was forty-five years of age, married, but had had no children. Her menses were regular and very abundant. She was a stout woman in excellent health. Four years ago she first noticed the tumor in the centre of the abdomen. Dr. C. reports that the probe enters the womb the normal distance only.

Diagnosis—A multilocular cyst with thick walls and very glutinous liquid, or a fibroid tumor of the uterus. The sense of fluctuation was not distinct.

Operation—February 4th.—After the usual preparation, cut down, found a solid tumor, opened it, took out as much as possible of the contents, and got out the envelopes; the incision was about five inches in length. The tumor grew from the fundus of the uterus. It was transfixed, tied and dropped. The patient never rallied after the operation and died on the 6th of shock. There was no hemorrhage. The operation was all over in twenty-five minutes.

Dr. R. P. Harris saw the patient prior to and assisted in the operation. The lady had an appearance of health, was quite robust, and there was nothing in the contour or expression of her face indicative of ovarian cystoma. In a conversation with her sister and family physician, he learned that the diseased growth was first noticed by this sister, who remarked upon the central prominence of the abdomen of the patient who was at the time lying on her back on the floor engaged in playing with a little child. When the attention of the patient was directed to the fact that her abdomen presented a central elevation even when flat upon her back, she readily detected the existence of something abnormal. Dr. Harris remarked to the physician that the history of the case indicated the existence of a tumor at the fundus uteri. When the morbid growth was exposed it did not present the appearance of an ovarian cyst; neither did percussion indicate the presence of fluid prior to incising the abdomen, except by a surface wave. There was no wave transmitted from hand to hand. The surface wave was found due to some ascitic fluid. As no fluid escaped by tapping, the tumor was opened and its contents torn away in pieces, so as to reduce it sufficiently, when it was drawn through the wound, ligated at its union with the fundus uteri and cut away. During the shelling process a considerable loss of blood took place and the appearance of the patient was that of great prostration. The tumor had no pedicle, being sessile in its attachment to the uterus.

W. H. H. GITHENS,
Secretary.

Editorial.

A NEW "NATIONAL PHARMACOPŒIA OF THE UNITED STATES OF AMERICA."—An important bill designed to give legal authority to our Pharmacopœia has recently been introduced into the House of Representatives by Mr. Randall, of Pennsylvania, and has been referred to the Committee on Ways and Means of that body for consideration. The Pharmacopœia, which is designated in this bill, is not, it is to be observed, that which we have so long been accustomed to, and which was first pub-

lished in 1820 and has just undergone its sixth decennial revision; but a new creation, gotten up on an entirely independent basis and ignoring completely the rights, labors and self-sacrifice of those who have brought our present work to such a degree of perfection and repute. It is, perhaps, well known that the convention which takes part in the revisions of our present Pharmacopœia is one which represents every portion of the country and both the medical and pharmaceutical professions—each incorporated medical society, medical college, college of pharmacy and pharmaceutical society, the American Medical and Pharmaceutical Associations, and the Navy, Army and Marine Hospital Service, being entitled to representation. These several constituents are requested to submit the Pharmacopœia to revision and transmit the results of their labors through their delegations to the Committee of Revision, to be considered by it in advance of the approaching meetings of the convention. The proposed bill would limit the representation to two officers each from the Army, Navy and Marine Hospital Services, to be appointed by the secretaries presiding over those departments, and a committee of three each from the American Medical and American Pharmaceutical Associations. These persons shall constitute a board which shall have power to add to its number from time to time as may be judged necessary; it shall compile and prepare a Pharmacopœia which shall be the legal standard in all matters relating to drugs and medicinal agents. The sum of $5,000 is appropriated for publication, the edition to consist of not less than 5,000 copies and the work to be revised every ten years.

In considering this arrangement and comparing it with the present method of procedure several important considerations suggest themselves:

Instead of a cumbrous assemblage, a large number of whose members are appointed merely as a matter of form and without regard to any peculiar fitness for the work and where consequently active participation is limited to a very small minority, we shall have a board small in numbers and composed doubtless of experts, with definite duties and with ample authority and means at command.

Instead of the voluntary work of the medical and pharmaceutical professions, which is always uncertain in kind, degree and duration, and yet upon which we are at present compelled to rely, the *law* is now to be called into requisition to give it force and permanence.

It is to be observed that the medical profession vastly prepondertaes in the new board which is anomalous in view of the fact that the work relates almost entirely to chemical and pharmaceutical details, of which physicians are mostly ignorant, and that it has heretofore been done almost exclusively by the pharmacists; this is to be explained in great measure by the fact that the latter have no recognition as yet in the Government services.

The desirability of having Governmental sanction to so important a work cannot be questioned. Almost all civilized nations have given it, and it is essential in order to secure uniformity, more especially in a country so extensive and with as mixed a population as ours.

We cannot but regret, however, that those who have labored so faithfully upon our Pharmacopœia are to be so summarily dealt with, and if there were any way by which they could be brought into relation with the new work we would like to see it incorporated in the proposed legislation. We must say that we do not share with a cotemporary in lightly esteeming their services, or thinking that the late revision of the Pharmacopœia is not creditable to the country.

But if we lay aside such personal considerations we may say the advantages of the proposed measure far outweigh any disadvantages that appear, and looking at it thus in the abstract we cannot withhold our cordial endorsement.

THE STUDY OF ANATOMY IN THE STATE OF MARYLAND.—A very important decision in regard to the anatomy laws was delivered by Chief Judge Yellott, at Towsontown, Baltimore County, on last Friday. For many years there was absolutely no statute in Maryland regarding the procuring of bodies for the prosecution of the study of anatomy; and as there was no penalty for desecrating graves, beyond that of a slight misdemeanor, it occasionally transpired that the sensibilities of the public were severely shocked by the discovery that private cemeteries had been entered and graves despoiled.

In 1882 a bill was passed by the Legislature making it a criminal offense, punishable

with from five to fifteen years imprisonment in the penitentiary, to remove bodies from any burial ground without the permission of the States Attorney; but section 2 of this bill states that "nothing in this act shall be construed to apply to the bodies of such persons as have been buried in Potter's Field."

Another bill was passed at the same session of the Legislature entitled "An act to provide for the prosecution of the study of Anatomy in the State of Maryland." This act, whilst ample in its provisions, failed to be effective on account of the omission to insert a penalty for the non-compliance of public officers with its enactments, and it has been found to be impossible to secure its enforcement. The teachers of anatomy were therefore placed in the unpleasant dilemma of having an anatomical law which prescribed the way in which subjects were to be obtained, but did not confer the power of enforcing an obedience from those who had charge of the various pauper burying grounds; whilst on the other hand severe punishment was inflicted for obtaining bodies in any other manner. Under these circumstances it became impossible to obtain subjects in a legal manner. We do not believe a single subject has been legally obtained for dissection in Maryland in twenty-five years and possibly not in three-quarters of a century. The Health Commissioner of Baltimore City and the Board of Trustees of the Alms House absolutely refused to deliver unclaimed bodies, as they were required to do by the act and (in addition to this philanthropy) caused a guard of policemen to be placed in the woods near Bay View for the purpose of arresting anyone who might be found within 500 yards of the so-called cemetery, where hundreds of bodies are packed like sardines in huge pits.

Last spring three men were arrested for having in their possession bodies obtained from Bay View, and being tried before Judge Fowler, at Towsontown, were convicted. The counsel for the defense maintained that the Alms House burying ground was a Potter's field, and hence was excepted by law, but Judge Fowler did not entertain this opinion and the prisoners were declared to be guilty. This decision was appealed from, and after several trials the question was finally settled by Chief Judge Yellott on Friday last, who said that "any place where unclaimed paupers and strangers were buried was a Potter's field," and the prisoners were acquitted, after a confinement in jail of eleven months, in one case.

The present anatomical status is somewhat of an advance in the right direction. It is true we have no power to compel the distribution of subjects according to the law, but no penalty exists for taking them from the pauper burying grounds, and the only danger is that of being shot whilst engaged in the act. Previous to Judge Yellott's decision an equal risk of being shot was incurred, with the additional prospect of five years in the penitentiary, unless killed on the spot.

Our anatomy laws are not yet quite perfect, and it is to be hoped that the present Legislature will remedy the defects and give us an act which will protect the interests of the anatomists as well as those of the public.

A Case of Mistaken Sex.—Dr. Wm. P. McGuire, of Winchester, Va., reports in the *Med. News* (Feb. 16th) the following case, which presents some points of anatomical interest: "A. B., thirty-five years of age and in good circumstances in life, consulted me on January 12th, 1884, in order to have the sex to which she belonged determined. She was to all outside appearance a fairly well-formed woman about five feet four inches in height, with long hair curling down her back. Her voice and features were effeminate, and her demeanor was modest. From birth her dress had been that of a woman.. All of her associations had been with women, and her business in life that usually followed by her sex. There was no hair upon her face.

I found upon examination that the conformation of her thorax was similar to that of a woman, and that her breasts were developed similarly to those of a young girl. The nipple was erectile. Her arms, hands and lower limbs were like those of a man There was a small penis in the natural position about three-quarters of an inch in length, with a well-formed glans and prepuce. It was capable of erection, but had in the glans no aperture. Following from the base of the penis backwards was a sulcus about one-half an inch in depth and two and a half inches in length. Lying upon each side of this sulcus, and each enclosed in separate scrotums, were two well-formed and developed testicles, each attached to a moderate sized spermatic cord, the whole conformation resembling the vulva of the female. There was no opening in this sulcus, but just at its posterior termination was an opening one-quarter of an inch in diameter, which was the external opening of the urethra, extending backwards and upwards into the bladder. No prostate gland was found. She stated that all of her proclivities and desires had been masculine, and admitted that occasionally in her sleep she had pleasurable sensations followed by an ejaculation of a white fluid from the opening of the urethra, which was of course an ejaculation of semen. There was no trouble in determing her sex. She was advised to change her dress to that of a

man, and to attempt to have by a plastic operation a new urethra made from its termination in the perineum, along the sulcus to the glans penis, in order to effect more convenient urination as he is now obliged to do so in the sitting posture."

We presume the case reported by Dr. McGuire is that of the individual who has given rise to the sensational reports which have forced their way into the newspapers throughout the country. The published reports, which were undoubtedly highly colored for a sensational effect, would tend to confirm the opinion which Dr. McGuire has expressed in regard to the sex of this individual. Looking, however, at Dr. McGuire's own statement from an anatomical standpoint we cannot agree with him that "there was no trouble in determining her sex." We do not think Dr. McGuire has settled this point to the satisfaction of all of his readers. The physical and moral characteristics of this individual point most markedly to imperfect female sexual development. The male element is decidedly in the minority. It is well established that the ovaries may descend into the canal of Nuck and be mistaken for testicles, the clitoris may be enormously hypertrophied and present the closest resemblance to a rudimentary penis, the proclivities and desires of women may, under vicious moral influences and bad associations, assume a masculine type, and pleasurable sensations during sleep followed by a free secretion of fluid from the vulvo-vaginal and other glands is not an uncommon experience with highly erotic women. It is to be regretted that Dr. McGuire has not carried his investigations further. No reference has been made to the possible existence of a uterus or to the menstrual function, and the only confirmatory test does not appear to have been applied. The presence of spermatozoa in the white fluid, which he calls "ejaculated semen," would determine the character of the sex beyond doubt. The absence of this evidence must leave a considerable doubt as the accuracy of Dr. McGuire's opinion.

Referring to the subject of apparent hermaphrodism *Courty says: "If the testicles have not descended from the abdominal cavity, if the penis has remained small, the two halves of the scrotum separated, the bulbo-spongiose groove open and communicating directly with the membranous portion, and if the urethra terminates in hypospadias, the cryptorchis, the species of vagina of the intermediary zone, and the arrest of development in the external zone which preserves the appearance of a vulva, concur in giving to the whole of this sexual organism a feminine aspect. If, on the contrary, the ovaries have descended by the inguinal canal, as has been the case, if the bulbo-cavernous groove be closed, the labia united, the clitoris hypertrophied, the beard developed and the breasts arrested in their development, the woman in many respects will have the appearance of a man. Lastly while certain organs have preserved a feminine appearance, others by union and hypertrophy may have assumed a masculine character, so that the most unexpected results of apparent hermaphrodism may be presented, making the determination of sex a matter of great difficulty."

*The Uterus, Ovaries and Fallopian Tubes by A. Courty, page 70.

Obituary.

Death of Dr. Charles M Ford.—Dr. C. M. Ford, a well known and prominent physician died in Washington, D. C. on Feb. 15th, after a short illness. Dr. Ford was born in Troy, New York, on the 15th day of May, 1840. He graduated from the University of Pennsylvania in 1861 and soon afterwards was commissioned a surgeon in the U. S. army, and placed in charge of the old capitol prison, where he remained until it was abandoned at the close of the war. Dr. Ford was for several years a member of the staff of Providence hospital, and physician to the Washington asylum. He enjoyed a large practice and and was highly esteemed as a citizen and as a physician.

Death of Dr. J. S. Beale.—Dr. James S. Beale, one of the most accomplished physicians of Washington, D. C., died very suddenly in that city on Feb. 12th, whilst engaged in a consultation with a number of his professional colleagues at Providence Hospital. Dr. Beale was engaged in conversation when he suddenly placed his hands to his head and remarked that he felt as though he might die. In a few moments he was attacked with convulsions and died within a few hours from uræmic poisoning. Dr. Beale was 40 years of age. He was born in Washington and graduated from the Georgetown Medical College in 1870; afterwards he spent some time in European hospitals. For seven years he held the post of Professor of Anatomy in

Georgetown Medical College and also lectured in this institution on surgery. He was one of the consulting physicians of the Providence Hospital and was connected with several other medical institutions in the city.

Medical Items.

Dr. Wm. Goodell reports 25 cases of completed ovariotomy, performed during the year 1883, with seven deaths; whilst his statistics are not as good as those of British ovariotomists, there is this in his favor, he never refused to operate on any woman however slim her chances of recovery.=A Homeopathic Hospital has recently been established in Washington, D. C., and will open for the reception of patients at an early date.=One of the social events of the season in medical circles was a reception given last week by Dr. J. M. Toner, of Washington D. C.,to Dr. E. Warren-Bey, of Paris.=The annual death rate of St. Petersburg is said to be over fifty per thousand.=The Louisville *Med. News* claims that the *Med. Herald* has passed into the control of the Louisville Medical College. The latter institution asserts that the *News* is the organ of the University of Louisville. This looks like the "pot calling the kettle black."= A bill has been introduced into the House of Delegates of this State to amend the charter of the Presbyterian Eye and Ear Charity Hospital by changing the name of said corporation into a Presbyterian Eye, Ear and Throat Charity Hospital, and allowing an increase of the number of governors thereof. =Dr. W. O. More has been appointed professor of ophthalmology and otology; Dr. W. F. Fluhrer, of clinical surgery; and Dr. Bache McE. Emmet of gynecology in the N. Y. Post Graduate Medical School.=Dr. A. Luntz Hupp, of Lumberport, W. Va., has met with two cases of spasmodic contraction of the os uteri and temporary retention of the placenta which he attributes to the use of carbolic acid solution, used as an antiseptic precaution in labor.=The N. Y. State Medical Association, organized by the adherents to the National Code of Ethics, has elected the following officers: *President*—Dr. H. D. Didama, of Syracuse; *Secretary*—Dr. E. D. Ferguson, of Troy; *Treasurer*—Dr. J. H. Hinton, of New York. The first meeting will be held in New York on the third Tuesday in November.=Dr. F. W. Draper says that when the heart of a frozen cadaver is engorged with blood in all its parts, the individual was exposed to cold when living, and that the cold was the cause of death. If the heart is empty the individual was already dead when exposed to cold.=Dr. Engleman, a distinguished physician and scientist, of St. Louis, the father of Dr. Geo. J. Engleman, of that city, is dead.= It is a settled fact that next fall St. Louis is to have another medical school. *Med. Review.* How many will this make?=A case is related by Dr. Runeberg in which death followed the subcutaneous injection of one-fourth grain of morphine, given to relieve severe pain of angina pectoris.=The following medical officers have been selected for the Greely Relief Expedition: Passed Asst. Surgeon, E. H. Green, for the Thetis; Passed Asst. Surgeon, Howard Aimes, for the Alert; and Passed Asst. Surgeon, Nash, for the Bear. Dr. Howard Aimes is a graduate of the University of Md., class 1874.=The Annual Reunion and Banquet of the Alumni Association of the University of Md., School of Medicine, will be held at the Eutaw House, Baltimore, at 8 P. M. on Friday, March 14th, 1884. Dr. Henry M. Wilson, of Baltimore, will deliver the annual oration Tickets to the banquet to be had of Dr. Cordell at the Medical Library, at $1.25 each.=Dr. Allen Gittings, Assistant Supt. of the lunatic asylum at Weston, W. Va., was found dead in bed on the 11th inst. His death was attributed to heart disease.= A bill has passed the lower house of the Md. Legislature to insure better education of dentists and to regulate dental practice in the State.=A certificate of incorporation of the "Johnston Hospital for Girls, and School and Home for Nurses of Baltimore City," was filed on the 13th inst., in the office of the Clerk of the Superior Court of Baltimore. It will be endowed by Mr. Henry C. Johnston, the banker.

CHANGES IN THE STATIONS AND DUTIES OF THE OFFICERS SERVING IN THE MEDICAL DEPARTMENT U. S. ARMY, from Feb. 12th to Feb. 18th, 1884:

Perin, Glover, Lieut.-Colonel and Surgeon, Medical Director, is granted one month's leave of absence with permission to apply at Division Headquarters, Missouri, for an extension of one month.

To be assistant surgeons with the ranks of First Lieutenant to date Dec. 3, 1883:

William D. Dietz, Walter W. R. Fisher, William Stephenson, Adrian S. Polhemus, John L. Phillips, Reuben L. Robertson, William C. Borden, Edgar A. Mearns, Guy L. Edie, William D. Crosby, William L. Kneadler, Charles M. Gandy, Charles S. Black, James E. Pilcher, Alonzo A. Chapin.

Brewster, Wm. B., First Lieutenant and Assistant Surgeon; resignation accepted to date February 7, 1884.

Wilson Geo. F., First Lieutenant and Assistant Surgeon, assigned to duty at Fort Walla Walla, W. T.

CHANGES IN THE MEDICAL CORPS OF THE U. S. NAVY for the week ending Feb. 16th, 1884:

Medical Director S. F. Cones to the Naval Medical Board, Philadelphia, March 3d, as the relief of Med. Director P. J. Horwitz who retires on that date.

Original Papers.

SOME POINTS CONNECTED WITH THE PATHOLOGY, HISTOLOGY, ETIOLOGY AND DIAGNOSIS OF MYO-FIBROMATA OF THE UTERUS.

BY HORATIO R. BIGELOW, M. D., WASHINGTON, D. C.

(*Read before the Med. Society of the District of Columbia.*)

Homeomorphous, homologous or histoid tumors as distinguished from those morbid states developed without neoplasm, consist essentially in the production of new elements formed out of the elements of the uterine tissues or their analogues (mesoplastic elements). A tumor resembling its matrix tissue in texture, Virchow calls *homœoplastic*—one which differs widely—*heteroplastic*. A heteroplastic tumor, in regard to site, is *heterotopic*, and *heterochronic* in regard to time. Strictly speaking, all tumors are heteroplastic. To distinguish it from hyperplasia, a homologous growth must be heteroplastic, while a true heterologous growth must be heteroplastic. Excessive induration rather than histological character gives rise to the name fibrous. Under the name fibro-myoma, Virchow classified all the uterine growths which are composed of unstriped muscular and connective tissue. It is often difficult to distinguish hard fibrous tumors from some forms of sarcoma, while the sub-mucous variety of soft fibrous tumors is closely related to myxomata on the one hand, and to adenomata on the other. Myoma is a tumor consisting essentially of new-formed muscular fibres, the name *Leio-myoma* being given to those in which the fibres are non-striated. A *fibro-myoma* is one in which the fibrous tissue forms a considerable part of the bulk. The fibroma is developed from proliferous connective tissue cells. The transformation of the proliferated cellular tissue into fibrous tissue is effected by the same steps as in fibrous hyperplasia (Fiegler. Path. Anat.). Leio-myomata are invariably innocent, though they may cause danger by their tendency to bleed. Fibromata are limited hypertrophies of the substance of the uterus, globular in form, and are only held in a capsule of fibro-cellular tissue. Structurally they are homologous with the tissue of the uterus itself. In the last edition of Cornil and Ranvier, there appears the following description of the *Leio-myoma* of Zenker: "These tumors may present themselves under the form of an irregular, diffused mass, with ill-defined borders, or may show a very distinct lobular form. They have a fleshy or fibrous aspect. The muscle-cells offer the same characters as in the physiological state, and may be grouped into fasciculi or membranes, or may be isolated in the midst of connective tissue. The fasciculi are separated by connective tissue in which run the *blood-vessels;* the latter *nerver* penetrate the muscular fasciculi themselves. When the muscular elements are isolated, they are recognized by their spindle form, and their rod-shaped nucleus in the centre of the cell. Leio-myomata may be formed of fasciculi which may all run in the same direction, or which may interlace. The section may take them transversely, obliquely or longitudinally. In cross-sections the cells appear with a more or less circular outline, with the nucleus appearing as a little round spot in the centre. * * A very interesting property of myomata is their contractility. Upon this property greatly depends the varying consistency which they possess at the moment when they are examined. This phenomenon is particularly noticeable in the myomata which are commonly called fibroid bodies of the uterus."

In the Transactions of the American Medical Association for 1882, there is a most unique and admirable paper by Dr. H. O. Marcy, of Boston, upon "Fibroid Tumors of the Uterus." It is profusely illustrated with microphotographs reproduced by the heliotype process, which show the arrangement of muscular and connective fibres very nicely, and which, in one instance, point to the vascularization of these growths. As Dr. Marcy's observations are the results of his own microscopical and clinical work, and of permanent value as proven facts, rather than probable theories, I shall make liberal quotation from his paper. "This class of growths increases much the more rapidly, and during their active stage of development the capsule is less distinct. Few vessels enter the tumor direct, and its growth would appear to depend upon the nourishment which goes on in large measure by absorption from the surrounding vessels. These tumors are often of a very considerable

size, without being able to trace into their substance a single vessel. Turner described the injection by Goodsir of a pediculated sub-peritoneal myoma. Vessels of considerable size branched off from the pedicle, and were distributed to the peritoneal surface of the tumor. In the loose connective tissue, between the lobulated portions, vessels were also to be seen, although the lobules themselves were colorless. The tumor, as a whole, was strikingly less rich in vessels than the uterus. Microscopic examination of uterine fibroids shows the muscular fibres arranged in bundles, which differ in size not only in their constituent elements, but in their numbers, and unite variously at acute angles to constitute larger groups, and thus form open spaces; these, according to Klebs, enclose a wide capillary blood-vessel, the walls of which consist of a simple layer of endothelium cells with large nuclei, and are supported by a thin layer of fibrous connective tissue."

It is with the greatest difficulty that the capillary vessels can be isolated or even distinguished from the enveloping connective tissue, and Klebs declares still farther, that which lacks proof, and is offered as a theory to explain the fibro-cystic formation which very rarely supervenes, that "the narrow slit-like gaps, observed in the careful examination of the connective tissue stroma, are to be regarded as lymph spaces, from which a cavernous structure may originate." These bundles of muscular fibres may be isolated and show irregularities of size along the course of their cells. The nuclei are readily distinguished by coloring, and, although there is quite a variety of form and combination in different specimens or different parts of the same specimen, the general histological picture is always reproduced. * * * * As is shown in the accompanying microscopic illustrations, almost never is it possible to trace a vessel or nerve into the centre of the developing knot of the new growth, and, as has been previously stated, the arrangement is rarely concentric, but the bundles interlace at angles to leave open spaces; and here, in sharp distinction from the bundles of muscular elements, is easily observed the connective tissue stroma. Several authors have described nerve endings in the tissue of the fibro-myoma. In my own studies I have never been at all certain of their presence. * * * These specimens are from various localities in the uterus, and nearly all show the so-called capsule to consist of concentric layers of muscular fibres, very much altered by tension and compression, loosely held together by very delicate filaments of connective tissue, which allows not only an easy separation of the tumor from the surrounding uterine tissue, but may itself be often subdivided. Proliferation of connective tissue under the irritation of a growing mass is notably the rule in the surroundings of benignant tumors—a method of protection, so to speak, to the neighboring parts. Then as more and more the normal tissues are put upon the stretch, the surrounding vessels are defleced, and it is easy to picture that which is actually observed to ensue—not only an investing capsule but a surrounding network of vessels."

Courty, writing upon the evolution of fibromata (the uterus, ovaries, and Fallopian tubes) says: "Owing to our ignorance as to the commencement of the evil (from knowing only large tumors) it was believed that there was a want of primordial continuity between the myoma and the uterine tissue. (Bayle, Cruveilhier.) But after his tological reséarches had proved the identity of the fibres of the myoma proper with the muscles of the uterus, these tumors, which at first were thought to be developed in an interposed blastema, were then regarded as resulting from local hypertrophy, and at a later period as being all special hypertrophic forms of uterine parenchyma. This connection is so close that sometimes it is impossible to limit even large tumors, especially if they are soft. Fibromata, therefore, seldom appear to be formed by the interstitial development of elements similar to those in the midst of which the fibro-plastic is produced, or their formative blastema deposited, but more frequently by the proliferation of a limited group of uterine fibres, which become isolated from all the others just as adenoid tumors are developed in the glands, heter adenomata in their neighborhood, pigment in the choroid, etc. The life of fibromata may be said to be a parasitic one as soon as they are isolated from the tissue from which they have taken birth. The anatomical independence which they then acquire as regards the uterine fibres, the feeble vascularity which they enjoy, the capillarity of the vessels by

which their periphery communicates with the rest of the womb, all concur to prove their physiological independence. It is easily ascertained that, with the exception of some adhesions abnormally established, they have no continuity with the tissue of the womb, but are separated from it by a loose cellular tissue as if by a cyst wall, sometimes by accidental serous bursae, sometimes even the nutrition of fibromata takes place by imbibition; it is probable that it is so when they seem to be contained in an envelope, or kind of sac, which isolates them in every direction; it cannot be otherwise when they are perfectly free in the abdomen without, on that account, experiencing any alteration, and even without ceasing to grow, which is accounted for by their being protected from contact with the air, and from the obscurity of their life. The growth of fibromata is unlimited; it is very variable according to whether their development is rapid, slow, stationary or even retrograde."

Vascularity.—The point of greatest interest in the pathology of fibromata is that of their vascularity. Ziegler says: "Every tumor is developed from pre-existing tissue cells by proliferation; in some tumors new blood-vessels are also formed. Nuclear sub-division is indirect; new vessels are formed by off-shoots from existing ones." Cruveilhier said: "It is in these bodies that the vascular system of fibrous bodies in general can be best studied. A considerable vascular net-work envelopes them; this is entirely venous; it communicates largely with the veins of the uterus, which have acquired a calibre proportioned to that of the fibrous bodies, and to the development of the uterus. On the other hand, this venous network receives all the veins which arise in the substance of these bodies. No uterine artery has appeared to me to penetrate the fibrous bodies whose circulation is reduced to its most simple expression; no lymphatic vessel has been demonstrated; no uterine nerve has been traced into them. Hence the absolute insensibility of these bodies." Oldham has demonstrated vessels in some tumors—these being more marked in soft, fleshy tumors. Small vessels appear in one of Marcy's preparations. Figure 2, plate 52, of Martin's Atlas of Obstetrics and Gynæcology, also shows the open mouths of some vessels. Barnes (Diseases of Women) refers to injected specimens in St. George's Museum and St. Bartholomew's, which show the vascular nature of these growths. Klebs (Handbuch der Pathologischen Anatomie) recognizes the existence of a blood supply within the tumor. In their infancy tumors have a rich vascularity—the blood-vessels becoming partially or wholly obliterated by pressure and induration, as the growth takes on new form, and increasing in size and density presses upon surrounding tissues. Fibromata are unquestionably of low vitality, and this accounts for their slow growth, but that they are entirely devoid of vascularity, I am not inclined to believe. There must be something more than imbibition to foster, nourish and perpetuate their life. Imbibition from surrounding vascular structures would be very slight, and, owing to the very nature of the encapsuled tumor, oftentimes impossible. Soft tumors have a rich blood supply. Ordinarily tumors possess an independent life. They have their own blood supply, they live and grow upon the tissues giving birth to them, constituting "an entity within an organism more complete." "It is not known that tumors possess nerves, unless they may be constit uted by nervous tissue of new formation (neuroma); they want, consequently, those regulators of the nutritive functions which connect the different parts of the same living organism with a common centre. This absence of nerves impressed Schrœder van der Kolk and prompted him to make the following experiments. He cut the nerves of a dog's paw, then produced a fracture of it; the callus became exuberant and formed a veritable tumor of granulation tissue. This fact would suggest the importance of a series of researches for the purpose of learning if the exaggerated nutrition of a part of the organism, separated from its regulating centre by interruption of the nerve tubes, could determine the production of a tumor." (Cornil and Ranvier.) Dr. John Williams, who contributes the article upon "Growths in the Uterus," to Reynolds' System of Medicine, says: "They possess a kind of hilus with a large venous plexus, from which veins proceed between the lobes of the tumor along the processes of connective tissue found there, receiving in their course minute venous branches from the growth. Opposite the hilus the wall of the uterus presents a cavernous structure. While the veins are of considerable size, the arteries supplying fibroid

tumors are usually minute. They enter in the band of connective tissue by which the tumor is attached to the uterine wall and ramify in the tumor. Attempts at injecting the arteries of fibroid tumors have in some instances failed. This was probably due either to some peculiarity in the growth itself, as commencing degeneration, causing occlusion of the vessels, to imperfect fluidity of the material injected, or to imperfect manipulation, for usually there is no difficulty in injecting the vessels of growths of this nature, and when injected with a solution of carmine their section presents a deep pink color, though no vessels of any size can be distinguished in them. Though the hard fibroid tumors are usually but little vascular, it is important to bear in mind that this is subject to exception, and that occasionally an artery as large as the radial supplies the growth." It is a well-known fact that fibrous tumors enlarge coincidently with the enlargement of the uterus at menstraution, and this can only be explained upon the hypothesis that more blood is sent from the engorged uterine vessels through the vessels ramifying in the tumor. Fibrous tumors are liable to become filled with blood from a telangiectatic dilation of the vessels within the tumor.

It is impossible to say absolutely that any uterine tumor of appreciable size, started as fibrous or as muscular. Not every growth which presents a spindle-shaped cell is a myoma, and for this reason it seems best to modify Virchow's assertion that a numerous class of uterine fibromata are not really fibrous, but in truth muscular growths or *myomata.* Nearly all of the solid uterine tumors that have received microscopical examination have shown a structure precisely similar to that of fibromata. If they started as muscular the typical spindle-formed cells with rod-shaped nuclei have been lost, owing perhaps to the tissue packing of increased growth. Probably the earliest *representation* of the growth of a fibroma would be shown by a mass of germinal matter, which, later on, forms itself into spindle cells and at the stage of complete development, into tissue not to be distinguished from tendon, except in the irregular arrangement of the fibres. Whence comes the cell which gives the tumor its origin, and where had it existed? Virchow claims that the cells at the point of departure of the tumor, multiplied by division, and that the new growth represented or took the place of a certain amount of normal tissue. Cohnheim showed that the white blood corpuscles furnished the elements by cell division.

Stricker suggested that it is due sometimes to emigration, in others to autocthonous cell division (Virchow); while in others, both may be concerned in the formation of neoplasm.

Whatever may be the origin of the cell from which the tumor springs, the question arises: Does the cell contain within itself the potentiality of tumor growth, or is it operated upon by exciting causes extraneous to itself? Autocthonous cell division is not a pathological process as opposed to the physiological process of cell growth. Generally the walls of the uterus are in a pathological condition favorable to the tumor cell growth. In their infancy these cells increase, multiply and become appreciable swellings by reason of a rich blood supply, and this vascularity, though in case of the hard tumors, in diminished degree, is maintained throughout their existence.

The point from which *fibro-myomata* have their origin is of the greatest clinical importance. Located in the uterine wall nearer to the peritoneum, it will develop in the direction of the least resistance, under the peritoneum, towards the abdominal cavity, and thus is formed the so-called *sub-serous* variety. When it begins in the deeper layers, and in its development presses the unchanged uterine tissues in either direction, it produces the variety called *interstitial;* while situated nearer to the mucous membrane its growth will be towards the uterine cavity, which in these cases is materially hastened by the contraction of the healthy surrounding muscular wall, and thus is formed the *sub-mucous.* Longer continued uterine contractions toward expulsion, and the attached fibroid increases in length and lessens in diameter. Thus is produced the *polypoid fibroid*" (Dr. Marcy, op. cit.).

Any part of the uterus may be the original seat of the affection, but the body and fundus are their usual starting points. Rarely are they met with in the cervix, still more rarely in the vagina. Dr. Williams (op. cit.) says: "Fibroid tumors are the most common form of uterine neoplasm. According to Bayle, they are found in 20 per cent. of women who die after the age of thirty-five, while Kolb says they occur in forty per cent. of women who die after the fiftieth year. Dr. Charles West found fibrous tumors in the uteri of seven women out of seventy who died after the age of puberty, examined by him at St. Bartholomew's Hospital. Mr. Pollack states that of 580 who were examined by him at St. George's Hospital nine only contained fibroid growths. Braun and Chiari assert that out of 2,494 post-mortem examinations made in both sexes, in twenty-

five instances were fibroid tumors found."

Bayle's statement is probably exaggerated. Dr. Hewitt (Diseases of Women) out of ninety-six cases found tumors in eight cases before the age of twenty-six. Scanzoni considers these tumors most common between the ages of thirty-five and forty-five, while out of eighty-seven cases tabulated by Dr. West, twenty-one cases occurred between the ages of twenty and thirty.

Dr. Emmet in table 40 (Principles and Practice of Gynæcology) tabulates 225 cases. The earliest age was eighteen, an unmarried woman; the next a sterile woman at the age of twenty-two; one at twenty-three; ten between the ages of twenty-four and twenty-five; and one at the age of fifty-eight. He goes on to say that the age of greatest liability, for all women, is shown to be between thirty and thirty-five years. But if the consideration is limited to those only who had fibroids and fibrous tumors we find 35.26 years as the average age for the first, and 38.04 years for the latter. Dr. Oerum (Goodell, Lessons in Gynecology) found in the record of 1,002 autopsies of female bodies of all ages performed in the city hospital of Copenhagen fifty-three cases with uterine fibroids, or 5.3 per cent. Under twenty years of age three were 294 cases, and not one had a fibroid. From the ages of twenty to twenty-nine years there were 149 cases, and of these but one had a fibroid. Of 147 cases between the ages of thirty and thirty-nine there were six with fibroids. Of 131 cases between forty and forty-nine thirteen had fibroids. Of 101 cases between fifty and fifty-nine fourteen had fibroids. Of 96 cases between sixty and sixty-nine ten had fibroids. Of fifty-one cases between seventy and seventy-nine eight had fibroids. Of eight cases between the ages of eighty and eighty-nine one had a fibroid. Of twenty-five whose ages were unknown, there were nine with fibroid tmmors.

(*To be Continued*).

Dr. B. W. Richardson, of London, enjoys the distinction of being the editor, publisher of, and only contributor to a new quarterly medical journal, entitled *The Asclepiad.*

ELYTRORRHAPHY AS PERFORMED BY LE FORT.

BY ANNIE E. RICE, M. D., OF WASHINGTON, D. C.

The necessity of surgical treatment for the relief of procidentia uteri has long been recognized by surgeons.

This lesion has been known for all ages, and it seems passing strange that it was not until the nineteenth century that operative measures were taken to relieve the intense suffering incident to it.

NOTE.

926 FARAGUT SQUARE,
Washington, D. C., 16th February, 1884.

Messrs. Ashby & Cordell,
Editors of the Maryland Medical Journal.

GENTLEMEN:—The enclosed paper on Le Fort's operation for the radical cure of procidentia, was written by the late Dr. Annie E. Rice of this city. Her partner, Dr. Jeannette J. Sumner, gave it to me for perusal, and I find in it the evidence of so much research and study—and that upon a comparatively new subject—that I cordially recommend it to you for publication in your JOURNAL.

Dr. Rice has brought together the opinions of various writers and operators upon the best mode of treating surgically a forlorn and deplorable condition, which has until recently successfully resisted the best efforts of the profession to cure.

While I have never operated after Le Fort's method, I am encouraged by reading this paper to submit the next favorable case coming under my care to the mode of relief described and recommended by Dr. Rice, and so favorably regarded by Drs. Albert Smith, Broomall, Berlin, Thomas and others.

Dr. J. Harry Thompson, while in charge of the Columbia Lying-in Hospital of this city, operated for the cure of procidentia many times in that institution, and was for a time enthusiastic in praise of his work. I heard him say, however, before his departure from Washington, that in every instance where he had learned the subsequent history of his patients, his operations had all proved lamentable failures. In some cases he simply returned the enlarged procident organ, and restored the perineum to such an extent as to make the vaginal orifice smaller than normal, with the hope of thus constructing a bar to the future downward displacement of the uterus. In other instances he would combine with this operation some of the various devices for narrowing the caliber of the vagina. But the parts always dilated in time, and the uterus became procident again.

It may be objected to Le Fort's operation that the construction of a double vagina would be an obstacle to parturition should the patient subsequently become pregnant. The same argument could be made here which Lawson Tait applies to those who object to his removal of the uterine appendages on account of thereby causing sterility. He says in cases of chronic ovaritis requiring oophorectomy the ovarian function has been destroyed by disease and hence pregnancy is impossible. So in regard to procidentia; patients thus afflicted would hardly conceive. Le Fort, however, witnessed a case of natural labor in a woman who possessed from birth a double vagina, and since then has operated upon child-bearing women. Most gynecologists do not operate until after the menopause. These cases, however, rarely present themselves for treatment during their menstrual life.

I am very truly, etc.,

JOS. TABER JOHNSON, M. D.

Many operations have since been undertaken, but in the majority of cases the results have not been satisfactory until in 1876 a French surgeon, M. Leon Le Fort, originated the method, which, according to Dr. Thomas, has a future before it, and which, in the hands of able surgeons of both sexes, has succeeded admirably in producing a radical cure.

Pessaries have been used for the relief of this lesion and they are to be recommended where curative treatment cannot be resorted to. The Albert Smith modification of the Hodge suits many cases.

Dr. Croasdale says: "As procidentia is a hernia so the pessary is a truss."

Dr. Emmet claims success from his block tin pessary, and Dr. Thomas maintains that a properly fitting pessary sometimes affords great relief, while other writers discourage even their trial, believing they cause serious complications.

In 1823 Girardin used simple cauterization of the vaginal walls. He was the first to propose the excision of a number of folds of vaginal mucous membrane and fastening to neighboring parts.

During the year 1830 Meade proposed the operation of hymenorrhaphy; but he did not carry it out. Dr. House says Fricke attempted episiorrhaphy by freshening both labia majora in their lower third, and the posterior commissure and uniting them with the quilled suture. The result was somewhat unsatisfactory.

Malgaigne freshened deep into the introitus as did also in about the same way. Baker Brown, Crédé, Dieffenbach, Kiwisch, Küchler, Lindhardt and Scanzoni. Heyfelder, Dammis and Scheffer followed with a poor modification of episiorrhaphy. Then followed a series of operations called kolpodismorrhaphy; as already mentioned Girardin was the first to introduce this principle.

Marshall Hall first performed elytrorrhaphy. He removed an elliptical piece of mucous membrane from the anterior vaginal wall, and united the edges with quilled sutures.

Many others have followed with various modifications of their own—the kolporrhaphy of Simon, the kolpoperineorrhaphy of Hegar and Kaltenbach, and perineoplasty of Bischoff seek to permanently narrow the vagina, change its axis forward and upward and strengthen the recto-vaginal septum.

Marion Sims revived the operation of elytrorrhaphy, with his own modification in 1858, and to him we owe the introduction of a good vaginal suture.

"Dr. Sims' operation differs essentially from that adopted by his predecessors and should in justice be regarded as the parent of the numerous, I had almost said innumerable modifications of it which have since appeared" (Thomas).

Sims' elytrorrhaphy consists of a V shaped denudation on anterior wall of vagina, the sides brought together with sutures and prolapse prevented by the folds formed anterior to the cervix.

Emmet cites one case of Sims, where the neck slipped into the pouch made between the septum and the anterior vaginal wall, with the effect of throwing the fundus into the hollow of the sacrum and fixing it there. Emmet, in one of his own cases where the same accident had occurred, performed a second operation and completed the triangle by denuding a strip in front of the cervix. After the sutures were put in and tied, a more complete barrier to the descent of the uterus was formed. Later Dr. Sims adopted this plan, with the modification of leaving a small space undenuded directly in front of the cervix.

Dr. Emmet calls it a difficult operation, and one not likely to be much used. In 1869 he performed the operation in a new way and claims advantages of simplicity, slight loss of blood and being able to confine the uterus in the cul-de-sac, thereby dispensing with the hand of one assistant.

According to Le Fort, Panas performed the operation by Sims' method and met with success. In one case the cure lasted three years, the patient being delivered at term eighteen months after the operation; but he says the operation is very difficult, especially the introduction of the sutures into the horizontal portion of the freshened parts—the difficulties being even greater than in the operation for vesico-vaginal fistula, and Le Fort states that Panas' operative skill is well known.

All these operations have the disadvantage of being extremely difficult being done after the uterus is reduced, and the organ not being completely supported, crowds upon the narrowed vagina, enlarges it, and we have the same condition as before the

operation. Whereas, in the operation of Le Fort, we have a simple procedure, performed outside the vulvar orifice, and when one has carefully examined the patient after the septum is complete, one can but feel sure of the cure remaining permanent.

Dr. Wm. Alexander* performed an interesting operation for the relief and cure of prolapsus uteri. A brief account of his novel procedure may be of interest. He cuts down upon each abdominal ring, gathering up the ends of the ligaments, freeing each from its nerve, and gradually releasing them by patient and cautious traction from the neighboring tissues, until the position of the uterus, as ascertained by the finger in the vagina is satisfactory. The ligament is then stitched to the tissues around the ring, and the loose ends attached to each other, or rolled around two pieces of wood, which are fastened together in the median line. The picking up the ends of the ligaments is the *difficult* point, and the freeing of the ligaments from their surroundings the *delicate* point, but by experience both can be performed easily and effectually. The ligament slides within its sheath, and the peritoneum is not disturbed. No risk of hernia or pelvic inflammation occurs.

Huguier, it will be remembered, considers prolapsus uteri caused by hypertrophic elongation of the supra and infra-vaginal portions of the cervix, consequently he proposes to cure prolapsus by amputation of the cervix. He was the first to perform this operation in 1848. Spiegelberg claims that the elongation is secondary; position and downard traction, he assumes to be causes, not effects.

Le Fort considers cystocele the first factor in prolapsus, then follows the vaginal portion of the recto-vaginal septum, leaving the rectum in tolerably good position. The walls separate more and more, allowing the uterus to pass between them, and thus, by a process of unfolding, they reach and pass the vulvar orifice, that portion of the vagina nearest the vulva passing out first, the uterus being the last to leave its anchorage.

Severally the forces which produce procidentia are slight at first but are of long duration, acting either constantly or intermittently.

*Medical Times and Gazette April 1st, 1882.

Dr. C. H. A. Kleinschmidt, of Washington, D. C., has delivered a woman at term of a living child when the uterus was completely prolapsed, and Dr. J. Taber Johnson, also of Washington, while in Vienna, saw, in Carl Braun's clinic, a woman with procidentia delivered of a living child.

Hypertrophy of the neck often accompanies prolapsus uteri, and it is to these cases that Faucon refers in his interesting article on Le Fort's operation. He thinks that in all such cases amputation of the cervix by the thermo-cautery should be resorted to before making the double vagina. He claims that the thermo-cautery "exerts upon the uterus an incontestible resolving influence." His testimony in favor of Le Fort's operation is very strong; he has operated many times according to this method. He cites cases of cure by Dr. Zancorae, of Alexandria; Dr. Hicquet, of Liege, and Prof. Duplay, which had been reported to the Societé de Chirurge de Paris.

Le Fort tried his new method for the first time in December, 1876. The woman had suffered greatly with prolapsus, and upon examination he found outside the vulva a conical tumor, its base downwards, its summit at the entrance of the vagina. There was a large ulceration around the os uteri, and the cervix was funnel-shaped. Into the opening a sound penetrated to the depth of seven centimetres. The tumor measured eleven centimetres in length, eighteen centimetres in diameter at its base, ten centimetres at its apex. The uterus being outside the vulva, he made on the anterior wall of the vagina a linear denudation five or six centimetres long—the same space was denuded on the posterior wall (Faucon states that the word linear must not be taken literally, and he suggested to Le Fort to change the term in his second article on the operation).

Having reduced the uterus sufficiently to bring the edges of the denuded surfaces nearest the uterus together, three sutures were applied upon the transverse edges. He then sutured the lateral edges, passing the thread on each side from anterior to posterior, reducing the uterus as each pair of stitches was tied; thus, after the requisite number of stitches were taken, the uterus was completely reduced. Care was taken to leave sufficient length to the thread to enable their withdrawal with ease.

He reports no accident or traumatic fever, and after ten days he removed the stitches. The result was complete, the support was perfect, and no exertion on the part of the patient caused any prolapse, not even a feeling of bearing down.

The fourchette was so wide and lax that he feared to leave the vulva without support, and he therefore denuded the fourchette and the neighboring parts, after the method of Baker Brown. He applied the sutures in "two tiers" according to his own method—i. e. by means of threads passing through the ends of a "sound" for the deep sutures, and by interrupted points for the superficial ones. On the sixth day he removed the stitches, union incomplete superficially, but complete at the bottom, and when the patient left the Hospital, on the 6th of February, 1877, union was complete.

He continued to say that the vulva is narrowed behind, but permeable in the anterior half of its extent, and is not displaced by the uterus when the patient makes any great effort. The second operation re-forms the perineal floor, supports the vaginal walls and prevents any tendency to prolapse.

One may object that at the time he reported the case only four months had elapsed, but when one carefully examines the condition of things after the operation, one can but expect entirely satisfactory results.

The patient,who was a washerwoman, was able to carry heavy burdens, perform laborious work, and was relieved from all pain, and had gained from the operation all the relief hoped for.

Since the date of Le Fort's paper many surgeons have performed the operation with satisfactory results.

To a woman must be given the honor of being the first surgeon in this country to recognize the worth of Le Fort's operation, as on March 26th, 1880, in the New England Hospital for Women and Children in Boston, Dr. Fanny Berlin operated according to Le Fort's method. The operation was successful—Dr. Berlin saw the woman in May, 1881, and she says "the uterus was in good position and greatly reduced in size."

In an article published in the *American Journal of Obstetrics*, Oct. 1881, she calls the attention of the profession to this operation and reports three cases.

While visiting Dr. Berlin, in Boston, during the month of September, 1882, she invited me to be present at the New England Hospital to see her operate on a case of procidentia of the uterus. Dr. Ida V. Reel kindly sent me a copy of the official report of the case from which the following is taken:

"Mary H——, aged 37, married, has had eight living children, one still-born and two miscarriages. Last child born May 23, 1881; has not menstruated since then and had nursed child up to time of entering the hospital. Ever since she began having children has been troubled with prolapse of the uterus, and this trouble has been aggravated since the birth of the last child. Never staid in bed more than five days or a week, excepting once staid nine days; no headache; present condition thin, worn and pale. Has trouble in passing water when uterus is prolapsed. Constipation; uterus large; complete prolapse, os rough and patulous, admitting index finger readily; cervix large; vagina very long; perineum intact but lax.

September 27th.—Patient completely etherized at 2.45 P. M. Uterus completely prolapsed. A strip of tissue twelve centimetres long and three centimetres wide was denuded from the anterior and posterior walls of vagina. These denuded surfaces were then brought into apposition and firmly fixed by nine pairs of silk sutures, the upper edge having an additional stitch in the centre, the lower edge also having central sutures. Perineorrhaphy was then performed with four silver wire sutures, which were twisted, formed in an arch and the ends protected by tin foil. Patient was then catheterized and the vaginia on each side of the septum carefully douched with hot water and patient put to bed.

Recovered well from the ether. Compresses wet in lead and opium wash were kept applied to the perineum. Patient commenced to menstrute next day. Considerable bladder irritability for several days; urine drawn every four and a half hours and bladder carefully washed out with warm water. After each catheterization the vagina was also douched.

October 2.—Menses ceased and urine passed naturally.

October 3.—Bowels moved after an enema of olive oil and water.

October 4.—Perineal stitches removed; union complete; cosmoline dressing applied.

October 12.—Sat up without fatigue.

October 28.—Patient discharged perfectly well; septum good and firm; looking well and has no distress whatever."

Dr. Albert H. Smith modifies the operation by using silver wire sutures inserted in sound tissue on one side of the anterior denuded surface, passing completely under the latter then out and under the posterior denuded surface in a similar manner. The loop of the stitch is now passed through a perforation in a soft metal bar and shotted. The ends of the sutures are twisted and left long. After union is complete the shot are cut off and the sutures are withdrawn by traction on the long twisted ends.

Dr. Anna Broomall has performed this operation several times successfully. She puts in from three to five transverse stitches. She considered perineorrhaphy a necessary part of the operation and recommends sewing up cervical tears thus doing away with amputation of the cervix.

Dr. Hannah T. Croasdale follows Le Fort's method. She applies three stitches at the base of the parallelogram with catgut sutures.

By the kind permission of Dr. Croasdale I was present when she operated on a procident uterus at the Woman's Hospital, in Philadelphia, Jan. 13th, 1883.

The operation for laceration of the cervix had been done some weeks previously by Dr. C.

The patient having been in a recumbent position for some time, the procident mass had remained in the vulvar orifice. The anterior vaginal wall was greatly relaxed; the posterior more firm. The operation was done as by Le Fort, with the exception of the uterus, being already partially reduced and catgut sutures introduced instead of silk. Dr. C. deferred the operation of perineorrhaphy till after the healing of the vaginal septum.

Dr. Mary Smith, Dr. Elizabeth Cushier and Dr. Mary E. Allen, have successfully performed Le Fort's operation, and the latter read an interesting paper on the subject in March, 1882, at the meeting of the Alumnæ Association of the Woman's Medical College of Pennsylvania.

937 New York Avenue.

Correspondence.

STATE OF THE LAW WITH RESPECT TO CONFIDENTIAL COMMUNICATIONS MADE TO PHYSICIANS BY PATIENTS.

To Editors of Md. Med. Journal:

I received the enclosed answer to my query about the law of Confidential Communications in the United States, from my friend Willoughby N. Smith, Esq., of the Baltimore Bar and Lecturer on Medical Jurisprudence, College of Physicians and Surgeons, and if with me, you think it of general interest, it is at your disposal.

Yours respectfully,
Jno. R. Quinan.

Baltimore, Feb. 8, 1884.

Dr. John R. Quinan,
No. 71 N. Gilmor St.,
City.

Dear Sir:

* * * In regard to the state of the law with respect to the sanctity of communications imparted in confidence to a physician by a patient, I believe that the statement which follows gives correct expression to the existing rule of law on this subject in the United States:

In the absence of any statutory provision to the contrary, it is well settled that a physician or surgeon may be *compelled* to disclose any communication made to him in professional confidence.—*Stephens' Digest of Evidence, Art. 117.*

The states which have enacted statutes changing this rule of the common law are the following:

Wisconsin, New York, Michigan, Iowa, Minnesota, Missouri, Ohio, Indiana and Nebraska.

The statute of Wisconsin provides that "no person duly authorized to practice physic or surgery, shall be *compelled* to disclose any information which he may have acquired in attending any patient in a professional character, and which information was necessary to enable him to prescribe for such patient as a physician, or to do any act for him as a surgeon."—*Wisconsin Revised Statutes, Sec. 4075.*

The statutes adopted in New York, Michigan, Minnesota, Missouri, Ohio, Indiana and Nebraska provide *either*, that a

"person duly authorized to practice physic or surgery" shall not be "competent," or that he shall not be "*allowed*," to make the disclosure. *But* by the statutes of Iowa, Indiana and Minnesota such testimony "may be received with the consent of the patient" in all cases, and in Minnesota the prohibition, in the absence of such consent, is confined to civil cases: the "regular physician or surgeon" may be *compelled* in that state in criminal cases to disclose communications reposed in him in confidence by a patient while in actual attendance upon the patient in the capacity of medical adviser.

Very truly yours,

WILLOUGHBY N. SMITH

A CASE OF MISTAKEN SEX.

To the Editors of Maryland Medical Journal:

In an editorial in your journal of February 23rd, there is a criticism of a report of a case entitled a "Case of Mistaken Sex," as published by me in the *Medical News*, in which you say "Looking, however, at Dr. McGuire's own statement from an anatomical standpoint, we cannot agree with him that there was no trouble in determining the sex." The report of the case was written concisely in order to give an answer to a flood of letters I had gotten from physicians owing to the sensational stories of the case getting, with my name attached to it, into the newspapers. In the report I gave all the characteristics as found, without going into any discussion of what was *not found* or into any lengthy discussion of hemaphrodism, which I did not do owing to some peculiarities of the family history of the case, which at that time I could not make public and which I postpone until such facts can be published without detriment to the parties concerned. In your criticism your conclusions are drawn from a negative standpoint and not from the facts as I gave them. You state "that the ovaries may descend into the canal of Nuck and be mistaken for testicles, and the clitoris may be enormously hypertrophied and present the closest resemblance to the penis." No one doubts this, but in my report I state that the penis in this person was small but well-formed, and the only abnormality at all in connection with it was the absence of the mouth of the urethra; every other anatomical point was present.

There was no abnormality at all of the testicles, which I stated were well formed and well developed, and were to all external touch and sensation natural, nor of the spermatic cord, which you seem to have overlooked, and the only abnormality of the scrotum was its separation into the two halves or, as described, two scrotums.

The sulcus between the two halves, in which I stated there was no opening, was lined throughout by cutaneous membrane.

You further state "that pleasurable sensations during sleep followed by a free secretion of fluid from the valvo-vaginal and other glands is not an uncommon experience with highly erotic women;" yet I did not state I found either a vulva or vagina, on the contrary my not stating it would be proof positive that none were found. "No reference was made to the possible existence of the uterus or to the menstrual function," because no uterus was found and no menstrual function had ever existed. The last criticism you make that "the presence of spermatozoa in the white fluid which he calls semen would determine the character of the sex without doubt." This statement I would hardly have expected from a medical journalist. The presence of spermatozoa would beyond doubt give the real sex, but suppose they were absent. are they not absent in not a few cases of men? Dr. Marion Sims found that in treating sterile women the cause of the sterility was not very unfrequently due to the absence of the spermatozoa in the semen of the husband, and Mr. Curling states that the man is subject to sterility independently of virility. So that I claim the conclusions you have drawn are of a negative character, for none of the points you discussed I gave as being present, in fact were almost absent. There was no vulva, no vagina, no uterus, no menstrual discharge, but there was a small well-formed penis (with exception of urethral opening) spermatic cord, testicles, with a separated scrotum, behind which opened the urethra from which point into the bladder the catheter passed with the same curve it does in any male and with lower limbs and arms of masculine conformation. The upper part of the body, face and features, chest, etc., were all of feminine formation.

Since the report was published the party has married (to a woman, of course). He tells me he has regular sexual intercourse with ejaculation of semen, which, owing to the position of the external opening of the urethra falls not in the vagina of the woman. With this exception both parties claim it is perfect.

Yours truly,

WM. P. MCGUIRE.

Society Reports.

BALTIMORE MEDICAL ASSOCIATION

STATED MEETING HELD JAN. 29TH, 1884.

(*Specially Reported for Maryland Med. Journal.*)

The Association was called to order at 8.30 P. M., the President, DR. E. G. WATERS, in the Chair.

Drs. Charles H. Riley and *C. W. Filler*, candidates for membership, having been reported on favorably at the last meeting, were unanimously elected members of the society.

NATURE AND TREATMENT OF SICK-HEADACHE.—*Dr. Hill* reported the case of a gentleman, æt. 50, who suffers from spells of vomiting every week, sometimes occurring regularly on the same day of the week for seven or eight weeks. Attacks are preceded by malaise, but there is no pain. Neither dieting nor treatment has any effect on them. There is no tenderness nor hardness to be discovered. The trouble has persisted, to Dr. H.'s knowledge, for four to five years, although a number of physicians besides himself have had the case under treatment. There is no emaciation, nor waxy appearance which might indicate an association with malignant disease; on the contrary the patient is the picture of health. The vomiting is persistent and violent and very weakening, so that he has to suspend all work for the time. The vomited matter is thick, tenacious, not particularly sour nor accompanied by fermentation. He can tell when the attacks are coming on; in the last one he was taken sick while going home. The stage of vomiting lasts about twenty-four hours and goes off with a gurgling sound like that of water being poured from a small-mouthed bottle and going from left to right. The patient is strictly temperate and a collar-maker by occupation.

Dr. Morris said the case was evidently one of "sick headache," which is, however, most common in women.

In answer to Dr. Chambers, *Dr. Hill* said there was no photophobia, nor one-sided headpain, and no fever. The great prostration and extreme nausea were the most prominent features in the case. Digestion is unimpaired except at the times of the attacks, and he has no cause for business worry, being an employee. The treatment has embraced quinine, iodide of potassium, pepsin, bismuth and tonics.

Dr. Chambers said it was pretty clearly established that the pathology of these cases is to be found in brain exhaustion. They usually occur on the left side—the driving side—according to Ferrier, and in women, in whom the care of families and childbirth have much to do with them. The affection is common in school children, and is hereditary, generally continuing during life. A change of circumstances and surroundings and relief from worry are important measures of treatment. Letting up in business is the best thing probably that can be done.

Dr. Smith had tried abstinence from worry among other things and without any benefit.

Dr. Rohe referred to the case of a medical friend who formerly had one or two attacks a month but who now rarely has them. His remedies consist in going to bed and taking morphia and afterwards calomel. The morphia increases the nausea but relieves the pain. The attacks, which are very prostrating, rarely occur and only after some worry or anxiety.

Dr. Sellman, who had been a sufferer from the affection whenever he rode on a railroad train, had found invariable relief from a dose of chloral and bromide of potash, fifteen grains each.

Dr. A. Atkinson said chloral was the remedy for sea-sickness. He had found the granular effervescent citrate of caffein very effective in the above cases in ℥ ss doses. The great difficulty in treatment is the rejection of everything by the stomach; if retained the caffein invariably relieves in twenty-four hours; if not retained pressure over the temples is successful.

Dr. Morris said the disease was hereditary and remedies are inefficient; nothing but time, rest and shutting out light are to be relied on.

Dr. Lee said the periodicity is a striking feature. Bromo-caffein effervescing had proven the best remedy in his practice.

Dr. Smith said as soon as the patient can retain anything he is all right.

Dr. Gibbons recommended guarana in powder as the most efficient remedy, twenty grains every hour in one-half teacupful of water, until three doses are taken. It should be given at the very commencement of the attack. He referred to two ladies thus treated with success; at least the attacks subsided and *they* believe that the remedy cured them. In answer to Dr. Smith, he said he gave it before nausea set in.

HYSTERIA IN CHILDREN.—*Dr. Smith* reported the case of a girl, æt. 10, who had an attack of hysterical coma. The case occurred in an institution where other children were, and one of these, a girl æt. 11, showed similar symptoms. The children were, therefore, isolated, and those affected were treated with bromide of sodium and measures designed to produce a physical impression.

FATAL CYANOSIS IN A NEW-BORN CHILD.—*Dr. Hill* reported the case of a new-born infant, which did well until the sixteenth day when it had blueness of the lips. It did not

appear to be suffering, breathing and pulse were normal. The blueness extended over the entire body and death ensued in a few hours, without a struggle. Dr. H. was unsettled as to the pathology of the case; if due to a patent foramen ovale, why did it occur so late and why were there no other symptoms?

Dr. Morris knew of a similar case in which a death-certificate of "overlaid" was given.

Jaborandi to Promote Eruption in Exanthemata.—*Dr. A. Atkinson* referred to a case of measles with tardy eruption, in which the use of this agent was followed within twelve hours with a most profuse eruption.

Dr. Lee never hesitates to use the same agent to bring out the eruption of scarlatina. He uses the muriate of pilocarpin hypodermatically. It is necessary here to use a stimulant.

Specimens of Contracted Stomach and Aneurism of Aorta.—*Dr. Chambers* exhibited a very small contracted stomach with walls decidedly thickened and in one part showing a cicatrix. The mucous membrane is rugated and hypertrophied. The patient was a man about 50 years old, who died from inanition preceded by digestive trouble. The second specimen was one of aneurism of the transverse and descending portions of the arch of the aorta, from a stonecutter, æt. 35, who had worked up to within three days before his death. About a week before death he was attacked with a violent sneezing, which he was unable to arrest, followed later by dyspnœa. This went away to return two days later in greater intensity. At this juncture Dr. C. was called in to perform tracheotomy. The patient was in a perspiration, with weak pulse and cyanotic. A difference in the pulses was noticed. The windpipe was opened and there was slight though only temporary improvement, death ensuing two days after the operation, and which respite Dr. C. attributed to the operation. The laryngoscope was not employed in the diagnosis and loud bronchial râles obscured any bruit to which aneurism might have given rise.

Wounds and Measles.—This formed the title of a paper by *Dr. W. F. A. Kemp*, who was appointed to open the regular subject for the evening. He reported several cases recently observed, in which the patients after the reception of wounds of various sorts broke out with measles. He was disposed to regard this as more than a coincidence, and drew the inference that diseases are greatly colored by the prevailing character of surrounding influences.

Dr. Rohe maintained that the eruptions observed in septicæmia were simple accompaniments of that disease and not genuine scarlatina.

Dr. Gibbons thought a number of cases would be required in order to establish the theory that wounds lead to measles.

Dr. Chambers reported the following cases; 1. A girl, æt. 7, was attacked with vomiting and high fever (t. 104°) and in due time scarlatinous eruption. On the eighth day an eruption of measles also appeared. He had never seen the two diseases follow each other so closely. 2. A child, æt. 3, had a sorethroat, a temperature of 101°, and pulse of 110, but no eruption at any time. Scarlatina was suspected. She was well in ten days, and in five or six weeks began to puff up with anasarca from acute desquamative nephritis.

The discussion was then closed.

Vital Statistics.—Deaths in the District of Columbia during January.—During the month of Jan., according to the report of Health Officer Townshend, there were 453 deaths in the District of Columbia. Of this number 132 were white males, 120 white females, 96 colored males and 105 colored females. This gives a death rate of 23.21 per 1,000 per annum for the whites, 34.81 for the colored and 27.18 for the total population. The death rate is unusually high for the month of January, being higher by 3.63 per 1,000 per annum for the whites, 1.63 for the negroes and 3.11 for the total population than the mean rates of the month of January for the past ten years. Twenty-six deaths occurred in Georgetown, 33 in the county, 49 in the various public institutions and 345 in the city. About 55 per cent of the total number of decedents were natives of the District, while of those dying of consumption only 32 per cent were born here. Sixty-seven marriages were reported, of which 49 were between whites, 16 between colored parties, and in two instances colored men married white women. Births reported—107 white males, 90 white females, 75 colored males and 62 colored females.

The Nature of Snake-Poison.—At a meeting of the Medical Society of London, held January 28th, Sir Joseph Fayrer read an admirable paper "On the Nature of Snake Poison." After describing the nature and mode of action of snake-poison in living creatures, he gave the anatomy of the various venomous and non-venomous snakes, and described the peculiar apparatus by which the former poison their victims. The statement was made that not less than 20,000 persons die annually of snake-bite in India. Referring to treatment, Sir Joseph held that the only safety lay in preventing the absorption of the poison. The permanganate of potash he regarded as infallible in the test tube, but useless when once the venom has been absorbed.

Reviews, Books and Pamphlets.

Insanity. Considered in its Medico-Legal Relations. By T. R. BUCKHAM, M. D. Philadelphia: J. B. Lippincott & Co. 1883.

We find this to be an excellent work of its class, and one likely to prove useful to physicians and lawyers especially, and ultimately to the community at large. There is, as the author says, "a pernicious uncertainty of verdicts in insanity cases," and he takes some pains to indicate how verdicts may be made at once more just and more rational. He shows what a fearful amount of ignorance prevails among doctors, lawyers and judges in relation to all that concerns the "mind diseased," and indeed, he asserts that the *mind cannot be diseased*, although the organs upon which its integrity depends may be, and are always diseased or disordered in cases of mental insanity.

As what is considered disease of the mind is, or depends upon, disease of the body, it is a subject for medical treatment. All the legal cobwebs entangling insanity ought to be brushed away, and in every trial fact should supplant opinion.

In questions of sanity or insanity before the courts expert testimony should be held to be conclusive, but then, as the author suggests, the experts must be practically acquainted with insanity in all its bearings. They should have experience that only can be acquired by long practice among the insane. The general practitioner cannot be a reliable expert, for want of sufficient opportunity and experience to enable him to make just estimates of mental alienation. Very few can distinguish between real and assumed insanity, which may be the very point at issue.

In any case where the accused puts in a plea of insanity he should be confined in an insane hospital for some time *preceding his trial* under scientific observation. It would hardly be possible to deceive an experienced alienist for a term of say from three to six months, although it might be quite possible in a brief interview of as many minutes, or even of as many hours.

Another most important suggestion, as we apprehend, made by Dr. Buckham, is that the expert witnesses should be summoned by the court and in the service of the court to advise as to matter of fact. As the author says, *Insanity being the result of physical disease*, IT IS A MATTER OF FACT *to be determined by medical experts*, NOT A MATTER OF LAW, *to be decided by legal tests and maxims*. If experts were thus cited and thus only, and not as *ex parte* witnesses for or against the accused, their testimony would cease to be conflicting, and impartial justice could be reached with something approaching to certainty.

When these three points are summarized and urged, their importance at once becomes obvious, to wit:

1. That experts (in matters of mental aberration) shall be taken from physicians of practical experience in that line of practice.

2. That the plea of insanity shall be first fully tested in an insane hospital *before* coming into court for trial.

3. That experts should be in the service of the court only, and not witnesses and *quasi* advocates for or against the accused.

We would like to take up some of Dr. Maudsley's views here, as the author does, but space does not permit more than a brief reference. Dr. Maudsley is eminently a representative of scientific materialism, and holds that man has no free will. He asserts, for example, that there is no real difference between the choice made by a man between two courses of action and the choice made by a piece of iron in rushing to a magnet, except in the greater complexity of the factors entering into a man's choice. All criminals are, in his opinion, such by necessity and inheritance,—"congenital outcasts." They are just like wild beasts, and though you may educate them, education only makes them more dangerous. Man is a mere automaton, and "cannot elude, were he to attempt it, the tyranny of his organization."

If such be the truth, as Dr. Buckham says, "our jails and State prisons should be changed to hospitals, and, instead of thinking or speaking of the commission of crimes and the punishment of the perpetrators, criminal acts will be considered as symptoms of a disease called criminal neurosis. Our courts of justice will have to be abolished as, instead of being tried and punished for dishonesty and crime, the persons would be sent to the hospital for incurables, sufferers from the grievous disease known to the profession of that day

as 'hereditarily transmitted dishonest or criminal character.'"

Would not some persons think that the learned savant himself should be sent to a hospital for incurables?

Without further comment on Dr. Buckham's work, we may say at once that it could be read with profit by every physician, lawyer, judge or legislator in the land interested in medical jurisprudence or in the public weal. R. McS.

A Manual of Medical Jurisprudence with Special Reference to Diseases of the Nervous System.—By ALLAN MCLANE HAMILTON, M. D., one of the Consulting Physicians of the Insane Asylums of New York City. Bermingham & Co. New York and London, 1883. 8vo, pp. 386.

After a somewhat careful examination of this work we have no hesitation in pronouncing it a valuable addition to American Medico-legal literature of the subjects on which it treats.

While making no pretension to an exhaustive discussion of all the topics it embraces, and offered only—to use the modest language of the author—as a book of reference for the lawyer and physician, and limited to those conditions of the Nervous System, which, now-a-days are so often the bases of litigation, yet, within the scope prescribed for himself, the author has managed to condense the results of a large experience and wide range of reading into the compass of his small volume—a fact which adds greatly to its utility for the busy general practitioner.

It is illustrated very fully with cases, which, we are pleased to see, are drawn more largely from *American* sources, and hence better calculated to meet the wants of *American* physicians—a feature that is not always to be found in foreign treatises. Of 63 medico-legal cases given, 55 are from American decisions. The leading chapters embrace Insanity; Insanity in its Medico-legal Relations; Hysteroid Condition and Feigned Disease; Epilepsy; Alcoholism; Suicide; Cranial Injuries and Spinal Injuries. In the first chapter he discusses the definition of insanity; its general indications; classification; Monomania, Moral and Partial Insanity; Idiocy; Imbecility; Congenital Viciousness; Dementia; Melancholia; Mania; Kleptomania; Pyromania; Dipsomania; Suicidal Mania; Homicidal Mania; Cunning of the Insane; Insane Inspiration of Homicides; Circular Insanity; Puerperal; Paresis of the Insane; Delusions of Grandeur; Remissions; Disputed Cases of Paresis; Relations of Criminal Acts to Sleep; Somnambulism and Epilepsy; Hereditary Influence; Post Mortem Examination of the Insane; (with plates of the typical and atypical brain). Under the Legal Relations of Insanity we have Legal Tests; The Border Land of Insanity; The Guiteau Case; Examination of Patient; Physical Tests; Duties of Medical Experts; Tricks of Counsel; Illusions, Hallucinations and Delusions; Reasoning Mania; Lucid Intervals; Contracts made by the Insane; Testamentary Capacity; Old Age and Dementia; Undue Influence; Medico-legal Relations of Aphasia; Marriage and Insanity; Insurance Frauds; Responsibility of Deaf and Dumb; Criminal Responsibility; Responsibility in Relation to Imbecility; English Test of Responsibility; American Decisions on it; The Test of Right and Wrong; Impulsive Insanity; Commitment of Lunatics and the State Laws in Regulation of it; Commissio de Lunatico Inquirendo; Concealed Insanity; Feigned Insanity, etc. The last two chapters on Cranial and Spinal Injuries are particularly valuable, for the numerous decisions cited from our courts in connection with suits for damages from Railroad Collisions, etc.

The literary style of the work is all that could be required—plain, clear and concise. I find but one slip—it occurs on page 156—the result, no doubt, of hasty composition—"disease manifestations which are absent *in he* who shams." The mechanical execution of the book is unexceptionable. We heartily commend the work to our medical friends.

Q.

A Manual of Obstetrics. By A. F. A. KING, M. D., Professor of Obstetrics and Diseases of Women and Children in the Medical Department of the Columbian University, etc. Second Edition. Henry C. Lea's Son & Co. Philadelphia: 1884. Pp. 329.=*Opera Minora, a Collection of Essays, Articles, Lectures and Addresses from 1866 to 1882 Inclusive.* By EDWARD C. SEGUIN, M. D., Clinical Professor of Diseases of the Mind and Nervous System, in the College of Physicians and Surgeons, New York, etc. G. P. Putnam's Sons. New York: 1884. Pp. —.=*Annual Address Delivered Before the American Academy of Medicine, Oct. 10th. 1883.* By HENRY O. MARCY, A. M., M. D., President. Philadelphia: 1883. Pp. 23.=*Medical Symbolism.* By T. S. SOZINSKEY, M. D., of Philadelphia. Reprint from *Med. and Surg. Reporter.* Pp. 11.=*Excessive Venery, Masturbation and Continence.* By JOSEPH W. HOWE, M. D., late Professor of Clinical Surgery in Bellevue Hospital Medical College, etc. Bermingham & Co. New York: 1884. Pp. 291.=*The Hip and its Diseases.* By V. P. GIBNEY, A. M., M. D., Professor of Orthopedic Surgery in the New York Polyclinic, etc. Bermingham & Co. New York: Pp. 402.=*A Man-*

ual of Medical Jurisprudence, with Special Reference to Diseases and Injuries of the Nervous System. By ALLAN MCLANE HAMILTON, M. D. Bermingham & Co. New York: 1883. Pp. 380.=*Diseases of the Bladder, Prostate Gland and Urethra.* Fifth Edition. Revised and Enlarged. By FREDERICK JAMES GANT, F. R. C. S., Senior Surgeon to the Royal Free Hospital, London. Bermingham & Co. New York: 1884. Pp. 590.=*Female Hygiene and Female Diseases.* By J. K. SHIRK, M. D., Member of the Lancaster City and County Medical Society. Lancaster, Pa., Publishing Co. 1884. Pp. 93.

Editorial.

EXPERIMENTAL INVESTIGATION INTO THE PROTECTIVE POWER OF ATTENUATED TUBERCULOUS MATERIAL.—These experiments were conducted by Dr. Falk, of Berlin, and were undertaken with the view of ascertaining whether animals in whom inoculation of tuberculous material had been practiced were thereby in any degree rendered insusceptible to a recurrence of the tuberculous process on repetition of the operation. Great difficulty was experienced in so modifying the material that it would not prove fatal on the first infection. The use of heat and chemical substances being impracticable owing to the destructive character of these, the experimenter had recourse to a natural means of disinfection, i. e., to organic decomposition. This, as is well known, is antagonistic to infection; when, therefore, through continuous moistening of tuberculous tissues, a decomposition is set up in them, one may observe that the tubercle gradually loses its virulence. Using such material in which the decomposition had not advanced very far, Dr. F. introduced particles of it into the peritoneal cavity of animals; the result was not a general disease but only a local tuberculosis. This first inoculation surmounted and the local, cheesy abscess having undergone condensation and complete calcification, a second inoculation was attempted with fresh tubercles with infectious properties unimpaired. The results indicated that there is not the slightest ground for a belief in a protective inoculation in tuberculosis, for F. observed that the animals which had already been inoculated were much more severely affected by the disease than those which had not undergone the process; and that the first inoculation instead of being a means of protection had decidedly increased the tendency to renewed disease by some sort of degenerative influence which it left after it.

The above experiments receive an explanation in the views advanced by Virchow and referred to in our last number. This author, it will be recollected, denies the infectiousness of tubercle although conceding the ætiological significance of the bacillus tuberculosis. According to him, this parasite acts only locally in parts in which it has secured a lodgment, and constitutional involvement is the result purely of processes which it sets up therein. Hence the effect of inoculation is simply cumulative —merely adding to the contagium already present—just as planting a number of the itch insects over the surface of a person affected with scabies would do.

But it appears to us that, viewing the matter from the standpoint of the clinician, the difference is one rather of degree than kind, and it matters little to an individual whether a bacillus tuberculosis, inspired in the breath, causes a primary constitutional infection or not, provided it tends almost invariably like acknowleged infectious processes to lead to a fatal result.

A CASE OF MISTAKEN SEX.—We cheerfully give space in the present issue of the *Journal* to a communication from Dr. McGuire in answer to our criticism of "A Case of Mistaken Sex," published in *Med. News* (Feb. 16th). Dr. McGuire objects to our conclusions on the ground that they are drawn from a negative standpoint, and not from the facts as he had stated them. Our only real objection to Dr. McGuire's report was that it was incomplete, and from the evidence furnished we were unable to accept the opinion he had reached. The report states the individual "to all outward appearances is a fairly well-formed woman about five feet four inches in height, with long hair curling down her back. Her voice and features were effeminate, and her demeanor modest. From birth her dress had been that of a woman. All of her associations had been with women, and her business in life that usually followed by her sex. There was no hair upon her face. I found, upon examination, that the conformation of her thorax was similar to that of a woman, and that her breasts were developed similarly to that of a young girl. The nipple was erectile." As the report offered no evidence to account for these moral and physical peculiarities, which for thirty-five years were deemed sufficient grounds for identifying this individual with the female sex, we had no right to assume that the uterus and, possibly, the ovaries were not present. In fact we had the strongest presumptive evidence to support our theory of the case. Dr. McGuire says: "I did not state I found either a vulva or vagina, on the contrary my not stating it would be proof positive that none were found." We must object to this method of relating facts. Dr. McGuire asks too much of his readers if

he would have them accept his conclusions on a partial recital of anatomical facts, when other important facts are withheld. His view of the sex of this individual may be the correct one, but the facts which he presented in confirmation of his opinion did not, in our judgment, prove it. Referring to the evidence afforded by the absence or presence of spermatozoa in the "ejaculated semen," Dr. McGuire takes advantage of a very exceptional and rare incidence to sustain his position. He informs us that this individual has two well-formed and developed testicles, each attached to a moderate sized spermatic cord. If this be the case why object to the evidence afforded by a microscopical examination of the spermatic fluid? If these organs are testicles is it probable the spermatozoa will be found wanting? Why then object to a confirmatory test which will apply to the vast majority of cases?

The condition of hermaphrodism Dr. McGuire has not discussed, "owing," as he says, "to some peculiarities of the family history of the case which, at that time, I could not make public, and which I postponed until such facts can be published without detriment to the parties." It is this condition which is of chief interest to the readers of Dr. McGuire's report, and we hope that in the near future the anatomical peculiarities will be more fully brought out. In this connection we ask permission to call Dr. McGuire's attention to the very instructive case of Catherine Hohmann, reported in the *Amer. Journal of Obstetrics*, Vol. VIII., 1876, by Dr. P. F. Mundé. This individual presented not a few anatomical and physiological peculiarities, very closely resembling the individual reported by Dr. McGuire. Having lived for 46 years in female apparel and in enjoyment of many of the privileges of this sex, among others the society of a male lover, she, late in life, donned the male attire and married a member of her former supposed sex. Her sexual condition was examined at different intervals by many of the most skillful anatomists and pathologists in Europe, with great diversity of opinion in regard to her true sex. The evidence finally tended to establish the fact that this was a case of true lateral hermaphrodism. Until the age of about forty years the female element was in the ascendeney. After this period, which corresponded with the menopause, the male element asserted itself, and masculine instincts and proclivities predominated. This individual had a well-formed penis in a condition of hypospadias, a well-developed testicle on the right side, located in a scrotal pouch and either a rudimentary testicle or ovary upon the left side. The uterus and vagina as such were absent, these organs being represented by a small sinus extending from the urethra into a button-shaped expansion. An ovary was believed to have been located in the abdomen, but this fact was not fully corroborated. This individual discharged blood periodically from the urethral canal, and likewise a spermatic fluid which contained spermatozoa.

THE REGULATION OF MEDICAL PRACTICE IN MARYLAND—CONTEMPLATED LEGISLATION.—An important bill has just been introduced into the Maryland Legislature, in which the medical profession of the State should feel a very deep interest. It is nothing less than an act providing for the regulation of medical practice within the State—a thing long urgently needed, and one to which we have repeatedly drawn attention in these pages. The proposed bill is based upon that so successfully inaugurated and enforced in West Va., during the past two years, which was considered by those having the matter in hand as the best model for imitation.

The State Board of Health will become under the new régime, the Examining Board for the State. All graduates of reputable medical colleges, no matter as to the school to which they belong, will be entitled to practice upon presenting their diplomas and obtaining proper certificates. All persons who shall have practiced medicine for ten years, upon making affidavit to that effect, shall receive a certificate entitling them to practice. Those not possessing the above qualifications shall undergo an examination at the hands of the Board, and, if the result be satisfactory, shall receive a certificate from the Board entitling them to practice. Persons undergoing examination in accordance with the act, will be required to pay $10 to the Board. The examinations may be in writing, and shall be "of an elementary and practical character," embracing the subjects usually taught, including Pathology and Pathological Anatomy. Itinerant physicians must pay to the sheriff $50 for each month, under the penalty of being fined not less than $50 nor more than $500, or imprisonment from one to twelve months. The funds received are to be turned into the State Treasury.

These are the chief features of the bill which, should it become a law, will be published in full. What its fate will be we cannot yet say. That it will meet with opposition we have little doubt, but it has given great satisfaction in W. Va., and its wants seem there to be duly appreciated.

Its passage will add greatly to the responsibility and importance of the Board of Health, and will render desirable some changes in the personnel of this body, whose composition can no longer be with safety ignored by the profession of the State.

Its proper enforcement will demand much firmness and zeal upon the part of the executive officer of the Board, and it will rest greatly with him whether it will prove a source of benefit to the community or a dead letter in the code. The recognition of the diplomas of the schools will disarm opposition on their part, whilst the recognition of various methods of practice in vogue is a concession which is demanded by the times and by public sentiment, and should neutralize the opposition of those practitioners whom we are accustomed to denominate "irregular."

OTHER HEALTH LEGISLATION.—The recent sanitary convention, held in this city, has proven quite a stimulus in this much-neglected field, and several important measures have originated through its influence. The committee on Sanitary Legislation, composed of Drs. John Morris, Jackson Piper, and James A. Steuart, and Messrs. W. Pinckney Whyte, H. C. Hallowell and John P. Poe, has issued a "memorial" to the General Assembly of the State, and urges upon that body the following:

1. The enactment of a comprehensive law for the registration of vital statistics in the State.
2. The enactment of a general law to prevent the pollution of water courses, etc.
3. The enactment of a law for efficient Boards of Health.
4. The enactment of a law providing for a sanitary survey of the State.

These measures are enforced by unanswerable argument, and their neglect or postponement will imply that we are not prepared to adopt the great principles which sanitary science has established, and which elsewhere are contributing so much to the preservation and prolongation of human health, life and happiness.

In this connection we may refer to another measure, originating with a committee of the Medical and Chirurgical Faculty, viz: A petition asking the Legislature to establish an institution for the care, training and education of imbecile and feeble-minded persons. There are said to be thirteen hundred and nine such persons in the State.

THE NATIONAL BOARD OF HEALTH.—Great efforts are being put forth at this time by the members of the Board and their friends to revive the functions of the Board and the Committee on Public Health of the House of Representatives at Washington was the scene last week of a lively contest, in which Surgeon General Hamilton, of the Marine Hospital Service, took part. As reported in the papers this gentleman was charged with seeking to control public opinion; this he denied, and retorted by charging the National Board with attempting to pack the Committee, which brought forth a counter-denial from the President of the Board. It is much to be regretted that the question of national sanitation cannot be discussed purely upon its merits and without the interpolation of personalities. For our own part we see no incompatibility in believing, as we honestly do, that great zeal and ability have been displayed both by the Board and the Marine Hospital Service in their respective management of the trust imposed upon them, and we do not believe that it would suffer from being continued in the hands of either.

PROGRESS OF THE JOHNS HOPKINS HOSPITAL.—The annual meeting of the Trustees of this institution, held on the 12th inst., was the occasion for making known its present condition and future prospects. The expenditures during the last year were $211,006.36. It is estimated that over $400,000 more will be required to finish the work. The maximum amount of annual income available by the Trustees does not now exceed $135,000, and it is therefore evident that economy is necessary with judicious expenditure of the funds at command. The Trustees have wisely determined to proceed slowly, having the work done well and thoroughly and recollecting that it is not for a day but perhaps for centuries. They therefore announce that with the available income it will be impossible to open the hospital before Oct. 1st, 1886, a year later than was hitherto contemplated.

Miscellany.

THE USE OF THE MENTHOL CONE.—Dr. D. Cammann, of New York City, writes to *The Medical Record* as follows: "The notes on the use of the menthol cone by Dr. Wendt, in a recent issue of *The Medical Record*, remind me that since my article of April 28th, 1883, I have used menthol in cases of toothache with favorable results. A few of the crystals are scattered between two layers of raw cotton and applied over the seat of pain. A burning sensation is soon experienced, but no bad results followed its application directly to the mucous membrane. Its use in this direction may, I think, be extended in the near future, and its application to the throat in solution and in the form of spray will be attended with beneficial results in many cases. Several physicians have reported to me favorable results from its use in the past few months. The list of drugs useful for the relief of pain by local application is not so large that we can afford to let a good thing like menthol hide its light under a bushel and lie idle on the shelf."

Boro-Glyceride in Gynecology.—Dr. W. Thornton Parker, of Morristown, N., J. calls attention to the value of boro-glyceride in gynecological practice (*Amer. Jl. of Obstet. and Dis. of Women and Children*, Feb., 1884). He first found it chiefly valuable on account of its antiseptic properties. Latterly he has used it in solution as an injection for leucorrhœa, and in the form of suppositories in vaginitis, etc. He has found it an excellent application for ulceration of the cervix uteri spread thickly on the diseased surface. It may be spread on absorbent cotton and introduced in that manner. The cleanliness and gentleness of the remedy and the steady improvement resulting from its use will prove, he thinks, satisfactory to both patient and physician. The preparation should be made of pure glycerine and English boracic acid.

Delusions of the Memory.—Meynert (*Jahrbuecher fuer Psychiatrie*, band iv) describes a case of what may be very well termed delusions of the memory. The patient claimed to have a fleeting perception of a kind which was marked by some detail. He said he remembered having seen in the forest a cleared space in which grew a large flower. This was based on an hallucination which was remembered as an actual perception. Of this class of cases Meynert gives the following explanation: In epileptics hallucinations are produced by a collateral hyperæmia, which engenders an irritation; a pronounced contraction of an arterial vessel produces a diminution of pressure in the collateral branches. These phenomena do not give rise to hallucinations, but when the individual returns to consciousness, the hyperæmia in question produces a delusion of the memory. The subjective sensation is reproduced in such colors, under the influence of the hyperæmia, that the sensorium preserves the impression of it, and the hallucination remains as an actual remembrance.—*Journ. of Nerv. and Ment. Dis.*

The Value of Internal Oesophagotomy in the Treatment of Cicatricial Stricture.—Dr. Henry B. Sands, of New York, has published a practical and instructive paper on the merits of internal incision in the treatment of cicatricial stricture of the œsophagus (*Med. News*, Feb. 9th) in which he gives the particulars of an aggravated case of stricture lately under his care, in which this procedure was carried out with a gratifying amount of success. The case was that of a child eight years old, who had an œsophageal obstruction caused by the swallowing of a mouthful of a strong solution of caustic potash. Deglutition at first difficult, became almost impossible, and the rectum had become somewhat intolerant of enemata. The child became weak, emaciated and was threatened with death from starvation. On exploring the œsophagus a stricture was discovered at a distance of eight and a half inches from the incisor teeth. The stricture was impassable to instruments, and daily attempts to penetrate it were unsuccessful until after some six days a filiform whalebone bougie was finally passed, after which dilatation was practiced almost daily for five months, until it was possible to introduce an elastic bougie, No. 17, French scale. During the succeeding three months and a half Dr. Sands divided the band no less than seven times with an instrument of his own device. Five weeks later the patient was discharged cured, having increased her weight by one-half and dilatation to 39 of the French scale having been accomplished. At the date of the last report there was no tendency to retraction.

Torture and Sexual Excitement — The relation between certain auto-mutilations and sexual excitement was long ago remarked by Montaigne, who said that "lust seeks self-stimulation even in pain." It has been noticed that hebephreniacs often mutilate themselves, not from a sense of penance, but with obvious enjoyment. Dr. G. M. Cox (*Alienist and Neurologist*, April. 1883) cites an instance of the relation of these seemingly opposed agencies. The victim was a man—who had a wife and several children—of good character, and otherwise sound mentally, but who, at stated periods, displays certain peculiarities. He has never been known to cohabit with a lewd woman nor to speak an immodest word; yet he is a regular visitor and, in his way, a liberal customer of houses of ill repute. He goes early in the afternoon, selects two of the largest girls in the house, repairs to a private room, and locks the door. He divests himself of all his clothing, except his trousers and boots. Then, lying on the floor, he commands his companions to walk over his naked chest, neck and face, taking care to stop and grind his flesh with their boot-heels. He then buys wine for his tormentors, but drinks none himself. This system of self-torture goes on for a couple of hours. It is said the ecchymosis thus produced soon disappears. The peculiar satisfaction experienced by the "flagellants" was evidently of an unrecognized sexual origin, and the subject needs investigation.—*Journ. of Nerv. and Ment. Dis.*

The Use of Hodge's Pessary in Fractures of the Lower Jaw.—Dr. W. J. Naismith (*Lancet*) describes a fracture of the lower jaw at the symphysis, with a transverse wound two inches in length over the

mental protuberance. The fragments of the jaw were freely movable, and it was desirable to apply an apparatus which would fix the bone in place immovably, and at the same time allow the wound to be dressed. Accordingly, a Hodge pessary was brought into use, by bending it so as to allow the chin to protrude through its ellipse. One bar was moulded so as to support the fracture anteriorly, the other steadied it from below, while the rounded ends afforded admirable lateral pressure on each side, at a point in front of the angles of the jaw. To the rounded ends of the pessary tapes were sown, two on each side, over the padding, and secured over the head, or to a fillet, and around the neck by small buckles. For fractures of the maxilla at or near the symphysis, with or without wound, the Hodge's pessary seems well adapted. It can be bent to fit any size of jaw, and in the qualities of comfort, lightness and coolness, compares very favorably with the solid, cumbrous appliances included under the head of moulds.

Sellden: Treatment of Diphtheria with Cyanide of Mercury (*Jahrb. f Kindhlkde.*, B. XX. H. 4.).—The author made use of a solution of one centigramme of the cyanuret of mercury in one hundred grammes of water and gave it hourly in two teaspoonful doses, day and night. At first he employed a solution ten times as strong, but its bad effects upon the mouth, etc. compelled the reduction. In cases in which children were old enough to gargle, he allowed them to do so every half hour or hour with this solution. In 1881 he treated five cases of diphtheria with this preparation, and four of them recovered; in 1882 he treated thirty-two cases only two of which died. Among those who recovered there were very few paralytic *sequelæ*. In addition to the diphtheria (all of the cases being well authenticated) he treated two hundred cases of angina of the tonsils and fauces with the same solution, and always with good results. It was with him a conviction that a simple angina might develope into diphtheria, and cases came under his observation which had many of the early symptoms of diphtheria, and were by him considered an abortive form of that disease. These were all treated with the mercury solution upon the supposition that diphtheria might develop. As a means of prophylaxis for persons who were exposed to the contagion of this disease, he was in the habit of giving daily a few teaspoonfuls of this solution to take inwardly, and recommended an occasional gargling beside. As adjuvants to this treatment he employed ice internally and externally—when it could be borne, and free stimulation. The latter procedure he considers very necessary in view of the danger of heart failure.—*The Archives of Pediatrics.*

General Anæsthesia by Insufflation of Carbolic Acid in the Larynx.—Brown-Sequard states (*Societe de Biologie*) that the insufflation of carbonic acid into the superior part of the larynx will cause anæsthesia not only of the organ, but a general anæsthesia, in five minutes. This is not the consequence of a local effect, but of absorption of carbonic acid in the lungs. It is an act of inhibition, resulting from the irritation of the laryngeal nerves, which manifests itself through the intermediation of the nerve-centres; in fact, a previous division of the laryngeal nerves prevents the production of anæsthesia. When only one of the laryngeal nerves is cut, anæsthesia is manifested in the side corresponding to the divided nerve When general anæsthesia is tardy in production, it suffices to bring it about by a more energetic insufflation. Sensibility returns rapidly in some parts, slower in other parts, and latest in the parts nearest the larynx. Brown Sequard has long since found out that epileptic seizures can be promptly suppressed by the injection of an energetic current of carbonic acid into the larynx.—*St. Louis Med. and Surg. Journ.*

Medical Items.

Dr. Willard Parker is slowly improving in health.=In Vienna, in 1882, there were 16,605 births in wedlock, and 12,657 illegitimate. =In the report of the proceedings of the House of Delegates of Maryland, on Feb. 19, the following occurs: "Bills were introduced by Mr. Getty to establish a State board of medical examiners to exclude persons who are not graduates from practicing medicine," etc.=Dr. Frank Donaldson, Jr., has been appointed chief of clinic to the Throat and Chest Department at the University of Maryland—It is reported that the Baltimore Medical College is about to shorten its session from 7½ to 5 months—The remains of the late Dr. Jas. M. Ambler, U. S. N., one of the Jeannette victims, which arrived in New York harbor on the 20th, were forwarded to Fauquier county, Va., and interred in the family burying-ground, near Markham, on the 24th inst.= Dr. Ambler graduated at the University of Md. in 1869, and resided in this city some four

years, until his appointment in the navy.=Dr. Thomas Green, of Church Hill, Queen Anne's county, Md., a graduate of the University of Maryland, died on the 16th inst. of pneumonia; aged 41. He leaves a wife and five children in straightened circumstances =Dr. John Fouche Fauntleroy died at Leesburg, Va., Feb. 4th, aged 75 years.=Mr. Handy, of Baltimore, has introduced into the Legislature of Md., a bill to amend the dispensary act, so as to reduce the number of patients required to entitle an institution to receive certain fines and forfeitures towards its support.=Dr. Saml. P. Henfner, of Brookhill has been appointed physician to Montevue Hospital, near Frederick, Md.=The term of office of Surg. Gen. Wales, U. S. N., expired on the 27th Jan. His successor has not yet been announced.=A cooking school has been established in Baltimore.=The Alumni Association of the College of Physicians and Surgeons, of Baltimore, will have its annual reunion on Monday, March 3rd, at 12 M. The Commencement of the College will take place at the Academy of Medicine on March 4th at 12 M.= During the past session 408 medical students matriculated at the College of Physicians and Surgeons, of Baltimore. Of this number 151 were candidates for M. D and 14 graded course men offered in one or more branches.=Dr. Fischer, of Trieste, is using cellulose as dressing for wounds. It is first moistened, and after application is covered with any impervious tissue.="The Proceedings" of the Medical Society of the County of Kings, Brooklyn, N. Y., a monthly publication, has suspended.=Dr. James A. Steuart has been confirmed by the City Council of Baltimore as Health Commissioner; Dr. Jas. F. McShane as Assistant Health Commissioner; and Dr. Sidney O Heiskell as Resident Physician to the Quarantine Hospital.=Four cases of nephritis following varicella, have lately been put on record by Prof. Henoch. This sequela of chicken-pox must be received as a notable exception.=Surgeon-General Hunter in his recent report on the cholera epidemic in Egypt expressed the belief that the bacilli discovered by Dr. Koch in the intestinal canal of persons who have died of cholera, are the result of decomposition.=Dr. W. T. Councilman returned to this city on Feb. 26th, after an absence of nearly a year abroad, during which time he was occupied with work in the pathological laboratories of Vienna and Prague.=The *American Journal of Ophthalmology*, edited by Dr. A. Alt, of St. Louis, Mo., will appear monthly after April 15th.=A bill has been introduced into the Virginia Legislature authorizing the annual appropriation of seven thousand dollars to the Medical College of Virginia, upon the condition that each member of the General Assembly shall nominate a free student in each year from his district or county. We will give this bill in full in our next issue.=Nothnagle is said to be one of the best and most popular lecturers in Vienna.=The Trustees of the College of Physicians and Surgeons, of N. Y., have elected Dr. John C. Dalton President of th College, in place of Dr. Alonzo Clark who has resigned.=Dr. Calvin Ellis' endowment to the Harvard Medical School amounts to not less than $150,000.=Another member of the royal family of Bavaria, Prince Ludwig Ferdinand, has been made a doctor of medicine, *honoris causa.* =The Meeting of the International Medical Congress, to be held in Copenhagen, on August 10th, promises to be one of universal interest. Many valuable communications have been promised, and nearly 400 non-Scandinavian colleagues have already announced their intention to attend. France will be represented by Pasteur, Charcot, Verneuil and others; Germany, by Virchow, Ludwig, Esmarch, Volkman and others.

CHANGES IN THE MEDICAL CORPS OF THE U. S. NAVY for the week ending Feb. 23rd, 1884:

P. A. Surgeon F. S. Nash detached from the U. S. S. "Dispatch" and waiting orders.

P. A. Surgeon W. H. Rush, detached from the "Minnesota" and ordered to duty on board the "Dispatch."

P. A. Surgeon J. H. Hall to the "Minnesota."

CHANGES IN THE STATIONS AND DUTIES OF THE OFFICERS SERVING IN THE MEDICAL DEPARTMENT U. S. ARMY, from Feb. 19th to Feb. 28th, 1884:

Brown, Joseph B., Lieut.-Colonel, and Billings, John S., Major-Surgeons directed to attend the International Health Exhibition in London, and, as delegates, the International Medical Congress at Copenhagen, to be held in May and August next respectively; also to include Berlin in their route to or from Copenhagen, and to be governed by special instructions from the Surgeon-General in complying with this order.

Woodward, Joseph J., Major and Surgeon, leave of absence still further extended six months on account of sickness.

Horton, S. M., Major and Surgeon, having reported at these headquarters from leave of absence, ordered to Fort Hays, Kansas, for duty.

Patyki, Julian H., Captain and Assistant Surgeon, leave of absence extended one year on surgeon's certificate of disability, with permission to go beyond sea.

Maddox, T. J. C., First Lieutenant and Assistant Surgeon, assigned to temporary duty at Meyer's Springs, Texas.

Original Papers.

THE MECHANICAL TREATMENT OF DISEASES OF THE STOMACH.

BY DR. W. B. PLATT, F.R.C.S., BALTIMORE.

Most physicians who have treated cases of chronic dyspepsia by any of the ordinary methods of medication and dieting are impressed with the extreme uncertainty of obtaining any favorable result, even with the greatest care and the most tractable patients. Such cases become a burden alike to themselves, to their physician, and to their friends. They improve for a time, soon to become a little worse, and to continue for an indefinite time very unsatisfactory patients. Chronic dyspepsia—which in the very great majority of cases is one of the varieties of chronic gastric catarrh—whatever it may have been at first, is now, I believe, treated more successfully than ever before by the simple procedure of washing out the stomach. While the theory is no new one, its practical application is more recent. Oser, in Vienna, has for several years given courses upon the mechanical treatment of diseases of the stomach. For some reason his views did not excite much interest in America until within a year or two, during which time several physicians of New York have successfully treated a number of chronic cases that did not improve under any ordinary treatment. As the details may be new to some of the readers of the JOURNAL I will give them in full. The following things (besides a willing patient) are necessary:

1st. A soft flexible red-rubber tube with two large "eyes" in the distal end. It should be thirty inches long, and of the size marked 19 A., such as is made by Tiemann, of New York, and sold by Caswell & Hazard, of 5th Avenue, for $1.75. The tube is exactly like a very long and large Jacques catheter.

2nd. A piece of straight glass tubing, two inches long, a little larger in diameter than the calibre of the rubber tube. This is simply to connect No. 1 with the following.

3rd: A piece of ordinary flexible rubber tubing about a yard long.

4th. A small tin or hard-rubber funnel, and about a quart of tepid water. The patient being seated, the tube is placed for a moment in warm water. The patient then takes a mouthful of water, and the red-rubber tube is passed into the pharynx and engaged in the œsophagus the instant the water is swallowed. It can of course be passed without the previous swallow of water. This, however, makes it easier. The tube is pushed onward slowly and gently into the stomach. The patient retches a little at first; but after a few sittings usually takes in the tube without any trouble. The end of the tube passes quite to the pyloric end, and perhaps curls up in the stomach, and it is desirable that this should be the case to insure thorough cleansing. The tube being passed nearly its entire length, until only an inch or two projects from the mouth, is now connected to the second rubber tube by means of the short straight glass tube. The funnel is now inserted into the free end of the rubber tube, which is raised to about the height of the patient's breast, and tepid pure water is slowly poured in from a pitcher, about a tumblerfull at a time, until the patient complains of a slight sense of uneasiness or fulness in the epigastrium. The funnel end of the tube is now depressed a little below the level of the waist, and the fluid in the stomach allowed to siphon out into a bowl or basin. More water is then poured in and siphoned out as before, a second and third, or even a fourth time, until the washings issue quite clear, when the stomach tube is carefully withdrawn and the sitting is at an end. The only precautions necessary are 1st. To have such a soft flexible rubber tube as has been mentioned, pass it with care, not to pour in too much fluid at a time, nor raise the end of the tube too high, nor pour too fast. Always wash out a presumably empty stomach; the best time is in the morning before any breakfast has been taken. The next best is about 10 A. M., the patient having taken only a little milk or beef tea and a dry cracker. Continue this treatment for a week or ten days to two or even three weeks. Often very marked improvement is seen after two or three days. After a week or two, every second day will suffice, later twice, then once a week, soon it may be given up. Experience has shown that *tepid pure water* is better to use than any medicated solutions whatever, unless in very unusual cases, when a little bicarbonate of soda, or rarely

a few drops of Lugol's solution, in the last washing each day, may be added. The diet must be absolutely restricted, and is best limited to meat and milk. As much of the best milk daily as the patient cares to take, given in small quantities at a time. The number of patients who can not take milk when given in this way, is very small indeed. When milk can not be taken the best beef tea, or beef essence, may be used instead. As to the beef it should be broiled under-done, cut fine, and the patient should masticate it slowly and thoroughly. After a week or ten days of such a diet it may be increased by adding boiled rice, and in the morning a lean, tender mutton-chop, gradually returning to a rational full diet, forbidding as a rule, such notoriously dyspeptic articles of diet as hot bread, pies, rich cake, strong tea, and fried meats or cakes. No medicine is necessary, and stimulants quite out of place, indeed they are often the aggravating cause of the trouble. The advantages of the above treatment are:

1st. It is very efficacious in many old or bad cases, securing to the stomach cleanliness, and nearly perfect rest for a season.

2nd. It is simple, and any one with a little medical common sense can wash out a stomach properly. After a while intelligent patients can do it for themselves if they live too far away to have it conveniently done by the doctor, although it should, as a rule, be done by a physician.

3rd. It is safe in ordinary hands and in an ordinary patient. I have never heard of any harm arising from its practice (that is when the soft rubber tube was used). Every one has seen, in the autopsy-room, stomachs where the walls were exceeding thin, or where a gastric ulcer has nearly eaten through. In cases like these the symptoms will warn us when not to use such atreatment. Many of nature's uses of the stomach (vomiting, hiccoughing, etc.), are more likely to harm than the doctor's treatment, and yet rupture of the stomach is extremely rare. To show how slight the danger from a reasonable use of the tube is, let any one thoroughly wet a sheet of common blotting paper, spread it across the fingers of the left hand, and abduct them as far as possible from each other, take the tube with the other hand six inches from the end, and try to perforate the paper. It will be really difficult or impossible to do this, since the tube will bend or turn aside rather than go through. I hope this treatment of diseases of the stomach may have a fair trial in Maryland and that the results will be reported.

SOME POINTS CONNECTED WITH THE PATHOLOGY, HISTOLOGY, ETIOLOGY AND DIAGNOSIS OF MYO-FIBROMATA OF THE UTERUS.

BY HORATIO R. BIGELOW, M. D., WASHINGTON, D. C.

(*Read before the Med. Society of the District of Columbia*).

(*Concluded*).

Causation.—In 1814 Sir Charles Clarke wrote: "Nothing is known respecting the cause of this disease," and the prime cause of these growths is still unknown. Sterility and single life are both said to be predisposing causes, since uterine congestion and tumor formation seem to go hand in hand. Dr. Goodell (op. cit.) gives tables from Dupuytren, Malgaigne, West and McClintock, the totals being: fruitful, 100; sterile, 39; single, 19; total, 158; and then he comments upon the results as follows: "While willing to concede that 19 old maids to every 158 women who have reached the prime of life is a larger proportion than that deducible from our own vital statistics, I am not so sure that it is much above European averages. Again, to my thinking, this table leaves open the question whether these tumors are the cause or the effect of sterility. For, mind, the heading "Fruitful" does not indicate the condition of fecundity, but simply one in contrast with that of absolute sterility; thus, out of West's 36 cases under this heading, only 16 had more than one pregnancy. It follows, then, that it is just as easy to attribute sterility as infecundity to the presence of these tumors; and as a corrollary to this, that sterility is more likely to be their effect than their cause."

Courty says that there is no doubt that the presence of myomata diminishes the number of conceptions and increases that of abortions and miscarriages. Out of 605 patients (of whom 500 were married and sterile, or had become sterile) seen by Marion Sims, 119 had fibrous tumors (not including cases of polypi). Tarnier (Societé de Chirurgie, Feb. 10, 1869, Courty) out of 42 cases had spontaneous delivery

in 8 cases only; in 6 cases forceps were required; in 1 case induction of premature labor was demanded; version 6 times; embryotomy once; enucleation of the tumor once; Cæsarean section 14 times; the malady caused death 5 times before delivery (of these 42 patients only 13 were cured). Ashwell, West, Virchow, Courty and most pathologists, agree that pregnancy is one of the conditions which most promote the formation of these tumors. Emmet's tables show that of all women with fibroids 13.37 per cent. were unmarried, and 50.30 per cent. were fruitful. He says that the development of these growths is retarded by childbearing, and even by marriage, for the sterile woman is less liable than the old maid, but in turn she is more so than the woman who has borne children. He also shows that the average age at marriage for the sterile and fruitful who suffered from fibrous growths, was much later than the general average. From a series of very elaborate and careful statistics, which one must study to appreciate fully, Dr. Emmet infers that "an unusual number of impregnations within a limited time is as conducive to fibrous growths as is the condition of idleness or absolute rest of the uterus."

Goodell sees in the proliferation of connective tissue-cells, determined by the congestions and extravasations of dysmenorrhœa, a possible cause. "This opinion," he writes, "is strengthened by the striking fact that dysmenorrhœa is the frequent antecedent of chronic metritis, a disease in which the structure of the thickened wall resembles so much that of a fibroid nodule that it is hardly possible to tell them apart. Further corroboration of the congestion theory is gained by the circumstances that fibroids rarely appear before the age of 30, and never before puberty; that the period of their greatest activity corresponds to the period of greatest menstrual activity; that after the menopause they usually cease to grow, and sometimes shrink away; and finally that during the catamenial flux they temporarily so increase in size as often to cause dysuria, and other pelvic disturbances. Other causes of these tumors undoubtedly exist. After the stretching and weakening of uterine fibres by repeated pregnancies, these fibroids have been observed to start at points where the involution has been imperfect." After all, the most that can be said is that the period of growth of these tumors is usually coincident with the period of uterine activity. Just what influence the ovaries exert in these uterine and myomatous changes is not known. Tait's evidence of the independence of the uterine periodical changes and ovarian influence has rendered untenable, or at least not logically conclusive, many opinions of only a few years ago. Yet it is a fact that the ovaries do, in some way, influence the growth of these tumors. Removal of the ovaries has been followed by immediate relief of the alarming hemorrhage. Dr. Hewitt believes that the formation of fibroid tumors in the uterus is connected with defective nutritional vigor of the uterus as a whole.

Dr. Byford (Med. and Surg. Diseases of Women) thinks that the hypertrophy of the vortices or foci of muscular gyrations in the undeveloped condition of the fibrous structure leads to the formation of these tumors, and that this is engendered by hyperæmia.

Ziegler (Text-Book Pathological Anatomy) says: "Cohnheim has very recently propounded an *embryonic hypothesis* of another kind. We are not to refer the actual development of the tumor itself to the embryonic period, but are to attribute its appearance in later life to the persistence of germinal embryonic tissues in the otherwise mature organisms (Cohnheim, 'Allg. Path.,' I)." A tumor takes its rise in what we might call a belated rudiment—a focus of formative embryonic tissue, which has not been utilized in elaborating the normal tissue of the part—and so has lingered on unchanged. Cohnheim, therefore, defines a tumor as an atypical new formation starting in a latent embryonic rudiment. The tumor germs, consisting as they do of embryonic cells, may be very small and so elude observation. It is even conceivable, he thinks, that the germinal cells may be quite unrecognizable among the ordinary physiological elements of the part. They may linger on for a long time inactive. It is only when they are favored by the external conditions—such as the supply of nutriment, and their relation to surrounding tissue—that they begin to multiply and to form a tumor. * * In most cases, however, the awakening impulse is beyond our power to discover."

The following will be found of interest

as discussing the etiology of tumors and are referred to by Ziegler, or rather by Donald MacAllister, his translator: Virchow, "Die Krankhaften Geschwülste;" Krönlein, "Lang. Arch. f. Klin. Chir.," xxi; Kocher, Art. "Krankheiten des Hodens;" "Handb. d. Spec. Chir. v. Pitha u. Billroth;" Bögehold, "Virch. Arch.," vol. xxxviii; Boll, "Das Princip. des Wachsthums," Berlin, 1876; S. Wolff, "Zur Entstehung von Geschwülsten nach traum. Einwirk," in Diss., Berlin, 1874; Von Winiwarter, "Beiträge z. Statistik. d. Carcinome," Stuttgart, 1878. See also Bristowe, "Trans. Path. Soc.," 1853; Oldham, "Guy's Hosp. Rep." (second series) vols. ii and viii; Williams, Lancet, i, 1880. But Cohnheim himself, acknowledges that, histologically, we know nothing of the persistence of true embryonic tissue. "Haase has attempted to give Cohnheim's hypothesis a morphological basis ("Die Beziehungen der Morphologie zur Heilkunde"). The morphologist distinguishes two kinds of substances within the organism: one kind undergoes a series of transformations, the other provides for the formation of new tissues. The latter he describes as "embryonic substance." It is represented by cells which have undergone little or no transformation, and are more apt to multiply the less their original character and structure have been modified; the nearer they stand to the formative cells of the embryo. From these cells only can new tissue be formed. Tumors are especially likely to be developed at spots where these "embryonic cells" are abundant and unmodified" (MacAllister, op. cit.). Ziegler (op. cit.) does not think the hypothesis tenable which refers all tumors whatsoever to pre-existing embryonic germs. He believes that the entire behavior, anatomical and biological, of tumors justifies us in regarding them as formations more or less emancipated from the matrix tissue, and that the efficient cause of the formation of a tumor does not depend upon one law, but upon several.

Diagnosis.—Mr. John Clay has furnished an aggregate list of thirteen cases of attempted ovariotomy where extra-cranial tumors were removed. Of these, eleven cases were uterine growths. Mr. Clay has also given an additional list of twenty-three cases where ovariotomy was attempted, and abandoned in consequence of the disease being extra-ovarian. Of these last, twelve were examples of uterine disease. But such errors are being made in our own time, for in some cases an accurate diagnosis is almost impossible. A differential diagnosis of fibro-myomata will involve the consideration of the following points:

1. The mode and position for examination, and the previous history of the patient.

2. The particular notation of special symptoms, and the testing of their relative value.

3. Particular reference to the differential diagnosis between pregnancy and ovarian disease.

This is the division given by Routh, and it seems to me that it covers the whole ground in a very thorough and concise manner.

Elaborated as he has done it, in his most admirable monograph on fibrous tumors there is little left to be said, and I shall draw freely from his ripe experience.

1. *The position in which the patient is placed for examination.* The position on either side, on the back, on all fours with the *nates* raised, or that usually adopted in *ballottement*, may each be necessary in individual cases. The last position Routh believes to be extremely useful, because many patients with myo-fibroma are extremely corpulent, so that external palpation affords but little help. With the patient standing in a chair and leaning over you, the finger in the vagina can make out the affected organ, which falls by its own weight, and presses upon it. Now if pressure be exerted from above on the abdominal parietes, the point from which it is felt in the vagina indicates the height to which the tumor extends within the abdomen and also the connection with the uterus by contiguity of structure. A sound may often be passed in one position and not in another. The changed position allows the weight of the diseased organ to bear in a different position, so that adhesions can be made out. The test usually given for adhesions, of a full inspiration, is not sufficient. It is said that if the abdominal parietes move freely over the tumor adhesions do not exist. If the patient be corpulent this movement may be that of the skin over the muscles, or it may not be perceptible at all, and if the tumor be low down in the pelvis it may be difficult to raise it, so that adhesions may be inferred to exist, when in reality they do not exist at all. The adhesions

may be present superiorly, higher up in the abdomen. Had the patient been placed on all fours the tumor would probably have moved a little from the pelvis, and the non-existence of adhesions would then have been made out. By the use of the finger and sound, or of two sounds in two of the pelvic passages at the same time (bladder, uterine cavity and rectum) the situation of a fibroid can be very generally made out. External abdominal manipulation is valuable but insufficient. If the tumor be in the posterior wall, one finger in the rectum or vagina and a sound within the cavity will clear up the case. If it be in the anterior wall, the tumor will be determined by the space between the two sounds, one of which is in the bladder and the other in the uterine cavity. In this way a small fibrous tumor will not be mistaken for retro or ante-version. When the tumor is high up above the true pelvis, it is almost impossible to say whether it is in the anterior or posterior wall. In tumors of the lateral wall, especially if on the left side (owing to the sigmoid flexure of the colon), the ordinary digital examination *per vaginam* may be assisted by two sounds. In all such cases the bladder should be emptied beforehand. For the exact measurement of distances Routh constructed a pelvimeter.

2. *Previous History.*—A most searching cross-examination should be made into the previous history of the case. A woman may imagine herself pregnant, and stubbornly assert that she has felt the fœtal movement, and that she has exactly the same feeling that she has when carrying other children. A cellulitis or a hæmatocele may be supposed to exist, from an ordinary examination. Now, if a large tumor be impacted within the pelvis, the uterus is fixed. The finger comes against a large swelling, but fails to make out fluctuation. Fibrous tumors are not usually fixed, and a cellulitis generally extends more on one side than on another. But a fibrous tumor may lead to a conjoined fixation of the uterus, so that the closest analysis of previous history will alone clear away the doubt. Routh was in the habit of using a *kinometer* to measure the amount of uterine movement, which enabled him to distinguish with some ease between cellular abscess and hæmatocele and a fibrous tumor.

2. *Symptoms.*—Hardness, roundness and solidity of the tumor, an enlarged abdomen, umbilicus sunken, lumbar regions clear on percussion, more or less intense menorrhagia. Tumor felt per vaginam, involving the uterus, absence of fluctuation, uterine cavity lengthened, impossible to press the hand low down between the tumor and the walls of the abdomen. The feel of a fibrous tumor is regarded by some as pathognomonic; but a cellulitis, a haematocele, or an ovarian dropsy may convey the same sensation. The *auscultatory signs of a uterine fibrous tumor* are dwelt upon at length by Routh, and discussed by Savage, McClintock, Hunter, Goodsir, Herard and others. These sounds are four in number: *a.*—Two souffles, one a tubular, another a vesicular murmur; *b.*—a thrill; *c.*—a single or double cardiac sound; *d.*—absence of multilocular arrangement indicated on percussion. *A vaginoscope* has been used to make out the tubular souffle within the vagina. *Menorrhagia.* From an analysis of 350 cases, in which full histories were given, I found that menorrhagia obtained in 72 per cent. It occurred most frequently in the intra-uterine variety—3 per cent., or 105 cases. The intramural and sub-mucous tumors were attended with menorrhagia in about equal degree, nearly 2¾ per cent. Cruveilhier stated that subperitoneal tumors did not give rise to hemorrhage, that those projecting into the cavity did, and that all efforts at expulsion aggravated the result. In the 25 cases occurring in the practice of Dr. McClintock 14 had menorrhagia, and in 11 it was absent. In 5 of these last the tumors were distinctly subperitoneal or interstitial. Routh analyzed 61 cases. In 13 cases the existence of menorrhagia was not stated. In the 34 cases in which hemorrhage was noted the tumors were: interstitial, 1, intramural, 5; sub-mucous, 4; intrauterine, 10; in the anterior wall, 5 (one projecting into the uterine cavity); in the posterior wall, 1 (projecting into the uterine cavity); extrauterine 1.

The 14 cases without menorrhagia were, interstitial, 1; intramural, 1 (this patient had never menstruated and the Fallopian tubes were found closed after death); in the anterior wall, 4 (one had closed os, another had ceased to menstruate for two years previously); in the posterior wall, 2 (one had a tumor projecting into the uterine cavity, but the internal os was closed);

extra-uterine, 5; several all over, but pregnant, 1. This hemorrhage is both menorrhagic and metrorrhagic. These losses of blood in the intercalary period are often the first symptoms of fibromata. It occurs in women who have ceased to menstruate, and seems to relieve the lumbar pains from which they suffer. This hemorrhage increases if the fibrous body becomes pedículated, and is a very prominent symptom of polypi. It is probably due to an increased fluxion of blood demanded by the growth, and to the changes in the uterine mucous membrane occasioned by the same exciting cause. This seems to be a curt summing up of the discussion which has been going on in regard to the source of the hemorrhage, but one cannot follow out his inclinations in an article of this nature, otherwise it would have been my pleasure to go more elaborately into questions of Histology and Pathology, and to point out more completely the distinctive signs of sub-peritoneal, sub-mucous, and subserous tumors.

The differential Diagnosis in regard to Pregnancy.—The principal points to be observed are: 1. The breasts. 2. Ballottement. 3. The cardiac sounds (in fibrous tumors). 4. The umbilicus. 5. The catamenia. 6. The nature of the pain. 7. Examination.

1. *The breasts.* Cases have been reported in which a patient carrying a fibroma, has noticed a hypertrophy of the breast from adipose deposit, and from enlargement of the lacteal vessels. A fluid with all the properties of *colostrum* has been squeezed from the nipples; the areola was marked and œdematous and the follicles enlarged. This difference, however, is to be noted. In fibromata the breasts are unsymmetrical, the follicles are of the same color as the areola. These vesicular or papuloid follicles are never found in fibroma, but are common in pregnancy. The follicles of the same color as the areola are most numerous near the nipple. The reverse is the case in pregnancy.

2. *Ballottement. A pseudo-ballottement* can sometimes be made out in fibromata. Ballottement should be tried after the fourth month, and after the fifth month voluntary movements and fœtal heart sounds will assist the diagnosis.

3. *The double cardiac or single cardiac murmur.* Routh says that these sounds are so seldom absent in large fibrous tumors that their absence alone ought to make us doubt.

4. *The umbilicus* projects in pregnancy; is puckered in fibromata.

5. *Catamenia.* While in uterine tumors there is a tendency to hemorrhage this does not always supervene. So long as the decidua last there may be a stoppage, but when these are thrown off, and uterine excitement comes on, there will be a greater or less loss of blood. Of one hundred and fifty cases analyzed by me, I find that in 20 cases menstruation was entirely suppressed. In 70 cases it was irregular, being suppressed for a period varying from one month to four, and then coming on very profusely, alarming the patient. In 3 cases there was uterine loss regularly, but slight in amount. In 7 cases menstruation came on normally after suppression. In this connection Emmet's tables may be read with advantage. In a certain number of cases change of life takes place, and the tumor may decrease in size, or give no further trouble other than that incident to its weight. As the starting point of these tumors, in the greater proportion of cases, is from the inner side of the uterine canal, there is always a tendency to hemorrhage during their growth.

6. *The nature of the pain.* If expulsive pains be present an abortion would necessarily result if the womb contained a fœtus. In an abortion we have, coincidently, pain and hemorrhage, the pains ceasing with the hemorrhage.

7. *Examination.* This is physical and oral—*i. e.* the history of the case. Rectal and vesical tenesmus usually accompany fibroids; constipation and strange displacements are frequent. Palpation in multiple tumors projecting toward the peritoneum, will give a nodulated feel. But it is to the finger and sound, together with abdominal palpation that we shall address ourselves with confidence. The thickness of the uterine walls, displacement of any of the pelvic organs, the enlargement of the uterine canal, the condition of the bladder, can all be satisfactorily diagnosed. The speculum is of little or no use.

Uterine Fibroid.

Not usual.
Spurious fluctuation due to flabbiness, vascularity, œdema, or to pseudo-cysts.
Usually a history of menorrhagia.
Slow growth.

Partial enlargement, peculiar feel.
Enlargement of superficial veins.
Measurement symmetrical.
Increase of space from pubes to umbilicus.
Tumor usually fixed to lower abdomen.
Health fine, countenance natural.

Per Vaginam.

Tumor inseparable from uterus, with which it moves. Cervix often obliterated, changes in uterine cavity and canal. Sub-peritoneal pedicuted tumors move independently of uterus.

Ovarian Cyst.

Grows from one side.
Fluctuation distinct.
Catamenia often scanty.
More rapid growth.
Enlargement more general, smoother feel.
Less common, except when cysts are large.
Circular measurement greater on one side than on the other.
Not marked.
Can be raised from pelvis.
Emaciation, parched anxious countenance.
May be separated from uterus and does not move with it. Uterus normal.

Excluding extra-uterine fibroids, the state of menorrhagia is normally that of myofibromata, quite exceptionally that in ovarian disease.

Prolapse of the Uterus usually inverts the vaginal walls, which does not happen when a pediculated fibroid passes through the cervix. If the fibroid has a cavity and a transverse fissure simulating the cervix, the uterus must be made out by means of the cervix, the vaginal *cul de sac*, the bladder, ureter, etc.

Inversion of the Uterus. In inversion above the ring which encircles the tumor, a furrow exists all around, a *cul de sac* which cannot be prolonged into a uterine cavity. The characteristic displacement may be made out by a sound in the rectum, or by means of a male catheter in the bladder. Acupuncture may be utilized.

Displacement of the uterus, pelvic abscess, and haematocele have already been alluded to.

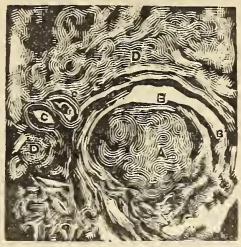
Fibro-cystic Tumor. Koeberlé establishes the following signs; 1. The *facies uterina*. 2. Tumor variable in consistency. 3. The results of tapping. 4. Nodular feel after tapping. 5. The uterine connections. An examination *per rectum* with the patient anæsthetised will make out the uterus displaced towards the abdomen; with an ovarian tumor it is displaced toward the front or back. The uterine cavity is increased in length generally, and movement is communicated directly to the sound. Generally it may be said that fibro-cysts are rare, occurring before thirty, that there is no emaciation, that they are of slow growth, there is menorrhagia frequently, that the solid portion is in excess of the cystic.

What concerns us chiefly in the study of these growths is their relation to Myomotomy and to Gastro-Hysterectomy. Both of these operations with exhaustive statistical tables I have reviewed in the Nov. and Dec. numbers et seq. of the *Amer. Journal of Obstetrics*. The popularity that is the natural outcome of success has placed abdominal surgery beyond that pale of conservatism which formerly relegated it to the impossible. The very fortunate coincidence of this evening will give one microscopist an opportunity to verify some of the points of this paper, and I shall await with interest his report upon Dr. Johnson's case. The etiology of myomata is still enshrouded in uncertainty, and the temptation to depart from strict scientific, definite inquiry into the realms of metaphysical reasoning is very great, but since the Finite may never reach the Infinite, we are arrested upon the very threshold of knowledge and must await a season of demonstrable proof. The diagnosis is a matter of moment and of difficulty, and I would commend Routh's monograph, which I consider a very remarkable publication and too little known. Long names and technical discussion are not always interesting, but since one nomenclature tends to the former, and since the importance of the latter may not be gainsayed, I may be pardoned for prolixity.

Fig. 1.

From a preparation by H. O. Marcy, M. D., Boston.
a. a. a.—Three independent tumors.
b. b. b.—Series of extraordinarily enlarged peripheral vessels.
c. c. c.—Connective tissue.

Fig. 2.



From a preparation by H. O. Marcy, M. D., Boston
a.—Multilobular firm tumor.
b, b.—Very delicate bands of connective tissue.
c, c.—Vessels.
d, d.—Surrounding uterine tissue, its bundles more than usually distinct.

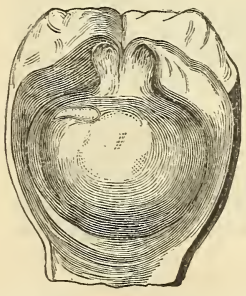
Fig. 3.

From a preparation by H. O. Marcy, M. D., Boston
The open spaces and dark lines represent the vessels (2 inch Towle's objective). The border of the new growth and capsule is readily seen.

Fig. 4.

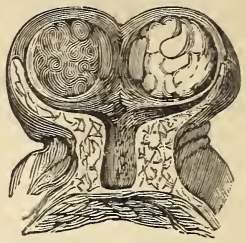
From a preparation by Henry O. Marcy, M. D., Boston. (Towle's I inch objective).

Plate M.



(From Billroth's Handbuch der Frauenkrankheiten vol. iv; article by Gusserow). Large sub-mucous uterine fibroma.

Plate N.



(From Billroth's Handbuch, vol. iv). Intraparietal Myoma.

FEMALE DISEASES AMONG THE INSANE.—Dr. Ripping (*Allgemeine Zeitschrift fuer Psychiatrie*, Band xxxvii) in one hundred and three autopsies on insane females, found thirty-four cases having sexual affections, but the etiological relations of these findings to the mental affection were by no means settled. During life Ripping had never had under observation a pure case of reflex neurosis arising from sexual apparatus disease. Ripping was of opinion that mental diseases and female diseases act in a vicious circle, sometimes originating each other, but always aggravating each other when coexistent. Danillo (*Archives de Neurologie*, tome iv) made a series of examinations in the Asile St. Anne, Paris, with the following results: Of the entire number, eighty per cent. suffered from diseases of the generative organs; the majority of these were in the sexually active period. Among the latter, the most frequent affections were acute and chronic endometritis; next to these, inflammation of the vaginal portion of the uterus. In women beyond the climacteric, chronic inflammations of the uterus prevailed; senile marasmus of the uterus being left out of consideration. During the period of sexual activity, the forms of mental disease preponderating were: melancholia, paretic dementia, primary insanity (monomania of Spitzka), epileptic insanity, hysterical insanity, secondary dementia, and mania; beyond the climacteric, secondary dementia, then paretic dementia, melancholia, and primary insanity. In both classes, especially the latter, the greater number had borne children. The conclusions of Peretti (*Berliner Klinische Wochenschrift*, No. 10, 1883) bear out these results of Ripping and Danillo; he has not been able to find marked results in a single case from gynecological treatment of the psychoses. He admits that possibly where local irritation tends to tincture the delusions, gynæcological treatment might be of some benefit. The results are in corroboration of the unwilling testimony of Dr. Cleeves. Claus has found that but fifteen per. cent. of the female insane coming under his care had genital diseases.—*Journ. of Nerv. and Ment. Dis.*

Selected Paper.

EXPERIMENTS WITH RECENTLY RECOMMENDED REMEDIES IN GONORRHŒA.*

BY E. L. KEYES, M. D.

Hot water has become one of the therapeutical modes of the day, and irrigation and drainage, as surgical principles, have been brought to bear upon a number of maladies formerly treated in other ways.

How long ago these methods were introduced into the management of gonorrhœal maladies I have not sought to find out, but doubtless investigation would prove them to be very ancient.

I remember that in 1865, in the Hôtel Dieu, at Paris, Maisonneuve had an apparatus consisting of a suspended pail of water and a rubber tube working as a siphon with a special terminal nozzle capable of being made large near its proximal end, by which he attempted to cure specific vaginal inflammation in women by the principle of moderate distention of the vagina associated with incessant irrigation, night and day.

The method did not find favor or success, as I observed it. Somewhat later I devised a retrograde uretheal irrigator for the male urethra, but nothing came of it. Reginald Harrison, of Liverpool, two years ago published a method of prolonged deep urethral irrigations by mild astringents as a certain method of relief in gleety conditions of the urethra, a method which I have employed in several instances without success.

In any case of urethral inflammation in the male, hot water irrigation, intermittently applied, is a part of the treatment instituted by nature, for every act of urination performed by the patient washes out the urethra with a hot fluid, generally rendered bland and alkaline by the alkaline diuretics prescribed, yet as a curative means this natural irrigation has little value.

In these modern days of hot-water therapeutics, however, the tendency is for the surgeon to take the initiative. The hot-water cure of dyspeptic and intestinal derangements, headache, and constipation has a large corps of adherents among the laity as well as in the profession, while hot-water douches in- and external have acquired a just popularity for the good they effect in various morbid conditions of the stomach, vagina, uterus, bladder, and rectum.

It is but natural, therefore, that hot water should find its way into urethral therapeutics, and the subject seems now to be receiving general attention in this city, notably since a paper was published upon the subject recently by Dr. Curtis, in the *Medical Record*, in which hot irrigation followed by an astringent application of tannin was advocated for the abortion of a commencing gonorrhœal attack.

Dr. Otis, in his latest publication, speaks kindly of the hot-water method without claiming any personal results from its application in his own practice.

Besides the use of hot water by deep irrigation, a claim is made for its efficacy when repeatedly used by the ordinary method of syringing as customarily practised by the patient.

I have come into contact with a few cases in which both these methods have been used, and my impression of them based upon these few cases is that they are not only useless but dangerous in many instances, especially in fresh gonorrhœa in a virgin subject. In the case of old sinners, whose urethral canals have been toughened by several previous inflammatory attacks, they appear to be harmless, sometimes even efficient.

The first case I have to record as bearing upon the subject is that of a young gentleman with his first urethritis, apparently a mild attack, certainly not a specific gonorrhœa.

He was referred to me by his physician after a failure of the hot-water method, to which, however, a mild stimulant had been added.

The history is the following :

Three weeks after exposure, a very mild urethral inflammation manifested itself to the patient by a moderate discharge. For this he was advised, commencing at the thirty-sixth hour of the mild discharge, to remain at home and inject his urethra hourly with water as hot as he could comfortably tolerate, and twice a day to employ an injection containing one-quarter of a grain of nitrate of silver to the ounce.

The injections always caused pain. After the first injection a little blood began to flow and the urethral orifice to swell moderately. The process was continued until the tenth day, when the patient was sent to me with considerable redness and œdema of the prepuce (especially in the region of the frenum) and a swollen painful gland in the groin ; great pain on making water, very moderate urethral flow, frequency of urination, and moderate cystitis of the vesical neck.

This was a year ago. He recovered under six weeks of methodic treatment without further accident, and remains well.

After this, upon reading the paper by Dr. Curtis already alluded to, I determined to test the method of deep urethral irrigation followed by an astringent in a few cases personally.

* From the Journal of Cutaneous and Venereal Diseases, March, 1884.

My experience covers five cases, in the management of which I was assisted by Dr. Blackwell.

Case I.—A gentleman, an old offender, with a tough urethra, came to me within a few hours of the commencement of his urethral discharge, which was very mild.

His urethra was irrigated and the tannin solution applied according to the method advocated by Dr. Curtis. Twenty-four hours later he returned in considerable pain with swollen meatus, a faint watery discharge, pain on urinating, and considerable inflammation and œdema of the entire foreskin and a portion of the integument covering the penis He declined further injection. His penis was wrapped up in a hot lead-and-opium solution and an alkaline diuretic wiih an anodyne was ordered. The swelling promptly declined and in a few days he became and remained well without further local treatment. He had been drinking freely before this attack and I therefore concluded that he had not had a gonorrhœa, but an irritation of some of his old tender urethral spots.

However, both the patient and myself were inclined to think well of the method since the ultimate result had been good.

As it so happened, some weeks later, again after drinking and suspicious sexual contact, he once more appeared with slight pain on urination and a distinct urethral discharge. I urged him again to submit to the irrigation, but he declined on the score of some pressing duties and asked for a mild injection to be applied in the usual way, stating that after a few days, if the discharge continued, he would have performed his pressing duties and would then again submit to the hot irrigation.

I ordered a mild sulpho-carbolate of zinc injection and he improved from the very first application, so that after a few days he was so manifestly on the high road to recovery that he declined to allow the hot irrigation to be used. He recovered entirely in a few days, thus justifying his wisdom in refusing the harsher method, and proving to my satisfaction that neither of his attacks had been truly gonorrhœal.

Case II.—A gentleman, past middle life, was treated by the Curtis method for his first gonorrhœal attack. No inflammation of the urethral or surrounding structures followed. The injections were repeated a number of times during ten days. Each one was followed by a temporary subsidence of the discharge, which promptly recurred. At first the injections were repeated daily, then at longer intervals. After ten days they were stopped and ordinary treatment instituted, under which he slowly recovered, the entire time being about five weeks.

Case III.—The first injection in this patient, who was a young man with a pale face but in good health, and suffering from true gonorrhœa, caused the penis to swell along its entire length, increased the pain and (after twenty-four hours) the discharge to such an extent that he refused further trial of the method and went on with an aggravated gonorrhœal attack lasting about three months, and more or less complicated by mild gonorrhœal cystitis.

Case IV.—Was a fresh case of true gonorrhœa in a mulatto. But little swelling followed the irrigations. The discharge was temporarily arrested by each injection, and then went on as before. After three weeks the method was given up, and a slow cure effected by ordinary means.

Case V.—Was a coun erpart of Case II.

In these five cases the utmost care was used in making the injections, which were done without any violence, a very small rubber soft catheter being used and a fountain syringe.

My experience comprises two other cases treated primarily by other physicians.

Case I.—During the summer of 1883 I was called in consultation by a gentleman having charge of a case which had been under the care of still another medical man. I was informed that the patient had been submitted to the deep urethral hot-water irrigation method for the cure of a gonorrhœa.

When I saw the patient he was confined to his room in bed with a high fever and great perineal pain. His discharge was better than it had been, but his prostate by the rectal touch was found to be very seriously congested, hot, tense, throbbing, and all the indications pointed toward probable prostatic abscess.

By methodical treatment he slowly improved, there was no abscess, the urethral discharge came back—as is its wont—when the prostatic swelling subsided. When I last heard from his physician, recovery was assured. I cannot state the exact number of weeks during which this patient's discharge lasted.

Case II.—This case is the most brilliant of all. The patient is now on his back in bed at the end of the eighth week with a free urethral discharge.

The history is as follows: In July, 1883—one year ago—this patient came to me with his first attack of gonorrhœa.

I knew that the family was (urethrally speaking) an inflammable one. The patient had only three brothers. One had twice been under my care with bad attacks of gonorrhœal rheumatism. The second, with

a prolonged gonorrhœa of many months' duration, treated in the country, had had an inflamed inguinal gland which required many months for its dissipation without suppuration. The third had a sharp urethral discharge which lasted him the better part of a year.

With such knowledge I treated the patient most carefully, avoiding injections. He recovered in about two months, with no complication greater than a little urgency upon urinating toward the close of his treatment.

Eight weeks ago, while sitting in Delmonico's, he became conscious of a slight urethral discharge. He confided the fact to a friend sitting beside him, and his horror of the disease which had been two months in getting well a year before. The friend said to him that there was no need of being so long as that getting well of gonorrhœa, that he would take him to a doctor who would "fix him in a week." True prophet, alas! for in a week the patient certainly was "fixed"—upon his bed, where he has remained ever since. The doctor, be it understood, was a thoroughly competent practitioner.

The method was as follows: Every hour while awake during the day the patient was told to inject his urethra—with an ordinary syringe—with water as hot as the urethra could tolerate, and three times a day he was to take a full hot bath, and while in the bath to inject his urethra under water with the hot water of the bath *as many times as possible.* This he faithfully did for a week. On the fourth day he began to feel pain on urination deep in the perineum. His calls to urinate became frequent and urgent. The doctor said this was not important, and ordered him over and above the hot water to use an astringent injection. This the patient did, and, his sufferings steadily aggravating, he sent for me on the eighth day. He said that the treatment had certainly been effective in stopping the discharge, but he had the piles frightfully, and the doctor had given him an ointment to apply outside. He was, however, growing suspicious of the treatment, so he sent word to the doctor that he was well and would call upon him shortly, and then hurried a messenger to me. Possibly he may yet come to be recorded by his physician as a cure of gonorrhœa by hot-water injections in a week.

I found the temperature 104°, intense perineal pain and urgency of urination, no pus flowing from the urethra, but plenty of it in the urine—in short, the case was one of gonorrhœal cystitis and prostatitis of a high grade, induced by the peculiar treatment I have detailed above.

The cystitis to-day—seven weeks later—is well, the prostatitis nearly so. There has been no abscess, but the patient has had active epididymitis, which has relapsed three times, the patient being all the while kept flat upon his back in bed. A new wave of inflammation, without known cause, would seem to pass over his prostatic sinus and vesical neck, and shortly there would be a relapse of the inflammation in the testicle. Now the testicle is reasonably quiet,and the urethral discharge has, naturally, returned in creamy abundance. Dr. Sam'l Alexander two days ago found an abundance of gonococci in the urethral pus.

As for other methods of aborting gonorrhœa. I have not tried eucalyptol, but I have experimented with iodoform suppositories, and with frequent injections of weak corrosive sublimate solutions

The iodoform bougies have failed me totally, but have done no harm. I have used those of Kelley and Durkee, two grains, coumarin one-twentieth grain each.

With corrosive sublimate injections I commenced with one-quarter grain to the ounce of water, but found it too strong for frequent use in a virgin case. Some old stagers liked it and confessed moderately good results as having followed its use in their cases of spurious gonorreœa. I then reduced to one-sixth grain in the ounce, but was totally disappointed in its use. With such a solution injected three or four times a day, I did not succeed in aborting a single case of gonorrhœ out of several in which it was tried.

On one occasion, after a plastic operation upon a healthy urethra to close a fistula in the scrotal portion, I attempted to irrigate the urethra by a small rubber catheter passed beyond the point of the former fistula with a one-in-two thousand (one quarter grain to the ounce) solution of corrosive sublimate, a solution with which I had washed the wound thoroughly and with which surgeons freely irrigate

ordinary wounds without causing irritation.

The soft-rubber catheter could only be passed once beyond the scrotal point where the fistula had been. The urethra swelled so much that it became temporarily occluded at that point, and after two days an abundant creamy suppuration occurred under a continuance of the injections which persisted for a number of days after the injections had been suspended.

My conclusions, therefore, are—my temporary conclusions, I should say, for they are based on too imperfect data to allow accurate generalization—

1st. A mild bichloride of mercury solution irritates the mucous membrane of the urethra more than it seems to irritate an open wound.

2nd. It appears that an abortive treatment of true gonorrhœa is yet to be discovered.

3d. The hot water treatment of gonorrhœa is unreliable.

Society Reports.

PROCEEDINGS OF THE MEDICAL SOCIETY, DISTRICT OF COLUMBIA.

STATED MEETING HELD JAN. 16TH, 1884.

(*Specially reported for Md. Med. Journal*).

The Society met, with the President, Dr. A. Y. P. Garnett, in the Chair, Dr. T. E. McArdle, Secretary.

Dr. H. D. Fry read a paper entitled Can the Duration of Typhoid Fever be Lessened? The prevalent, indeed, I might say, universal opinion is that it cannot be. The possibility of obtaining an affirmative answer to the question first arose in the writer's mind after having read the clinical lectures of Dr. T. K. Chambers. This author believed that the virus of typhoid fever was conveyed into the stomach either by food, drink, or by becoming mixed with saliva, and it there increased and was absorbed into the system from the gastric mucus membrane. Acting upon the above theory, Dr. Chambers aborted or shortened the duration of the fever by the administration of an emetic of ipecac.

The difficulties in the way of proving such an important consideration are that of arriving at a correct diagnosis of the disease in its early stage, and of recognizing its nature when the course of the attack has been altered or its duration lessened. As confirmative evidence of the existence of typhoid fever certain predisposing influences can be taken into account, such as age and season. We can consider also the prevalence of the disease in localities and households, and the character of the fever heat as shown by thermometrical observations. Distinctive features are also presented during the convalescence. Debility, emaciation and subnormal temperature are as marked in the shortened attacks as in those which run their full course. Negative evidence of typhoid is obtained by the exclusion of local inflammatory affections. Malarial fever is differentiated by the production of cinchonism.

In my investigations I have added to the eliminative treatment a purgative dose of calomel. In this manner, by an emetic and purgative action combined, the whole *primæ viæ* are cleaned out.

Cases are submitted in illustration of the good results of this line of treatment. Cases 2, 3 and 4 succeeded typical attacks of the disease in other members of the household.

That patients should come under treatment during the first five or six days of sickness is a *sine qua non* condition of success.

In the discussion which followed, *Dr. King* said every one was interested in this question as an important subject is involved. In every case of typhoid fever there is a source of dread and doubt, for the mildest symptoms sometimes produce the worst results. If there be any means by which this disease can be aborted it becomes our duty to learn them. It is the first time that this treatment has been discussed in this Society. The main question to be considered in discussing Dr. Fry's paper is whether these were truly cases of typhoid fever. It seems very remarkable that there should have been so little intestinal disturbance. It is also worthy of consideration that in children we much less frequently find well-marked symptoms of the disease. There are to be seen in our city many cases of remittent and gastric fevers, which pass into the so-called typhoid. He had nothing to add in the way of experiment. He would remark, however, that in colitis, ipecac has long been a specific. He would like to know how Dr. Chambers has proved the presence of bacteria in the mucus of a patient suffering from typhoid.

Dr. Schæffer said that instead of diarrhœa constipation often existed in typhoid patients. The treatment of Dr. Chambers just advocated by Dr. Fry was formerly the orthodox treatment of any inflammation of the intestinal tract, and perhaps we have discarded a good thing in discontinuing its use. When, however, we consider the difficulty with which the ascaris lumbricoides is dislodged and the tortuous byways of the lengthy intestinal tract, is it fair to expect us to believe that ten grains of calomel and ipecac will thoroughly cleanse it of the bacteria said to be present and causing the disease?

Dr. Reyburn thought the book of Dr. Chambers' a very interesting one, and his treatment valuable and important. He himself had not tried it often, but his results were

good and he would give it his endorsement. After giving the preliminary dose, he used hydrochloric acid and chlorate of potash with, of course, perfect rest and liquid diet.

Dr. Taylor thought calomel and ipecac the treatment used by the late Dr. Thomas Miller. He himself had tried it several times.

Dr. Schæffer said it had been advocated in the treatment of yellow fever.

Dr. Magruder flattered himself that he had shortened the course of typhoid fever by adopting the advice of Aitken and giving ten grains of calomel at the inception of the disease. Smith, in his work on continued fevers, thinks calomel capable of aborting typhoid. Bartholow has faith in iodine and carbolic acid, and after commencing with the calomel, Dr. Magruder gives one drop of iodine and half a drop of carbolic acid every two or four hours as indicated. He has thus quieted restlessness and checked diarrhœa. He uses the same prescriptions in malarial troubles at the Central Dispensary. He believes calomel is a germicide, hence its good effects in this disease. Mercury is most destructive of germs.

Dr. King thought it exceptional in typhoid fever to find constipation. He believes it often due to the anodynes, etc., given. He has found that if he checked the diarrhœa the tympanites increased. He too thought that calomel is a germicide, and possibly some of it is changed into the bi-chloride. Emesis may by diaphragmatic succussion relieve the venous congestion of the liver.

Dr. Schæffer has seen a case of typhoid fever sucessfully treated with carbolic acid and turpentine, the latter having been given until hæmaturia was produced. Whenever there are hosts of cures all medicine may be esteemed valueless. At Sandy Spring, where all the Quakers die of old age, the expectant plan is adopted in the treatment of typhoid fever. Whilst this disease was considered to be of germ origin, we don't know the nature of the germ, and if it be in the blood one dose of calomel and ipecac will scarcely rid the patient of it.

Dr. Taylor thought it would be difficult for us to get our cases early enough for the full efficacy of this treatment.

Dr. D. R. Hagner believed the type and form of typhoid fever vary with locality and season. In France the disease makes its appearance in the winter and the symptoms run through a regular course, the patient convalescing in the fourth or fifth week. In England there is a different history. The treatment so ably advocated by Dr. Fry had been tried here. There is no doubt we can stop catarrhal inflammations which if neglected would run into typhoid. Patients get well when given large doses of quinine early in the attack. When tympanites and cerebral symptoms set in this drug is of no service and he would not even expect by its use to cut down the temperature. In the country and mountainous regions a different type will be found and should be treated differently. In Philadelphia, when he was there, the expectant plan was much in vogue, though not entirely as turpentine was supposed to cure ulceration of the glands of Peyer He thought the diagnosis doubtful in some of Dr. Fry's cases.

Dr. A. C. Adams said for the past few years he had seen cases of continued fever lasting two weeks and having a temperature of one hundred and four degrees and a fraction. Quinine is of no avail, but by the expectant plan the fever subsides at the close of the second week. He has classed these among the ephemeral fevers and thought them due to exposure. He concluded that they were neither malarial nor typhoid. He has found no treatment to shorten typhoid less than three weeks, and he believed the expectant plan better than large doses of quinine.

Dr. D. R. Hagner did not wish it to be understood that he gave or advocated large doses of quinine whilst typhoid fever was running its course.

Dr. Schæffer has seen twenty-six grains of quinine given in twenty-four hours without effect. He would be chary in the use of purgatives, especially when he took into consideration the many yards of intestines he had seen ulcerated sometimes even to the muscular coat.

Dr. Acker agreed with Dr. Adams that we often saw in this city cases of continuous fever lasting two weeks. He had seen a case get well and then relapse running again the two weeks course, and the next summer the patient suffered from another attack. At the present time almost every physician gives calomel or some other purgative at the onset of typhoid fever. But this disease is a specific fever and must run its course. He did not believe that drugs would have the happy effect of shortening the course of a genuine case of typhoid fever.

Dr. McArdle believed, with the last speaker, that drugs had but little effect in aborting the fever under discussion. Typhoid fever is a specific disease and must run its course. He very much doubted the accuracy of diagnosis in Dr. Fry's cases. He believed the onset of the fever was marked by too high a range of temperature.

Dr. Bromwell thought that when the temperature ran up to 104° or 105° on the third or fourth day he would have some hesitancy in calling the case typhoid. The fever curve crept up by degrees or fractions of a degree. He would as soon expect to see variola become

measles as a remittent become a typhoid fever. Diarrhœa is diagnostic of typhoid fever, though of course every patient does not suffer from diarrhœa. When there is diarrhœa present the tympanites and delirium are not so marked. He did not believe that any drug would lessen the course of the disease, but the symptoms might be modified by the use of calomel, quinine and digitalis. All writers declare that we must endeavor to keep the temperature down to 102½° or 103° by the daily use of quinine or digitalis.

Dr. Fry before he had read Dr. Chambers' article agreed with all the gentlemen who have just spoken that there was no abortive treatment of typhoid fever. But since reading the article in question and putting its precepts into practice his opinion had changed. As for the question of diagnosis, he had been particularly careful on that point. He had strenuously endeavored to eliminate the malarial element and he thought his cases differed from colitis. He wished to lay particular stress upon the subnormal temperature of convalescence and the great loss of weight from which his patients suffered; one case losing thirty pounds after five days of fever, and not being able to leave the house for several weeks. He considered these points of diagnostic value. He had seen typhoid accompanied by constipation. He agreed that the expectant plan was attended by few abdominal symptoms. Drs. Reyburn and Magruder speak of giving iodine, carbolic acid, etc., after using the calomel. He never gave anything unless a placebo after administering the ipecac and calomel. Did the cases spoken of by Drs. Adams and Acker have the rose spots and other indications of typhoid as given in his cases? As for the high temperature, there are many cases recorded with a high fever curve from the very start. He attributed the greatest benefit to the use of ipecac and calomel in lessening the duration of the disease, and he considered the great loss of flesh and sub-normal temperature of convalescence continuing eight or ten days or even two weeks as being as surely indicative of typhoid as desquamation of scarlet fever.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

STATED MEETING HELD FEB. 14TH, 1884.

(*Specially Reported for Maryland Med. Journal*).

The President, DR. TYSON, in the Chair.

ANEURISM OF THE LEFT VENTRICLE.—Presented by *Dr. W. E. Hughes*. To the kindness of Dr. M. B. Musser we owe the clinical history of this case, and the privilege of presenting the specimen to the society. Mr. P., æt. 58 yrs., healthy, with the exception of slight pain in the region of the heart on vigorous exercise, was attacked Sept. 20th, with left hemiplegia. Motion was completely lost, sensation somewhat impaired, but by no means lost. The attack was rather sudden, and was preceded for some days by slight dizziness. There was no loss of consciousness. After treatment, lasting over more than a month, he so far recovered as to be able to walk with the assistance of a cane, when he was seized one night while in bed with a frightful attack of angina pectoris. During the next two or three days the attack was repeated several times, and at the end of that time there was a very plain double pericardial friction sound heard over whole cardiac area. From this time on the anginal attacks were neither so frequent nor so violent as before. He fell back dead Nov. 15th, while sitting up in bed to take a glass of water. Before the pericarditis developed, the heart had been carefully examined with the result of finding no murmur. The area of cardiac dulness was enlarged, and the heart's impulse weak and diffuse. The pulse was weak, ranging from 75 to 80 in the minute, and very little accelerated during even the severest angina. The urine contained a small amount of albumen; no microscopic examination was made. There was at no time any œdema. Autopsy 36 hours after death. Body very fat. Rigor mortis moderately well developed. Abdominal and thoracic organs decomposing rapidly. Brain is larger than the average, very heavy and much convoluted. All its larger arteries are atheromatous, in places converted into rigid tubes, but nowhere is there any interruption of their lumen. No lesion of the brain substance. Some opacity of the pia mater, more marked over the right hemisphere anteriorly. In the meshes of the pia mater a large amount of straw-colored serum, most abundant about the motor areas on the right, and here serum is tinged with blood, though there is no true clot. Very little serum in the ventricles. Lungs are congested; no lesion of their substance. About a quart of serum in the left pleural cavity; less fluid in the right and firm adhesions over its upper half. Universal pericarditis; cavity of the pericardium is almost obliterated by easily-torn adhesions; where it is not obliterated there is a small effusion of flaky sanguinolent serum and the pericardium is ribbed by a deposit of lymph. Heart is large; left auricle dilated; ventricle enormously dilated and hypertrophied, its wall 1½ inches thick; right side very little changed. In the left ventricle, involving the interventricular septum, and the wall about the apex, is a saccular dilatation capable of holding at least 2 fluid ounces, developed by a giving way of the heart wall. This cavity was

filled by a firm old clot containing a cavity as large as a filbert filled with grumous pus. The endocardium in the aneurism had been totally destroyed, and the clot was in places firmly adherent to the exposed and thinned muscular tissue. In the anterior wall the tissues had completely given way over a very small area, and the rupture was filled by the clot, which projected slightly into the pericardial sac. A similar condition existed in the septum, the clot here projecting ½ inch into the right ventricle. Owing to the clot filling these ruptures there was no communication between the cavity of the left ventricle and that of the right ventricle, or of the pericardium. Heart muscle is fatty. Aorta is slightly atheromatous, and its valves rather rigid, though competent. Other valves healthy. Coronary arteries not atheromatous. Liver enlarged, congested, slightly cirrhotic. Kidneys enlarged, congested, cortical substance increased in volume; small spots of fatty degeneration; capsule strips off easily.

Dr. Bruen thought it was of great interest to note the location of the aneurism which was in the septum towards the apex. This was an unusual site, because, when due to ulcerative endocarditis, a was probably the case here, the aneurism is usually situated at the base of the heart, about the attachment of the aortic valves. He had seen a case, three or four years ago, of aneurism of the heart, the result of ulcerative endocarditis, which was situated at the apex; it extended towards the left and did not affect the septum. In this case the pericardial cavity was completely obliterated at site of the aneurism where the pericardium formed the aneurismal wall. I tapped at this point for a pleural collection, but only withdrew —— of blood when I desisted. Instead of doing harm the tapping afforded relief, and the pleural and other dropsical effusions were absorbed, the patient dying fully two years after the operation.

Dr. Tyson thought that the disease being situated at the point it rather pointed to endocarditis of the cavity than to the ulcerative form. This had resulted in the formation of one of the so-called —— spots which gradually yielding the aneurism had formed. The rupture might have been of some standing, as these interventricular ruptures are stated to be not very dangerous, and compatible with considerable prolongation of life. *Dr. Hughes* said there really had been no communication between the heart cavities, as the opening was blocked by a clot which was evidently old.

PERNICIOUS ANÆMIA.—Presented by *Dr. W. E. Hughes*.—George G. C., white, æt. 45 years, a clerk, was admitted into the University Hospital, Feb. 4th, in an intensely exhausted condition, with a history of an illness lasting over 2½ years. He had lived for the last 20 years along the banks of the Potomac in the midst of malaria, and had had ten yrs. ago intermittent fever lasting 2 months. His habits were all regular, and he denied any venereal taint. For the last 3 or 4 years he has been much worried by family and business affairs. His father, and a paternal uncle and aunt died of apoplexy; his mother and all her brothers and sisters of phthisis; of his own generation all the members were perfectly healthy. He was unmarried. Till he went into the army during the war he was well and strong; while there he had an irregular malarial fever, from the consequence of which, and of exposure, he never thoroughly recovered. 8½ years ago he was attacked, without any obvious cause, by diarrhœa, and, though his appetite and digestion remained good, he lost flesh and strength rapidly. His urine at this time was much increased in quantity, and was said to contain sugar. The diarrhœa continued for some months and he became reduced almost to a skeleton; then it ceased, the urine fell to its normal quantity, or even below, and he regained much of the flesh he had lost, though his strength and general condition remained far below par. After some little while of this apparent improvement he again commenced slowly to fail. Till within 3 months the functions of the gastro-intestinal organs were apparently well performed; since then he had had some slight heaviness in the epigastrium, and flatulence soon after eating a hearty meal, and the bowels have shown a tendency to constipation. Since last June he has been unable from intense weakness, to perform any manual labor. There has been no hemorrhage. On admission he was too weak to raise himself in bed, intensely anæmic, the whole cutaneous surface pale straw-colored, the veins showing through as pink lines; the mucous surfaces scarcely distinguishable from the skin, and moderately emaciated. There was no œdema. The heart action was excessively weak, with the apex beat in the usual position, and over the body of the heart was heard a soft blowing systolic murmur, lessened in intensity by firm pressure with the stethoscope. Over the jugular and lateral sinuses was heard a remarkably distinct venous hum. With the exception of a slight failure of eye-sight the special senses were normal. He answered questions intelligently, but slowly, as though too tired to think rapidly. In the lower extremities he complained bitterly of a feeling of soreness, saying his legs felt as though they had been beaten with a stick. In 24 hours he passed one quart of urine, acid in reaction, no albumen, no sugar, specific gravity 1012. Two days afterward he was weaker, and had lapsed into

a mild wandering delirium. Examination of the blood gave 665,000 red corpuscles and 6,000 white corpuscles to the cubic millimetre. The red were rather pale, exceedingly variable in size, some of them being even twice as large as normal, and others very small, and many of them tailed and otherwise irregularly shaped. Examination of the eye-ground was rendered difficult by his delirium, but no retinal hemorrhages could be detected. He died Feb. 8th. *Autopsy* (notes by *Dr Formad*) 3 hours after death. No rigor mortis. Moderate amount of soft flabby adipose tissue, especially beneath the peritoneum. Blood pale, everywhere fluid, no clots even in heart. The marrow in the tibia, humerus and sternum was red, the fat in a great measure being substituted by leucocytes and forms intermediate between white and red blood cells, and a few giant cells. The heart was rather small and very pale, valves were normal. The lungs contained a few calcified nodules in the apices and were universally adherent to the chest walls and diaphragm. The bronchial and mediastinal glands were enlarged and some of them calcified. The liver weighed 3 lbs. and was pale and anæmic. The spleen was normal in size and rather congested. The pancreas was rather diminished in size and indurated. In the left kidney are a few depressed cicatrices not unlike old gummata. Kidneys are with this exception normal, but anæmic. The stomach shows some evidence of chronic gastritis. No enlargement of any lymphatic glands other than those noted. Nervous structures were not examined.

Dr. Formad said that the marrow, especially of the upper extremities, showed in a marked degree the typical currant-jelly appearance first described, he believed, by Drs. Pepper and Tyson. *Dr. J. H. Musser* said that some of the clinical features of the case were unusual, especially the absence of retinal and other hemorrhages. The heart too is usually fatty, and he had thought that medullary bone changes were unusual, the text books on pathology containing such statements. He brought the matter forward as he would like to have some light thrown on such discrepant statements. *Dr. Bruen* thought that the bone changes occurred more frequently when the case was idiopathic than when there was a malarial history, as in the case seen by him. Dr. Tyson said that the description of pernicious anæmia in the pathological text-books was very vague, and no mention was made of bone changes such as described by Dr. Pepper and by himself in Virchow's Archives some years ago. This paper seems to have been entirely overlooked. Dr. Sidney Roberts had had the opportunity of examining the fractured femur of a woman suffering from this disease, when he noted appearances identical with those presented by the humerus before the society this evening.

Excision of the Shoulder-Joint — Presented by *Dr. C. B. Nancrede.*—Anne M., æt. 17 years, was admitted to the Female Surgical Ward of the Episcopal Hospital May 14,1883 One year ago last May she fell down stairs and struck her shoulder. She was unconscious for a short time, but was soon able to walk home. The arm did not become inflamed, and seemed to the patient well. Nine months after the fall she noticed pain in the shoulder, and an elevated papule formed near the joint, which was opened at the dispensary. This relieved the pain but left a fistulous tract discharging healthy pus. She attended the dispensary until the 14th of last May, when she was sent into the house, Dr. Seltzer, the Ass't. Surgeon on duty, having touched dead bone with his probe. After admission she had pain from time to time, gradually increasing in intensity until shortly before operation. Other free openings for drainage were made by Drs. Simes and Kelly. The probe detected an apparent sequestrum within the humeral head. Diagnosis epiphyseal abscess, and strumous disease of the joint. The operation showed complete destruction of the joint, a carious and denuded humeral head with an abscess about the epiphyseal site containing a sequestrum. The glenoid cavity was denuded of cartilage and roughened. The portion of head and shaft such as you see were removed, while all the glenoid cavity was cut away with the gouge forceps except where the long head of the biceps was attached. Further details of the operation are unnecessary. The patient was practically well at the end of two weeks.

Excision of Astragalus.—Presented by *Dr. C. B. Nancrede.* Elmira, ——, æt. 9 yrs., mulatto, a patient in the Children's Surgical Ward of the Episcopal Hospital, received some slight injury of the right ankle-joint about one year ago, since when the usual symptoms of strumous arthritis have been noted. About 2 months since Dr. Packard freely opened the articulation and inserted an oakum seton. Temporary benefit ensued, but on Feb. 13th, 1884, I found the bone so diseased as to demand excision. This was effected with great readiness by a semi-circular incision upon the outer side of the joint, whereby the peroneal tendons were exposssd, their sheath partially opened, thus admitting of their being drawn to one side, and the ligamentous structures of the astragalus easily divided. The bone was partially anchylosed to the under surface of the tibia, and nearly all of its tibio-fibular cartilaginous surfaces were bared and carious. All the other tarsal bones seemed perfectly healthy.

SPECIMENS FROM A CASE OF EXTENSIVE TREPHINING OF THE SKULL.—Presented by *Dr. C. B. Nancrede.*—These specimens, consisting of nearly the whole right squamous plate of the temporal bone, the inferior angle of the parietal, and aportion of the frontal, or, in other words, the anterior two-thirds of the temporal fossa, from the orbital plate nearly to the temporal ridge, and from the external angular process of the frontal to a line posterior to the external auditory meatus, were removed by me from a man this day who had been struck by an iron lever which caught his head between it and a large beam. Although the depressed area must have been fully an inch deep, yet he walked into the snrg. Dispensary of the Episcopal Hospital presenting apparently neither motor nor sensory disburbances, pupils and tongue normal. He was at once sent up to the male surgical ward, and I proceeded to trephine, cut away the overhanging shelf of sound bone with the "rongeur," and thus elevated and remove over a dozen fragments of bone. The dura-mater seemed uninjnred. As the specimens show the middle menigeal artery must have been torn, and fortunately twisted in removing the fragments as it was completely surrounded by a bony canal. One branch in the meninges was tied with fine catgut ligature, and the wound, as well as a deep scalp cut on the opposite side, were dressed with mercuric bichloride. (he has done well since Feb. 26th, 1884.)

Editorial.

THE SANITARY USES OF TREES AND FORESTS.—Most persons of intelligence know that the presence or absence of forests has much to do with the character of soil and climate of any section. Notwithstanding, should an explanation for this be required, few, perhaps, could describe the mode in which this relationship is brought about. A little reflection, however, will readily throw light upon the subject and show the vital importance to our nation and country of paying more attention to the preservation of our trees and forests, and to the necessity of encouraging arboriculture more than we have hitherto done.

The difference between ground upon which trees grow and that from which the trees have been removed is, that in the former case the falling leaves, branches and trunks are constantly giving rise to organic decay which enriches the soil, contributes to its moisture, and delays its drainage. The bed of leaves and moss which covers the earth affords a spongy covering which absorbs and retains the moisture. The influence upon drainage is especially more marked on hillsides and in mountainous regions than where the ground is level. Losing the protection of the shade afforded by the branches and leaves of the forest, the soil is exposed directly to the rays of the sun, and to the wind, which dry up the moisture and melt the snows. Hence rapid thawing occurs, the water runs off the smooth hillside without any obstruction from fallen trees or other source; freshets are produced with often great destruction of life and property. Our recent floods in the West show the progressive danger from this source, especially at the breaking up season of the year when winter is commencing to relax, and sudden thawing is apt to occur. These Western floods are said to have been unknown formerly, but have become, in course of time and from the above causes, alarmingly frequent and severe, and the *Sanitary Engineer* of the 28th ult., utters a very wholesome alarm upon the subject. It points out that other evils are to be eliminated besides those which have been named—as protracted droughts, for example, which correspond directly in duration and severity with the character of the floods. The amount of water in the pores of the earth is diminished, the springs dry up early, the rivers contain a decreasing quantity of water, which interferes with navigation, and the live-stock suffer as well as the crops. The same authority goes on to show that improvement is scarcely to be expected unless the cause of the trouble be removed, and points to the numerous instances of drying up and depopulation of large tracts of country in the East, Spain and Italy. France affords the most recent examples.

The above facts are too serious to be ignored. It is no senseless warning which the *Sanitary Engineer* utters, but the teaching of an extended experience, and it is the duty of sanitarians everywhere to strive to arouse public sentiment upon the subject—secure such legislation as is capable of ameliorating, or in time entirely preventing, the evils which we have cause to dread.

These remarks are suggested by resolutions offered in the House of Delegates of this State authorizing the Governor to designate, annually in April, a day for the planting of trees, to be known as "Arbor Day," a custom which, we believe, is already prevalent in some of our Northwestern States, and which is highly commendable.

THE FIRST ANNOUNCEMENT OF THE BALTIMORE POLYCLINIC AND POST-GRADUATE MEDICAL SCHOOL has been received at this office. The announcement gives the names of the Faculty and assistants, the plan of instruction in the different departments, the charge for tickets in the various courses, and other items of information in regard to

the School. The Faculty is represented by thirteen professors and twelve assistants. All of the clinical chairs usually taught are represented, with the exception of Diseases of the Nervous System. It is understood this chair will be filled at an early day. The School occupies a large and convenient building, 112 Hanover Street, in a section of the city abundantly rich in clinical material. The dispensary, which was only opened several weeks ago, has had a daily average of between 40 and 50 new cases. The material for clinical purposes is said to be unusually valuable. The courses of instruction are limited to four weeks, but students will be admitted at any date and can take any number of courses deemed desirable.

Clinics are given daily, Sundays excepted, from 11 A. M. to 4 P. M., and are so arranged that students may take one or more branches during the period of attendance.

Sir Joseph Lister and the Baronetcy. —Sir Joseph Lister was recently entertained at dinner by the Manchester-Edinburgh University Club in appreciation of his personal character, and of the value of his services to the science and art of surgery. In response to the toast to his health Sir Joseph said he had accepted the honor recently conferred on him with great hesitation. When, however, the Prime Minister, on behalf of Her Majesty, offered him a baronetcy, in recognition of "the distinguished services rendered to his profession, and to those interests of suffering humanity with which it is inseparably connected," he felt, on reflection, that he could not decline what was really a tribute to those principles which he had so long striven to maintain. Remembering, however, that some of the grandest heroes in the history of British Surgery—men in the presence of whom he felt like a dwarf amongst giants—men like Cheselden, Hunter, Abernethy, and Syme—had gone to their graves with no other recognition than the imperishable renown that attached to their achievements, he would almost have been pleased to remain untitled.

The *London Med. Times*, referring to the graceful and unaffected modesty of Sir Joseph Lister's remarks, which has been characteristic of him throughout his career, says this modesty "has it may be argued, been instrumental, in no small degree, in securing the widespread acceptance of his principles and practice during his own lifetime, and their titular acknowledgement, while he is still in the prime of his days.' While steadfastly maintaining his position and neglecting no line of argument that could advance his principles, Sir Joseph Lister has never condescended to clap trap, and has been studiously considerate to his opponents, and has thus pursued the long campaign in which he has been engaged, unembarrassed by those personal skirmishes and frequent irritations which waste time and retard progress."

As an illustration of this modesty, and aversion to notoriety, the *Med. Times* tells the following: "When the Empress of Germany passed through London some years ago she sent for Sir Joseph—then Mr. Lister—to Cloridge's hotel, where she was staying, and formally thanked him for the benefit which his discoveries had conferred on the Fatherland. Listerism, she said, had, to her knowledge, saved thousands of lives and limbs in Germany, and she could not be in London without telling the author of that system how highly she valued it. This singular mark of imperial favor was not mentioned by Mr. Lister even to his friends, and it was only recently that the fact of such an interview having taken place between him and the Empress leaked out."

We can not but admire and applaud such conduct, and suggest that in this respect, as in many others, Sir Joseph should have many imitators. Modesty, and an aversion to notoriety, are highly commendable virtues. We believe many valuable principles are lost from view by the immodesty and brazen effrontery which characterize their assertion.

A Bill Providing an Annuity for the Medical College of Virginia and Providing for State Students Therein.—We call the attention of our Virginia readers to the following bill, and urge them to object to its passage in its present form. If the State of Virginia can consistently appropriate a sum of money to the annual support of the Richmond Medical College, or of any other institution of learning within her territory, there can be no possible objection to such liberality, but when such an appropriation is coupled with unwise con-

ditions a vigorous effort should be made to prevent the generous expenditure of State funds for any educational purpose. The passage of the bill under consideration can have but one result, that of flooding the State, already over-crowded with physicians, with a large increase of doctors and of lowering the grade of instruction and the standard for graduation.

To allow each member of the General Assembly to nominate, in each year, from his county or district, a student to the Faculty of this College, can have no other result than the one named. It occurs to us that every practitioner and every tax-payer in the State must seriously object to the passage of this unnecessary act of legislation.

SENATE BILL No. 243.—*A Bill providing an annuity for the Medical College of Virginia, and providing for State students therein.* —Patron, Mr. Berry.—Referred to Committee on Finance and Banks.

1. Be it enacted by the General Assembly of Virginia, That the sum of seven thousand five hundred dollars be, and the same is hereby, appropriated out of the Treasury, as an annuity to the Medical College of Virginia, to be expended under the direction of the Faculty of said College, who are hereby required to report annually to the governor an account of the disbursement of the said sum of money.

2. That there shall be admitted to the said Medical College of Virginia, while this annuity is paid, free from all charges for tuition, except the sum of five dollars, as a matriculation fee, as many students who are citizens of Virginia as there are members of the General Assembly, each member of which is hereby empowered to nominate, in each year, from his county or district, a student to the Faculty of said College, who may prescribe the academic qualifications of the nominee.

3. It shall be, and is hereby made, the duty of the Faculty of the said College to keep the buildings in good repair, and insured against fire, and in each year to notify, for a reasonable time, the members of the General Assembly whose term will begin on or cover the first Monday in December then following, of any vacancy to be by them filled.

4. All acts or parts of acts inconsistent with this act are hereby repealed.

5. This act shall be in force from the first day of July, eighteen hundred and eighty-four.

The Otologists will hold their third International Congress at Basle, from the 1st to the 4th of next September.

Miscellany.

INVESTIGATIONS ON INTRA-OCULAR PRESSURE.—Dr. Ernest Gruser has published *Arch. f. exp. Path. u. Pharm.* 1883, Bd. XVII., Hft. 5, p. 328,) the results of some manometric investigations on the intra-ocular pressure, and the effect that atropine and eserine have upon it. By the aid of a specially contrived apparatus, the author has arrived at the following conclusions :—1. By means of his manometre he is not only able to determine the amount of intra-ocular pressure or tension, but he can also detect and estimate with accuracy any variations of that pressure. 2. The amount of the intra-ocular pressure depends directly on the height of the vascular pressure. Narcotism similarly alters both, compression of the aorta raises the intra-ocular pressure by from 4 to 5 mm. Hg. Compression of the carotid on the same side causes a rapid fall of 5 or 6 mm. Hg., which, however, gradually rises again to the normal pressure. Tying both jugular veins raises the pressure, but only temporarily. The rapid fall of the arterial blood pressure which takes place at death is accompanied by a rapid fall in the intra-ocular pressure. 3. In a cat during life, the intra-ocular pressure is on the average equal to 28 mm. Hg.; when dead the pressure is always from 8 to 10 mm. Hg. 4. The movements of the muscles of the iris always affect the intra-ocular pressure, dilatation of the pupil always causing it to rise and contraction to fall. Section of the sympathetic causes a fall of from 2 to 6 mm. Hg. in the intra-ocular pressure as well as narrowing of the pupil; irritation of the same nerve causes a rise of the pressure of from 5 to 6 mm. with dilatation of the pupil. 5. Atropine applied to the conjunctiva in quantities sufficient to cause mydriasis raises the pressure (there is sometimes a transitory fall before the rise.) 6. Eserine similarly applied causes the pressure at first to rise, but in all cases in less than an hour the pressure had fallen below the normal. *Centralblatt J. Klinische Medicin*, Jan. 19, 1884 —*London Medical Times.*

COMMENCEMENT COLLEGE OF PHYSICIANS AND SURGEONS.—The Twelfth Annual Commencement of the College of Physicians and Surgeons of Baltimore took place on March 4th, at noon, at the Academy of Medicine. The degree of M.D. was conferred upon 127 graduates. Prizes were awarded as follows: First prize, Cathell medal, E. V. Hood, of Ga.; second, Brown Memorial medal, David K. Briggs, of S. C.; third, Howard Memorial medal, Robert J. Smith, of Mich.; fourth, certificate of honor, Alfred F. Sproesser, of Pa.; fifth, J. Frank

Fleming, of Pa.; sixth, J. T. Wade, of Mo.; seventh, C. L. Wachter, of Md., and Wallace C. Quinn, of Pa.; eighth, S. S. Roderick, of W. Va.; ninth, J. D. Steiger, of N. J.; tenth, Bobbitt prize, for excellence in gynæcology, E. V. Hood, of Ga. The Valedictory address was delivered by the Rev. Edsell Ferrier, of Pa. The degrees were conferred by Prof. J. S. Lynch.

THE ANNUAL MEETING OF THE ALUMNI ASSOCIATION of the College of Physicians and Surgeons of Baltimore was held at the College Building, March 3rd., Dr. J. S. Lynch, presiding. This Association was organized in 1872 with a membership of 18, which has now grown to 1,050. The Association offers annual prizes of $100 for the best essay on a medical subject by a member, and $50 for the second best. The following officers were elected for the ensuing year: *President*—Dr. William Rickert; *Vice-President*—Dr. E. V. Hood; *Secretary*—Dr. J. H. Branham; *Treasurer*—Dr. Thomas Opie.

THE MAILS AND DANGEROUS MEDICINES.—The house committee on postoffices and postroads agreed to report favorably Representative Springer's bill to extend the issue of postage penalty envelopes for the transmission of official mail matter to all officers of the government, including members of either house of Congress. A similar report was also directed on Representative Bingham's bill providing that any person who shall forge or alter a postal money order of the United States, or a note of any foreign country payable in the United States, shall on conviction be punished by a fine of $5,000 or imprisonment at hard labor for not less than two nor more than five years. Representative Bingham was instructed to report adversely bills to prevent the use of the United States mails to advertise noxious and dangerous medicines, foods, and compounds.

Medical Items.

The French journals claim that tartar emetic of late years is largely adulterated with oxalic acid.=The Medical License Bill introduced into the Virginia Legislature, and noticed in a former issue, has become a law of the State.=The fifty-second annual meeting of the British Medical Association will be held at Belfast, Ireland, on July 29,th 30th and 31st, and August 1st, 1884.=The fifth report of the German Cholera Commission confirms the fact that there is a close connection between the disease and certain bacilli of a specific character which were found with the aid of the microscope in the bodies of cholera patients.=The Rush Medical College of Chicago has recently graduated one hundred and sixty-seven students.=The Berlin Polyclinic, which was founded towards the end of 1882, on the lines of the well-known institution at Vienna, has had a very successful first year, more than two hundred medical men having joined its classes.=It is stated that Mr. Christopher Heath has undertaken to edit for Messrs. Smith & Elder a "Dictionary of Practical Surgery," on the lines of Quain's Dictionary of Medicine, which has scored such a satisfactory success.=The "Couveuse," or "nest," or "baby "incubator," the contrivance for the rearing of premature children, is stated to have reduced the mortality among such by nearly one-half.=It is stated the English Government has decided to support the Bill for the repeal of the compulsory clause of the vaccination act.==Surgeon-General Hunter, whose recent "Reports on the Cholera Epidemic in Egypt," have attracted much attention, has received the distinction of Knight Commander of the Order of St. Michael and St. George.=The plethora of young consulting physicians and surgeons in London is becoming a serious question. In Germany a similar plethora exists. Professor Virchow has, at a recent sitting of the Prussian Parliament, called prominent attention to the existing state of things and raised the question of State recognition of the services of the extraordinary Professors and private Docents in Germany.=Dr. T. Robt. Coleman, one of the most prominent physicians of Richmond, Va., died in that city on March 4th, at the age of 53. Dr. Coleman was a distinguished surgeon in the C. S. Army, and since the war has filled a chair in the Medical College of Virginia.=The commencement of the Baltimore Medical College was held in the hall of the Y. M. C. Association on Thursday evening, March 6th. The degree of M. D. was conferred upon thirteen students.=Armand Leslie, who, sword in hand, was cut down by the Arabs in the massacre of Baker Pasha's troops, was well known as a red-cross surgeon. He was an adventurous spirit, and loved nothing better than to be in the midst of danger and excitement.=A large number of sailors and shipping men have asked Congress to repeal the tax now collected for the support of the marine hospital service.=The Baltimore Medical College has reduced the length of its sessions from seven and a half to five months. To compensate for this reduction the Faculty will conduct a spring course of lectures of three months.=Dr. Wilmer Brinton, of Baltimore, has returned to this country after a year's absence abroad, pursuing his medical studies.

Original Paper.

CLINICAL ASPECTS OF CEREBRAL SYPHILIS.*

BY HORATIO C. WOOD, M. D.,

Professor of Diseases of the Nervous System in the University of Pennsylvania.

In the present article I propose to say very little in regard to the lesions of cerebral syphilis, only making such allusions as are necessary to the clinical study. So much practical importance attaches to the ætiological relations of the disorder that I shall discuss these at some length.

We do not know why syphilis attacks one portion of the brain rather than another in any individual case; indeed, very rarely can we give any sufficient explanation why the brain is affected at all.

It is naturally to be expected that any cause of ordinary brain inflammation would, when present in a syphilitic person, tend to precipitate a specific cerebral disease. Thus, as thermic fever frequently provokes chronic meningitis, much plausibility attaches to the report of a case in the *Journ. de Med. et Chir. Prat.*, Paris, 1879, page 291, where the cerebral syphilis is ascribed to a sunstroke. Blows and other traumatisms would, in a similar manner, be supposed to figure largely as exciting causes of brain syphilis; but I have never met with a case having such relations, and reports of them are rare in literature. The only records I have found are the cases reported by Dr. Broadbent, *London Lancet*, 1876, ii, p. 741, and a small collection in Huebner's article on Nervous Syphilis in Ziemssen's Encyclopædia, xii, 301. I have seen two cases of presumably traumatic spinal syphilis: one in which a polio-myelitis† followed a fall on the ice, and one in which, after a fall from a cart, and marked spinal concussion, a local myelitis developed.‡

Various authorities attach much influence to over-study and other forms of cerebral strain in exciting brain syphilis. Engelstedt is stated to have reported cases having such ætiological relations, and Fournier* affirms that he has especially seen the disease in professional men and other persons habitually exercising their brains to excess. Neither in private nor public practice have I met with an instance where over-brain work could be considered a distinct ætiological factor, whilst the wards of the Philadelphia Hospital and the roll of the University Dispensary are full of cases occurring in persons who use not at all the modicum of brains nature has endowed them with. So far as my observation goes, cases of brain syphilis, in which any exciting cause can be found, are very rare.

The inherited diathesis is less prone to manifest itself in the nervous system than in other portions of the body, but it certainly is capable of causing every type of nervous disease that follows infection from impure coition.

As early as 1779, Dr. Jos. Glenck† reported a case of a girl, six years old, cured by a mercurial course of an epilepsy of three years' standing, and of other manifestations of hereditary syphilis. Graefe found gummatous tumors in the cerebrum of a child nearly two years old.‡ Prof. O. Huebner§ details the occurrence of pachymeningitis hæmorrhagica in a syphilitic infant under a year old. Dr. Hans Chiari‖ reports a case in which very pronounced syphilitic degeneration of the brain-vessels was found in a child fourteen months old. Both Dr. Barlow¶ and Dr. T. S. Dowse[1] report cases of nerve syphilis in male infants of fifteen months.

It is a matter of great interest to know how late in life nervous disease from inherited taint may develop. We have, as yet, little light upon the equally interesting and cognate problem as to how far inherited syphilis may produce late in life nervous diseases whose type is not distinctly specific, but it is probable that even after puberty specific nervous affections may appear for

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*Read before the College of Physicians of Philadelphia, February 6th, 1884.

† In this case the man had symmetrical specific skin eruptions upon the arm, and the symptoms were peculiarly symmetrical; great coldness of both fore-arms; excessive sweating of the palms; loss of power, so much more pronounced in the extensors than elsewhere that the patient had been treated for lead-poisoning and great wasting of the extensor muscles. Evidently a symmetrical syphilis chiefly confined to the anterior spinal cornua.

‡ Univers. Hosp. Dispen. Service Book, x., 1875, p. 58.

* La Syphilis du Cerveau.

† Doctrina de Morbis Venereis, Vienna.

‡ Arch. f. Ophthalm., Bd. i., erst. Abth.

§ Virchow's Archiv, Bd. lxxxiv, 269.

‖ Wien. Med. Wochenschrift, xxxi, 1881, 17.

¶ Lond. Patholog. Soc. Trans., 1877.

1 The Brain and its Diseases, vol. i, p. 76.

the first time in the unfortunate offspring of syphilitic parents. Mr. Nettleship reports* the development of a cerebral gumma in a girl of ten years, and Mr. J. A. Ormerod† of a tumor of the median nerve (probably gummatous) in a woman of twenty-three, both the subjects of inherited syphilis. Dr. Thomas S. Dowse‡ details a case of cerebral gumma at the age of ten years, and Dr. Samuel Wilks§ one of epilepsy from inherited taint in a boy of fourteen. Dr. I. Hughlings Jackson reports‖ paraplegia with epilepsy in a boy of eight, hemiplegia in a girl of eighteen, and in the *British Medical Journal*, May 18, 1872, hemiplegia in a woman of twenty-two; the nervous affection in each case being associated with or dependent upon inherited syphilis. Dr. E. Mendel reports¶ a case of a child who had inherited syphilis, and developed in her fifteenth year a maniacal attack with hallucinations.

Some time since I saw, in an orphan of fourteen, a chronic basal meningitis, and, in the absence of any history, gave the fatal prognosis of tubercular disease, but to my astonishment, under the long-continued use of iodide of potassium, complete recovery occurred. No signs of inherited syphilis were perceptible, but the specific nature of the inflammation is, in view of the result, scarcely doubtful; it is probable that in some of the reported cases of alleged recovery from tubercular meningitis the affection has really been syphilitic.

The relation of inherited syphilis to idiocy appears to be a close one. What rôle the diathesis has in the production of those cases which are dependent upon arrest of development we have no way at present of knowing, but that it very frequently causes chronic hydrocephalus seems to be well established. A number of cases have been reported; they have been collected by Dr. E. Mendel.[1]

Nervous diseases following acquired syphilitic infection certainly belong to the advanced stages of the disorder. Huebner reports* a case in which thirty years elapsed between the contraction of the chancre and the nervous explosion. I have seen a similar period of thirty years. Fournier reports intervals of twenty-five years, and thinks from the third to the tenth year is the period of maximum frequency of nerve accidents.

The fact that cerebral syphilis may occur many years after the cessation of all evidence of the diathesis is one of great practical importance, especially when taken in conjunction with the circumstance that the nervous system is more prone to be attacked when the secondaries have been very light than when the earlier manifestations have been severe. I have repeatedly seen nerve syphilis in persons whose secondaries have been so slight as to have been entirely overlooked or forgotten, and who honestly asserted that they never had had syphilis, although they acknowledged to gonorrhœa or to repeated exposure, and confessed that their asserted exemption was due to good fortune rather than chastity.

To show that my experience is not peculiar, I may be allowed to make the following citations: Dr. Dowse† says: "Often have I had patients totally ignorant of having at any time acquired or experienced the signs or symptoms of syphilis in its primary and secondary stages, yet the sequelæ have been made manifest in many ways, particularly in many of the obscure diseases of the nervous system." Dr. Buzzard‡ reports a case of nervous syphilis where the patient was unconscious of the previous existence of a chancre or of any secondaries. Professor Rinecker also calls attention§ to the frequency of nervous syphilis in persons who afford no distinct history of secondary symptoms.

This frequent absence of history of specific infection is of great practical importance, and has led me to attach comparatively little weight to the statements of patients. In private practice I usually avoid asking questions which might bring up from the past unpleasant memories, and

* Trans. Lond. Path. Soc., xxxii, 13.
† Ibid., p. 14.
‡ Loc. cit., p. 71.
§ Lectures on Dis. of Nerv. Syst., Philadelphia, 1878, p. 333.
‖ Journ. Ment. and Nerv. Diseases, 1875, p. 516.
¶ Archiv. f. Psychiatrie, Bd. i., 313.
1 Archiv. f. Psychiatrie. Bd. i., 309. For a very important paper see, also, Virchow's Archiv, Bd. xxxviii, p. 129.

* Ziemssen's Encyclopædia, xii, 298, New York edition.
† The Brain and its Diseases, London, 1879, vol. i., p. 7.
‡ Syphilitic Nervous Affections, London, 1874, p. 80.
§ Archiv. f. Psychiatrie, vii, p. 241.

arrive at the diagnosis by studying the symptoms present.

Although syphilis is most prone to attack the nervous system many years after infection, it would be a fatal mistake to suppose that brain disease may not rapidly follow the occurrence of a chancre. What is the minimum possible intermediate period we do not know, but it is certainly very brief, as is shown by the following cases of this so-called precocious cerebral syphilis. Dr. Alfrik Ljunggrén, of Stockholm, reports* the case of H. R., who had a rapidly-healed chancre in March, followed in May of the same year by a severe headache, mental confusion, and giddiness. Early in July, H. R. had an epileptic attack, but he was finally cured by active antisyphilitic treatment. Although the history is not explicit the nervous symptoms appear to have preceded the development of distinct secondaries other than rheumatic pains.

Davaine is said† to have seen paralysis of the portio dura "a month after the first symptoms of constitutional syphilis." Dr. E. Leyden‡ found advanced specific degeneration of the cerebral arteries in a man who had contracted syphilis one year previously. Dr. R. W. Taylor details a case in which epilepsy occurred five months after the infection.§ In the case of M. X., reported by Dr. Ad. Schwarz,¶ headache came on the fortieth day after the appearance of the primary sore, and a hemiplegia upon the forty-sixth day. S. L.‖ had a paralytic stroke, without prodromes, six months after the chancre. A. P. L.,[1] had an apoplectic attack seven months after the chancre; A. S. one five months after her chancre. In a case which recently occurred in the practice of Dr. A. Sydney Roberts, of this city, the chancre appeared after a period of incubation of twenty-six days, and two months and eight days subsequent to this came the first fit; eight days after the first the second convulsion occurred, with a distinct aura, which preceded by some minutes the unconsciousness. The further details of this case are not germane to the present discussion, which only requires the additional statement that the attack developed into an unmistakable cerebral syphilis, with temporary aphasia, and that convalescence was finally secured by active antisyphilitic treatment. As the first paroxysm came on without warning, whilst the man was fishing in the sun, it is not unwarrantable to suppose that a precocious cerebral syphilis was in this case precipitated by exposure to the ordinary causes of sunstroke. This list of cases might be much extended, but it certainly is sufficient to show that cerebral syphilis occurs not very rarely within six months after infection, and may be present in two months.

An interesting observation in this connection is that of Dr. Ern. Gaucher* of a spinal syphilis occurring six months after the appearance of a chancre.

Syphilographers are in accord in regard to the existence of two pathological varieties of brain syphilis, whilst some authorities believe in a third form. The most common seat of attack is the membranes; next to these are the brain vessels, whilst, as already intimated, there is difference of opinion as to whether the disease ever directly affects the brain tissue Reasons will be given later on for believing that the brain substance may suffer violence from syphilis, but I shall first discuss the clinical aspects of specific disease of the membranes.

DISEASE OF BRAIN MEMBRANES.

Specific affections of the brain membranes very often declare themselves with great suddenness. The records of the disease present case after case in which an apoplectic attack, a convulsive paroxysm, a violent mania, or a paralytic stroke, has been the first detected evidence of syphilitic cerebral disease. On the other hand, in many instances the symptoms come on slowly and successively. Proper treatment, instituted at an early stage, is usually successful, so that a careful study of these prodromes is most important. They are generally such as denote cerebral disturbance, and, although they should excite suspicion, are not diagnostic except as occurring in connection with a specific history or under suspicious circumstances.

Headache, slight failure of memory, unwonted slowness of speech, general lassitude, and especially lack of willingness for mental exertion, sleeplessness or excessive somno-

* Archiv. f. Dermatol. und Syphilis, 1870, ii., p. 155
† Buzzard, Syphilitic Nervous Affections, London, 1874.
‡ Zeitschrift f. Klin. Med., Bd. v, 165.
§ Journ. Nervous and Mental Dis., 1876, p. 38.
¶ De l'Hemiplegia Syphilitique Prêcoce; Inaug. Diss., Paris, 1880.
‖ Ibid
1 Ibid.

* Revue de Méd., 1882, ii., 678.

lence, attacks of momentary giddiness, vertiginous feelings when straining at stool, yelling or in any way disturbing the cerebral circulation, alteration of disposition, any of these, and *a fortiori*, several of them, occurring in a syphilitic subject, should be the immediate signal of alarm, and lead to the examination of the optic disks, for in some cases the eye-ground will be found altered even during the prodromic stage. Of course if choked disk be found, the diagnosis becomes practically fixed, but the absence of choked disk is no proof that the patient is not suffering from cerebral syphilis. In regard to the individual prodromic symptoms, my own experience does not lend especial importance to any one of them, although, perhaps, headache is most common. There is one symptom which may occur during the prodromic stage of cerebral syphilis, but is more frequent at a later stage, a symptom which is not absolutely characteristic of the disease, but which, when it occurs in a person who is not hysterical, should give rise to the strongest suspicion. I refer to the occurrence of repeated, partial, passing palsies. A momentary weakness of one arm, a slight drawing of the face, disappearing in a few hours, a temporary dragging of the toe, a partial aphasia, which appears and disappears, a squint, which to-morrow leaves no trace, may be due to a non-specific brain tumor, to miliary cerebral aneurisms, or to some other non-specific affection, but in the great majority of cases where such phenomena occur repeatedly the patient is suffering from syphilis or hysteria.

The first type or variety of the fully formed syphilitic meningeal disease to which attention is here directed is that of an *acute meningitis*. I am much inclined to doubt whether an acute syphilitic meningitis can ever develop as a primary lesion, whether it must not always be preceded by a chronic meningitis or by the formation of a gummatous tumor, but it is very certain that acute meningitis may develop when there have been no apparent symptoms and may, therefore, seem to be abrupt in its onset. Some years ago I saw, in consultation, a man who, in the midst of apparent health, was attacked by violent meningeal convulsions, with distinct evidences of acute meningitis. He was apparently saved from death by very heroic venesection, but after his return to consciousness developed very rapidly a partial hemiplegia, showing that a latent gumma had probably preceded the acute attack. On the other hand, an acute attack is liable at any time to supervene upon a chronic syphilitic meningitis. At the University Hospital Dispensary I once diagnosticated chronic cerebral syphilis in a patient who, the next day, was seized with violent delirium, with convulsions and typical evidences of acute meningitis, and died four or five days afterwards. At the autopsy an acute meningitis was found to have been engrafted on a chronic specific lesion of a similar character. In the case reported by Dr. Gamel,* in which intense headache, fever, and delirium came on abruptly in an old syphilitic subject, and ended in general palsy and death, the symptoms were found to depend upon an acute meningitis, secondary to a large gumma.

In this connection may well be cited the observation of Dr. Molinier,† in which violent delirium, convulsions, and coma occurred suddenly. A very curious case is reported by Dr. D. A. Zambaco,‡ in which attacks simulating those of acute meningitis appear to have been produced in a man with a cerebral gummatous tumor by malarial complication. In such a case the diagnosis of a malarial paroxysm could only be made by the presence of the cold stage, the transient nature of the attack, its going off with a sweat, its periodical recurrence, and the therapeutic effect on it of quinine.

In the cases of *chronic meningeal syphilis* which have come under my observation, most usually after a greater or less continuance of prodromes, such as have been mentioned, epileptic attacks have occurred with a hemiplegia or a monoplegia, which is almost invariably incomplete, and usually progressive; very frequently diplopia is manifested before the epilepsy, and on careful examination is found to be due to weakness of some of the ocular muscles. Not rarely oculomotor palsy is an early and pronounced symptom, and a marked paralytic squint is very common. Along with the development of these symptoms there is almost always distinct failure of the general health, and progressive intellectual deterioration, as shown by loss of memory, failure of the power to fix the attention, mental bewilderment, and, perhaps, aphasia. If the case convalesce under treatment the amelioration is gradual, the patient traveling slowly up the road he has come down. If the case end fatally it is usually by a gradual sinking into complete nerve-paralysis, or the patient is carried off by an acute inflammatory exacerbation, or, as I saw in one case, amelioration may be rapidly occurring, and a very violent epileptic fit produce a sudden asphyxia. In this form of cerebral syphilisdeath from brain softening around the tumor is not infrequent, but a fatal apoplectic hæmorrhage is rare.

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* Tumeurs Gommeuses du Cerveau, Inaug., Diss., Montpellier, 1875.

† Revue Méd. de Toulouse, xiv, 1880, 341.

‡ Des Affections Nerveuses Syphilitiques, Paris, 1862, page 485.

The clinical varieties of cerebral meningeal syphilis are so polymorphic and kaleidoscopic that it is almost impossible to reduce them to order for descriptive purposes. Professor Fournier separates them into the cephalic, congestive, epileptic, aphasic, mental, and paralytic, but scarcely facilitates description by so doing. Huebner makes the following types:

"(1.) Psychical disturbances, with epilepsy, incomplete paralysis (seldom of the cranial nerves), and a final comatose condition, usually of short duration.

"(2.) Genuine apoplectic attacks with succeeding hemiplegia, in connection with peculiar somnolent conditions, occurring in often-repeated episodes; frequently phenomena of unilateral irritation, and generally at the same time paralyses of the cerebral nerves.

"(3.) Course of the cerebral disease similar to paralytica dementia."

In regard to these types the latter seems to me clear and well defined, but contains those cases which I shall discuss under the head of cortical disease.

Meningeal syphilis as seen in this country, does not conform rigidly with the other asserted types, although there is this much of agreement that when the epilepsy is pronounced the basal cranial nerves are not usually paralyzed, the reason of this being that epilepsy is especially produced when the gummatous change is in the ventricles or on the upper cortex. In basal affections the epileptoid spells, if they occur at all, are usually of the form of petit mal, but this rule is general, not absolute. The apoplectic, somnolent form of cerebral syphilis, for some reason, is rare in this city, and it seems necessary to add to those of Professor Huebner's a fourth type, to which a large proportion of our cases conform. This type I would characterize as follows:

(4.) Psychical disturbance without complete epileptic convulsions associated with palsy of the basal nerves and often with partial hemiplegia.

The most satisfactory way of approaching this subject is, however, to study the important symptoms in severalty, rather than to attempt to group them so as to make typical, recognizable varieties of the disease, and this method I shall here adopt.

Headache is the most constant and usually the earliest symptom of meningeal syphilis; but it may be absent, especially when the lesion is located in the reflexions of the meninges, which dip into the ventricles, or when the basal gumma is small and not surrounded with much inflammation. The length of time it may continue without the development of other distinct symptoms is remarkable. In one case,* at the University Dispensary, the patient affirmed that he had had it for four years before other causes of complaint appeared. It sometimes disappears when other manifestations develop. It varies almost indefinitely in its type, but is, except in very rare cases at least, so far paroxysmal as to be subject to pronounced exacerbations. In most instances it is entirely paroxysmal, and a curious circumstance is that very often these paroxysms may occur only at long intervals; such distant paroxysms are usually very severe, and are often accompanied by dizziness, sick stomach, partial unconsciousness, or even by more marked congestive symptoms. The pain may seem to fill the whole cranium, may be located in a cerebral region, or fixed in a very limited spot. Huebner asserts that when this headache can be localized it is generally made distinctly worse by pressure at certain points, but my own experience is hardly in accord with this. Any such soreness plainly cannot directly depend upon the cerebral lesion, but must be a reflex phenomenon, or due to a neuritis. According to my own experience, localized soreness indicates an affection of the bone or of its periosteum. In many cases, especially when the headache is persistent, there are distinct nocturnal exacerbations.

It will be seen that there is nothing absolutely characteristic in the headache of cerebral syphilis; but excessive persistentcy, apparent carelessness, and a tendency to nocturnal exacerbation, should in any cephalalgia excite suspicion of a specific origin; a suspicion which is always to be increased by the occurrence of slight spells of giddiness, or by delirious mental wandering accompanying the paroxysms of pain. When an acute inflammatory attack supervenes upon a specific meningeal disease, it is usually ushered in by a headache of intolerable severity.

When the headache in any case is habitually very constant and severe, the disease is probably in the dura mater or periosteum, and this probability is much increased if the pain be local and augmented by firm, hard pressure upon the skull over the seat of the pain.

(*To be Continued*).

*Book Y, p. 88, 1879.

Surgeons J. S. Billings and J. S. Brown, U S. A., have been detailed to attend the International Health Exhibition, which meets at South Kensington in May next, and to represent the Department at the International Medical Congress, which will convene at Copenhagen in August next.

Hospital Reports.

REPORT OF THE PRESBYTERIAN EYE, EAR AND THROAT CHARITY HOSPITAL FOR THE MONTH OF FEBRUARY, 1884.

BY HERBERT HARLAN, M. D.,

Attending Surgeon.

During the month there were 2776 visits paid to the hospital. Of these 466 were new cases. There was an average daily attendance of 111 patients, and a total of 75 operations, among which 4 were for cataract, 9 for the correction of internal squint, 2 for external squint, and one for enucleation. Chloroform was administered 9 times, and bromide of ethyl 19 times.

Two interesting cases of PARALYSIS OF ACCOMMODATION following diphtheria were seen during the month, the notes concerning which are as follows:

Case I. Emma W., æt 10, had diphtheria four weeks ago. For about two weeks she has had some paralysis of the soft palate, accompanied with the return of some part of swallowed fluids through the nose. She complains of not having been able to see well since the attack. Vision now is $\frac{20}{70}$ Jæger No. 16. With a ten inch optometer she reads from 8 to 12 inches, showing only paresis and not entire paralysis of the ciliary muscle, and also indicating her hypermetropia. A lens of 1.25 D+ gives her $\frac{20}{20}$ vision, and with one of 3 D+ she reads Jæger No. 1 with ease.

She was put upon one twentieth of a grain of strychnia three times a day, and reported herself much improved and able to swallow comfortably at the end of a week. Her vision was not tested at that visit, and she has not since returned.

Case II. Mary H., æt. 17, had diphtheria seven weeks ago. Previously served for a living, and read a great deal. Complains now of inability to see well even at a distance. Three weeks ago sight began to fail after using eyes excessively and continuously since the attack. One week later, two weeks ago, throat became affected. Has now paresis of soft palate, and with laryngoscope the vocal cords are seen slightly congested. They cannot be closed sufficiently for *e* sound though *a* is pronounced fairly well. $V=\frac{20}{LXX}$ with either eye. Jæger No. 12. Ten inch optometer, right eye 9–14 inches; left eye, 10–14 in. Manifest hyperopia $=1.75$ D+. She requires 3.50 D+ for reading Jæger No. 1.

She was put on strychnia and given 2.5 D+ glasses for working.

Feb. 20th, with optometer she reads from 7–15 in. with each eye, and "can see much better." With a glass of 1.75 D+ she reads No. 1 readily.

Paralysis of the ciliary muscle is a comparatively rare affection, though it is of much more frequent occurrence than is generally supposed, and the reason we so seldom see any mention of it in the journals and text-books lies in the failure to appreciate the true cause of the recognized asthenopia. It is usually caused by some severe illness. It follows diphtheria most frequently—not infrequently scarlet fever and syphilis. It is often attributed to cold, and in many cases no cause can be assigned. It is frequently accompanied by dilatation of the pupil, a symptom which was absent in the above cases. Most cases do well on tonic treatment. When the pupil is dilated eserine should be used in the eye, and in many cases, properly adjusted glasses give great comfort. When rheumatism or syphilis is present the proper remedies for those diseases are of course indicated.

PROF. PAUL BERT'S METHOD OF ADMINISTERING CHLOROFORM.—The *Gazette des Hopitaux* (1884, No. 1,) furnishes an account of the first trials which have been made of this method on the human subjects, after 300 experiments had been performed on dogs with satisfactory results. M. Dubois, the laboratory assistant of Prof. Bert, described to a large assemblage at M. Péan's Clinique, at the St. Louis, the mechanism of the gasometer made use of, and stated that 8 cubic centimetres of chloroform to 100 litres of atmospheric air had been, by experiment, found to be a satisfactory combination. In the six cases then operated upon, anæsthesia was induced without preliminary local irritation of the mucous membrane, in a few minutes, the pulse and respiration continuing regular during the anæsthesia. M. Pean observed, after the operations were concluded, "that there was every reason to hope that future trials would confirm these results, and the exact dosage of anæsthetics will certainly prove one of the glories of French physiology."—*Medical Times.*

Society Reports.

PROCEEDINGS OF THE MEDICAL SOCIETY, DISTRICT OF COLUMBIA.

STATED MEETING HELD JAN. 23RD., 1884.

(*Specially reported for Md. Med. Journal*).

The Society met with Vice-President, DR. WM. H. TAYLOR, in the Chair, DR. T. E. MCARDLE, Secretary.

REMINISCENCES OF CHOLERA IN 1832.—*Dr. Joseph Borrows* addressed the Society, taking as his subject the cholera epidemic of 1832. Washington, he said, was at that time a mere cluster of villages, rather than a continuous city. We had some avenues and some streets had been opened as thoroughfares. F street was the only business portion of the city, and the people were obliged to go to Georgetown for any article that could not be obtained on F street. He spoke of the large number of reservations, and gave a vivid description of the canal and its tributaries. Ohio avenue was the bed of Tiber Creek, and during the cholera the nurses from the Central Hospital washed all the linen in that neighborhood. General Jackson, he said, was President, and John C. Van Ness mayor of Washington. The Central Hospital was established on the site of the old Star Office (S. W. cor. Pa. Av. and 11th St). The attending staff consisted of Thos. Miller, Bernard Miller, Warren and Alexander Davis. He himself had been urged for one of the positions on account of his success in treating the disease. The Board of Health was increased to six members. From the time cholera appeared on this Continent until it arrived in Washington, the citizens of this city made preparations for its coming. It was expected here on account of the condition of the streets, the canal, and the Tiber. There was also a large floating population, including many Germans, attracted hither on account of the appropriation Congress had recently made to macadamize Pennsylvania Avenue. During the prevalence of the cholera it was customary for the physicians to go up and down the Avenue and pay personal attention to these laborers. It was beautiful to see the unanimity of the people in affording relief to the distressed by contributing their time and attention in addition to making large contributions of money, goods, clothing, food, etc.

The cholera patient, the doctor said, was sui generis. He had the cholera aspect, voice, and cold tongue. The very moment we took the common-sense view and followed Dr. Sewell's practice of treating all cases of diarrhœa as cholera, so soon we cured our cases.

The doctor then spoke of some of the humorous incidents which occurred even at this solemn time. Careful people did not suffer much. Only one physician died, and one or two ran away from the city. The first cases occurred on 11th, between G. and H. Streets. Dr. Davis reported the case of young Nalley on E. street, near 11th. This was the first case reported in full. The first cases appeared from the start to be in a typhoid state, and many died of collapse. The diarrhœa was a perfect ejection and one movement would fill a water bucket. A fat man would dwindle away beyond recognition. There was observed also the peculiar washer-woman appearance of the hands. There were two methods of treatment—one called the stimulating and the other the calomel treatment. There were two other hospitals beyond the one mentioned. Georgetown did not suffer much from the epidemic.

Dr. J. E. Morgan spoke of the cases he had seen in 1854. The same methods of treatment were then used. The stimulating consisted of cayenne pepper, myrrh, etc. The other was large doses of calomel, opium; sugar of lead, and rest in bed. The mercurial treatment proved to be the best; 2 or 3 grains were given every 2 or 3 hours. If this disease depends on germs mercury is recognized as the best germicide.

Dr. Palmer saw a great many such cases in 1854, the most of which he attributed to errors in diet.

Dr. King said it was important to bear in mind that the first cases are almost universally fatal, but afterwards, when the poison wears itself out, almost any remedy cures.

In 1866 cases occurred in New York which lived only twelve hours. He was at that time corporation physician and saw 5 or 6 cases here.

Dr. W. W. Johnston, who was then a student at Bellevue, made the post-mortem of one of the cases. It was generally understood to be Asiatic cholera.

Dr. King remembered the epidemic of 1854. He was then a boy in London. Everybody had the diarrhœa. He came to

Alexandria during that year, and he received the greatest relief from 20 drops of elixir of vitriol in a tumbler of water taken in tablespoonful doses.

Dr. Lovejoy remembered the characteristics of Washington in 1832. There were only 2 or 3 sewers, and these were open at a number of places. Every house was supplied with a privy-box about the size of a flour barrel, and most of these leaked. The gutters served for drainage, and were cleaned only by the storms. Every free darkey had a pig-sty. Scavengers would drop the offal just outside the city limits, and every dead animal was thrown on the ridge skirting the town. With such a condition of affairs, it is all the more wonderful that more people were not afflicted.

A vote of thanks was returned to Dr. Borrows and the society adjourned.

STATED MEETING HELD JAN. 30TH, 1884.

The Society met with the President, DR. GARNETT, in the Chair, Dr. W. H. Taylor, Secretary pro tem.

A CASE OF HEPATIC ABSCESS.—AUTOPSY AND DISCUSSION.—Reported by *Dr. Wm. Gray Palmer.*—W. H. G., male, æt. 52 years, was taken sick August 15, 1883. He was treated by a quack for two weeks for dysentery. At the end of that time the patient was informed he had the piles, and was treated for that affection. Getting no better he changed to another quack who treated him for some time with no better result. On the advice of a friend he called upon a druggist in Georgetown, who was celebrated for curing piles, and continued under his treatment until the 7th of October. During all this time he was engaged daily as a cutter in a large tailoring establishment, and, of course, almost constantly on his feet.

I was called to see him Oct. 7th, 1883, and found him reduced in flesh, very weak, scarcely able to stand on his feet. I examined him carefully but found no sign of hemorrhoids. He was suffering from dysentery, having 12, 15, and even 20 stools daily, consisting of nothing but blood and mucus. Under treatment he recovered from the dystentery by the 1st of November. His appetite returned and he was able to walk about the house and ride out. During all the period above mentioned he complained of pain in the lower portion of the spine. His urine was examined and found normal. This pain in the spine was all he complained of after the dysentery was relieved. From the very first I found him very much depressed in spirits, which condition alternated with great irritability, and this continued until within two weeks of his death.

On the 25th of November he was seized with a rigor which lasted two hours, and was followed by fever and sweating, temperature rising to 103°. These rigors occurred for a week or ten days, the temperature ranging from 100° to 103°. Careful examination failed to discover any enlargement or tenderness over any portion of the abdominal cavity. From this time until the first of January little change occurred in the symptoms—some days the patient would be comparatively comfortable, then he would complain of some pain in the back and great debility. He was drowsy and slept nearly all the time. On the occurrence of the rigors, I diagnosed hepatic abscess. Dr. J. Ford Thompson saw him with me on the 13th of January, and after careful examination came to the same conclusion. On the 23rd, Dr. C. E. Hagner and myself being present, Dr. Thompson aspirated the patient and drew off 14 oz. of thick pus. On the 15th of January diarrhœa came on and continued until his death, which occurred January 29, 1884.

The point worthy of notice is the absence of pain in the region of the liver, and of the physical signs generally present.

Notes of Post-Mortem Examination.

The autopsy was made by Dr. J. Ford Thompson, Drs. Palmer, Triplett and McArdle being present.

W. H. G., male, æt. 52 years.

Rigor mortis well marked.

Body well preserved.

An incision was made from the superior portion of the sternum to the symphisis pubis, and another incision from the right side opposite the umbilicus.

Considerable fat was found deposited under the skin.

Adhesions existed along the front of the liver.

The liver was enlarged, reaching to the upper border of the third rib.

The entire right lobe was found to be nothing but a pus cavity from which half a

gallon of pus was drawn, and more was left behind.

Inflammatory changes were observed in the left lobe.

There was no fluid in the cavity of the abdomen and the pleural cavity contained only a small quantity of serum.

THE SETON IN LOCOMOTOR ATAXIA AND PARALYSIS .By *R. Reyburn, M. D.*—If there be any treatment the reverse of original, certainly the use of the seton belongs to that category.

The seton has been used ever since the very beginning of medicine as a science, but like many other heritages from our fathers has fallen into undeserved disrepute.

The reason, probably, has been that too much was expected from it, and not fulfilling the extravagant expectations of its votaries it was abandoned altogether.

My experience with the seton has been comparatively limited, only embracing six cases.

Two of these were cases of locomotor ataxia, and the remaining four were cases of hemiplegia and paraplegia.

The first was F. D., aged about forty-eight years, about 5 ft. 8 in. in height, well nourished, and weighing about 130 lbs. He complained of irregular staggering gait—was unable to stand erect with eyes closed, pain and tenderness on pressure over the lower dorsal vertebræ, with occasional severe darting pains in lower limbs and lower portion of spine, slight irregularity of pupils, with enlargement of left; also complained of partial deafness and occasional attacks of vertigo; when walking exhibited a constant tendency to veer towards the right, and required the aid of another person to prevent his walking off the sidewalk to the street.

He had received quite a variety of treatment before coming under my hands, and when I first treated him I gave him for some time alterative doses of bichloride of mercury, as there was some suspicion of syphilis. He successively received iodide of potassium, ergot, bromide of potassium, galvanism. He was finally treated by the use of the seton and the improvement thereupon was so immediate and satisfactory as to surprise all who knew anything of the case.

About 20 strands of the sewing silk used for ligatures were passed through the tissues of the nape of the neck and pulled through every day or two, and occasionally removed at intervals of a couple of weeks treatment. In about two months after the seton was employed he was able to resume his duties as a clerk in the War Department, and the subsequent progress of his case was very satisfactory.

I need not detail—valuable adjunct—Dr. Mallon's 14 cases, Dr. T. J. Griffith's 18 cases in Hospital of Paralysed, 10 recovered, 6 improved, 1 died, 1 under treatment, 8 cases private practice, all recovered and were greatly improved.

In answer to Dr. Fry, *Dr. Reyburn* stated that one case mentioned had been under observation for over two years.

Dr. Fry said that he now had a patient under treatment, who had continued at work until one year ago. Had first treated the case with bichloride of mercury, which gave great relief for a considerable time. Then, upon the patient getting worse, he had tried iodide of potash, but without good effect. He next tried belladona and nux vomica, which, like the mercurial treatment, was of great benefit for a time. He thought he would try the seton in this case if the man would submit.

Had recently seen some cures reported from large doses of ergot, f℥ss two or three times a day, of fluid extract.

Dr. Garnett had for years used the seton in such cases as had been reported by Dr. Reyburn, and had derived great benefit from its use in the early stages of the disease, except in the case of plethoric subjects. In one case he had treated a very plethoric man with setons, issues and actual cautery, but with no good result. The patient ultimately became paraplegic.

Dr. Toner stated that this case mentioned by Dr. Garnett, a man named Febrey, was examined afterwards by Brown-Sequard, and was treated by him, but that no improvement took place.

On motion, the discussion was closed.

On motion of *Dr. Fry*, the discussion on Typhoid Fever, continued from last meeting was closed.

Dr. W. G. Palmer read the report of a very interesting case of HEPATIC ABSCESS which had recently occurred in his practice. The *post-mortem* examination was conducted by himself and Drs. J. Ford Thompson, W. H. Triplett and Thomas E. McArdle.

Dr. Triplett said the case was a remarkable one; that there was a question as to the diagnosis. Percussion gave a dull sound over entire right side of chest, as though the pleura was filled with fluid, but the intercostal spaces were not distended, as would have been the case had the pleura been filled with fluid. Dr. Thompson diagnosed Hepatic Abscess, and the examination, *post mortem*, proved this correct, for the entire right lobe of the liver was converted into a pus cavity. The whole surface was white, *i. e.*, the pus showed white through the thin capsular coverings of the abscess. The case was a perfectly hopeless one, as there was not sufficient healthy liver substance left to carry on digestion had the abscess been drained and healed.

In answer to the *President*, Dr. Palmer stated that the man was very temperate and had never used alcoholic drinks.

The President considered the case as reported by Dr. Palmer a typical case of hepatic abscess, and should have so diagnosed it from the symptoms given in the report. Hs had just such a case to treat last November, and aspirated and drew off half a pint of pus. The patient improved after this, but the cavity again filled and the man died.

Dr. Reyburn: One important point in the treatment of these cases was to put in a drainage tube and not allow the pus cavity to fill up after it was emptied.

Dr. Fry was of the opinion that hepatic abscess was much less difficult to diagnose than to puncture with an aspirating needle. In one case which came under his observation, Dr. Ashford had inserted a needle, but got no pus. After death two abscesses were found in the liver, one in the right and one in the left lobe. In another case he had punctured the liver but got no pus; but before death the abscess opened into the bronchus, and a large amount of pus discharged by the mouth.

A third case, that of a Frenchman, had suffered for months with diarrhœa, which was finally checked by nitrate of silver. Still the man did not get well, but kept his bed. Fever set in after a time, with rigors and profuse sweating. Diagnosis hepatic abscess, and tried to aspirate in eight or ten different places, but did not strike pus. Fever and rigors continued, and a sudden violent pain in the abdomen set in, and the patient died in a few hours. The autopsy revealed an abscess under the right lobe of the liver. The immediate cause of death was ulceration and perforation of the ascending and transverse colon, which gave rise to extensive peritonitis. In speaking of proper drainage being necessary to a cure, Dr. Fry said he had seen a case in Hospital where free drainage was adopted and the cavity washed, but the case hung on for months and did not seem likely to recover.

Dr. Garnett said that the difficulty in striking the abscess was due to the puncture being, in many cases, made too far in front: that is, in front of a line drawn from the axilla to the acetabulum. He always entered the aspirating needle behind this line towards the spine, and never failed to strike the abscess.

On motion of *Dr. W. G. Palmer*, the discussion was continued and the Society adjourned.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

STATED MEETING HELD MARCH 6TH, 1884.

The President, R. A. CLEEMAN, M. D., in the Chair.

Dr. Wm. Goodell made the following CORRECTION OF A MISSTATEMENT.—"At the last meeting of this Society I made a misstatement with regard to that distinguished ovariotomist, Mr. Tait, which I greatly regret, and which I wish here to correct. I was misled by some remarks made by Dr. Sutton at the last meeting of the American Gynecological Society. These were so reported as to convey to my mind the impression that Billroth was the only European operator who did not refuse any case of ovarian tumor, however unpromising it was, and that Mr. Tait—to borrow Dr. Sutton's language—'does not remove many large tumors, those which weigh from sixty to sixty-five pounds, with extensive adhesions, etc.' In quoting this, by a careless slip of the pen, I changed the word 'many' into 'very,' and in addition I wholly misapprehended the purport of the above sentence. Dr. Sutton has since, in the *Medical News* of February 23rd, explained that he did not mean that Mr. Tait selects his cases, for he was 'not aware that this British ovariotomist refuses to remove a tumor because it is large;' but that 'Mr. Tait has the

largest line of ovary and tube-cases and the shortest line of big ovarian cysts, of any man I (Dr. Sutton) visited in Europe.' In making this correction here I wish to repair the injustice which I unwittingly did Mr. Tait before this Society."

Dr. Goodell then exhibited an EXTRA-OVARIAN CYST with the following history: The lady, aged 28, and the mother of four children, had a miscarriage early in last October. At that time her family physician discovered the tumor. It slowly grew but gave the lady so much inconvenience from pain and pressure that she was brought to his office late in the following December. It was not large but was very sensitive and was diagnosticated to be an ovarian tumor. Both ovaries were removed early last February, and the lady recovered promptly. The peculiarities of the cyst were to him unique. The ovary lay to one side of a thick-walled cyst, and at such a distance from it that the cyst could have been removed without injury to the ovary. The latter was, however, extirpated along with the cyst because it was diseased. Hitherto all parovarian cysts which he had encountered were thin-walled and contained a clear fluid, but this one had thick walls and contained a turbid brown fluid. It started from the left broad ligament and was adherent to the bladder, omentum, and abdominal wall. Another point of interest was the fact that the right ovary had doubled its size from follicular degeneration, and yet pregnancy had taken place.

Dr. Robt. P. Harris suggested the possible existence of a third ovary, as the starting point of the tumor. He also thought that the presence of a third ovary might explain the persistence of the menstrual flow in some cases, after the operation of double ovariotomy.

Dr. Goodell also exhibited a COCCYX REMOVED FOR COCCYGODYNIA.—The patient met with a fall down stairs some years previously, and the injury was followed by a vaginal abscess of some kind. She had all the classical symptoms of a very bad coccygodynia and had fallen into a nervous condition which bordered on insanity. Dr. G. had intended merely to sever the nervous attachments of the cœcyx by the sweep of a tenotomy knife, but after the patient had been put under ether the tip of the bone was found unnaturally movable, and giving distinct crepitation. The loose bone was therefore removed, and as the articulating surfaces were found rough and denuded, the whole coccyx was removed by bone forceps. Great relief followed this operation.

Although he had seen very many cases of coccygodynia, this was the first case on which he had operated. In a very few traumatic cases he had wished to operate but was not permitted to do so. The vast majority of these cases are, in his experience, those of nervous or neuralgiac coccyx, and they get well in his hands under rest, massage, electricity and appropriate constitutional treatment. The great difficulty, in cases of severity, is to decide between the nervous mimicry of the disease and pure traumatic coccygodynia in which positive lesions have been sustained and their effects have not yet passed away—as for instance in a sprained or a fractured coccyx, or in a rheumatic, a gouty, or an inflamed coccyx. There is yet another difficulty in the way of diagnosis, for sometimes an injury received in an hysterical woman is followed by local nervous phenomena, which will last long after the original lesion has been cured. For instance, on one occasion he had been so greatly deceived in the diagnosis between traumatic and nervous coccygodynia as to make him very cautious in resorting to the use of the knife. A highly intellectual lady, who spent her leisure in reading metaphysical works, received an injury to her coccyx by the sudden "bucking" of the horse on which she was mounted. She was at that time suffering from nervous prostration and the blow started up very exacting coccygeal symptoms. Dr. Goodell found retroversion and a prolapse of both ovaries. These dislocations were remedied and the patient put on a vigorous constitutional treatment; but she grew no better and an operation was proposed and agreed to. As soon as the day and hour were decided upon she lost all pain in her coccyx, and has not since had a return of it. This happened about six years ago. On another occasion he saw a very obstinate and severe case of coccygodynia, which he had been treating unsuccessfully for a long time, and which had a traumatic history, quickly disappear under an exciting family jar. In view of this experience, he believed it always safer at first to consider coccygodynia as a local expression of a general neurosis, and to treat it accordingly.

Dr. J. H. Packard asked why Dr. Goodell had preferred the bone nippers to disarticulation in the first case.

Dr. A. H. Smith asked if Dr. Goodell had removed the entire coccyx. (Dr. Goodell was not sure, but thought so. There had been an abscess in connection with the injury, and the bone was dead and somewhat necrosed. He had

cut off one piece with the nippers and then disarticulated the remainder). Dr. Smith *continuing* said there had been suppurative action probably following anchylosis. Such a condition might result from injuries received in labor or from falling astride a chair-back or a rail. Most cases were reflex hysterical or uterine pains, as will be proved by the freedom from tenderness when the finger is pressed on the coccyx when making a vaginal examination. He has never removed one because he has seen such poor relief from the operation in any cases that have come under his observation. Why should relief come unless all the nerves and other painful tissues be also removed? He will be glad to hear the result of the operation in the case reported by Dr. Goodell this evening.

Dr. Packard demonstrated to the Society a new method of applying AXIS TRACTION to any ordinary obstetric forceps. The device consisted of two steel hooks arranged to catch in the fenestræ of the blades of the forceps, and terminating in rings through which a wooden handle is to be passed. The handles of the forceps are to be lashed together.

Dr. Smith remarked that Dr. Tarnier's first suggestion was to pass a cord through holes drilled through a widened portion of the blades at the point at which handles are now attached. The hooks exhibited by Dr. Packard did not draw from the right point, and he thought there would be difficulty in adapting them when the head was high up.

Dr. Goodell thinks that Tarnier was anticipated in the cord attachment by another French physician.

Dr. B. F. Baer read a paper on THE SIGNIFICANCE OF METRORRHAGIA ABOUT AND AFTER THE MENOPAUSE (see *Amer. Jour. Obstetrics*). Metrorrhagia recurring about the menopause is as likely to be the result of disease of the uterus or its appendages as it is at any period previous to that time. The popular belief that floodings at the change of life are physiological often results in harm. That the blood-loss is depuratory or critical and that it protects the vital organs from injurious congestion is erroneous. Where health exists the cessation of menstraution will be attended by no more aberrations of function than are seen in its establishment. An analysis of twenty-two hundred cases treated in hospital and private practice shows that nearly the same number of women sought service during the establishment and the decline of menstruation, and it farther shows that the numbers rapidly increase as the period of greatest fecundity is reached, and decline after it is past.

Epithelioma of the cervix may result from injury of that organ, but also requires some peculiarity in the structures of the tissues which renders them susceptible to an induced dyscrasia. When a woman, in the midst of the fertile period, suddenly ceases to bear children there is often some local cause for it. There is some causative relation between acquired sterility and cancer. It is safer to believe the disease of local origin, for we will then endeavor to discover and remove all sources of irritation, and possibly prevent its development. Detailed histories of a number of cases are given to illustrate the truth of the positions assumed. Where the menopause is retarded beyond the usual period the cause can often be found in some diseased condition connected with the sexual system, and as a rule it is an old standing trouble. When metrorrhagia recurs after the menopause has been fully established, it is almost invariably the result of a pathological change in the tissues of the uterus.

Dr. Goodell agrees almost wholly with what Dr. Baer has said; he thinks the dangers of the menopause much overrated. Cancer and fibroids of the uterus occur more frequently at that age than any other, and have caused the popular dread. Although hemorrhage is always pathological its cause cannot always be discovered, and in this dodging period serious hemorrhage may occur and no dangerous condition exist. He would like to believe that cancerous growths had a benign incipiency, but can not go so far. The microscopists make many mistakes in ascribing malignancy to growths removed from the uterus. Dr. Goodell then gave a number of cases in which experienced microscopists had given prognoses of early fatal termination based upon the cell formation of growths removed from the uterus, but these cases had recovered and now showed no evidence of any diseased condition. With regard to the small proportion of cancerous growths following laceration of the cervix uteri, the doctor called attention to the large number of Irishmen using clay pipes and the small number of lip-cancers, and yet it is universally acknowledged that the use of a clay pipe is the principal cause of such growths.

Blood-letting is practiced very freely in Turkey and the East, and women as a consequence get very stout; such are more liable to profuse hemorrhage at the dodging period.

Dr. Wm. T. Taylor reported a case of MALARIAL POISONING IN A NEW-BORN BABE.—We have frequently observed fevers of a malarial type in very young children, in some even during the first year, which were ushered in by a convulsion, or other prodrome, without a rigor, as occurs in older persons, and their character is only recognized by a repetition of the attack in a day or two. But the youngest subject of this disease which I have met with is the following case:

Mrs. A. R., during her second pregnancy, was affected with malarial fever, and although she was then residing at the sea-shore was obliged to take occasional doses of quinine to control it. She returned to her city residence at the end of the season, but continued using quinine from time to time until the end of her utero-gestation, which was completed in November last when her babe was born. Her labor was natural and easy, and she had no unfavorable symptoms. The child appeared healthy, was of good color, but was smaller and feebler than her first-born at its birth. As she had a good supply of milk, it soon drew the breast quite vigorously.

About one week after its birth the nurse called my attention to "weak spells" which it had occasionally, accompanied by coolness of the skin, a feeble circulation and prostration, which continued for fifteen or twenty minutes, and were followed by a clammy perspiration. By the application of heat to the body and giving it a little brandy and water, or other stimulant, it would revive.

I observed that these "spells" had a periodicity occurring every two or three days, and considering them malarial I gave the mother quinine and valerianate of iron, which, acting therapeutically through the milk, soon caused the "spells" to cease, and the babe became well and fat. I also gave it small doses of the elixir of cinchona for several weeks.

This child must have contracted this disease whilst in utero, through the placental circulation, for being born in a perfectly healthy locality it was not exposed to any external malarial influence.

When labor began the quinine was stopped, and was not resumed until the condition of the child required it, when it soon showed its antiperiodic action by completely arresting these "weak spells," for now the child is perfectly well.

Dr. R. P. Harris related a case of parallel character which had occurred some years ago in a malarious neighborhood. The mother was under treatment before labor. The child had chills and fever when quite young and was treated through the mother.

W. H. H. GITHENS,
Secretary.

THE GEOGRAPHICAL DISTRIBUTION OF URINARY CALCULUS.—Dr. Flemming Carrow, of Wilmington, Del., who succeeded Dr. Kerr in the Native Hospital, at Canton, China, whilst there performed some two hundred or more operations of lithotomy. One of the reasons assigned by Dr. Carrow for the frequency of this disease in the Southern Province of China is the hard water used by the natives.

Editorial.

THE STATE BOARD OF HEALTH OF WEST VIRGINIA enjoys the well-deserved distinction of being one of the most efficient health organizations in this country. The Annual Report of this Board for the three years of its existence, ending Dec. 31st, 1881, 1882 and 1883, issued by the Secretary, Dr. Jas. E. Reeves, of Wheeling, is a most interesting and satisfactory document. The Report, published in one volume of 301 pages, presents a full summary of the operations of the Board from the date of its organization, with such other interesting matter as to make it a volume of unusual value. The law establishing the State Board of Health and regulating the practice of medicine and surgery in the State is an intelligent and efficient act of legislation, and it is, perhaps, in great measure, due to this fact that the State Board has been enabled to conduct its operations to such decided advantage. But apart from the value of the act under which the Board has been called into existence the operations of the law have been so faithfully and efficiently enforced that the Board itself, and especially its efficient Secretary, is to be complimented upon the good results it has secured for the profession in West Virginia.

Governor Jackson gave the first impulse to the proper enforcement of the law by appointing as members of the Board two physicians from each Congressional district in the State, whose character and ability were of the highest order. The Board was not handicapped by weak appointments, nor by political considerations, but the selections seem to have been made with sole reference to the fitness of the gentlemen commissioned for the duties which were to devolve upon them. Each member of the Board was well qualified for its duties so that the Board as a whole was amply able to grapple with the work of reform it was called upon to institute. The Board organized promptly, and within a comparatively short time enforced the act regulating the practice of medicine and surgery in the State so firmly and rigidly that quackery was forced to fly from the State. The registration of physicians was conducted with fair moderation and consideration, but with sufficient firmness to guarantee to the people of the State well-qualified physicians and surgeons. The sanitary work of the Board has been equally creditable. Whilst it does not cover the wide field of original investigation and of experiment in matters of sanitary reform, which might be looked for from older and more liberally supported bodies it shows the intention of the Board to stimulate the efficiency and capacity of the local organizations throughout the counties, and its ability

to grapple with such problems in sanitation as have come under its jurisdiction since the date of its institution. The sanitary papers published in the Reports of the Board came fully up to the average standard of State Board sanitary literature. These papers cover a variety of subjects, which treat of such topics as will be most useful in disseminating valuable information on domestic and local hygiene throughout the State.

That feature of the reports which commends itself most to favorable consideration is the financial statement. The total receipts from special tax collected from itinerent physicians and from examination of candidates to whom certificates were issued from date of organization in 1881, to December 31st, 1883, amounted to $1,745.00. The total disbursements for this same period were $3,241.51, which made the total expense to the State above receipts $,496.51. In other words the annual cost to the State for the support of the State Board of Health, including the salary of the Secretary, has been less than $500 per annum.

Let the unprejudiced reader consider the great benefit the State Board of Health has conferred upon the medical profession and people of West Virginia and the very insignificant cost which has attended its operations, and we think it will be conceded that this Board is entitled to a great degree of praise for its industry, zeal and efficiency. The results here presented are the strongest protest against the statement that a State Board can only render a valuable service to a community by the most liberal expenditure of money.

A Maternity and School for Midwives.—Some eighteen months ago a "College of Midwifery" was started in New York City, having for its object the preparation of well-trained midwives. Several gentlemen of high professional reputation were induced to lend their names and assistance to this enterprise, hoping by their co-operation to prevent any infringements of professional propriety. After a time the promotors of this school introduced several irregular and objectional moves which compelled the professional gentlemen to retire unconditionally from the institution.

These gentlemen are still of the opinion that a necessity exists for an institution which will give intelligent training and assistance to midwives, and to counteract the evil influence of the "College of Midwifery," which is managed on non-professional principles, have combined with certain well-known physicians to secure the passage of an act through the Legislature of the State of New York, incorporating a "Maternity and School for Midwives" and another act requiring all midwives who may practice in the State, after October 1st, 1884, to pass an examination before a board of examiners, consisting of the Faculty of said school, or of any other similar incorporated school. Among the gentlemen comprising the incorporators of this school are Drs. A. L. Loomis, A. Jacobi, T. Gaillard Thomas, and P. F. Munde. The fact that these gentlemen have undertaken this work is a guarantee that the school will be conducted on the highest principles.

In every large city the major share of obstetrical practice falls into the hands of the midwives, and the profession is well aware of the ignorant and bad work performed by this class. It does not seem possible to divert this practice into the hands of regular practitioners, for the reason that very few medical men will consent to work among the lower classes of society, who are the chief patrons of the midwives. It is very apparent then that these women should have some preparation and training for the work they undertake to do and most frequently perform in the most ignorant and barbarous manner. The object had in view by the incorporators of the New York "Maternity and School for Midwives" is to be commended on the ground of its necessity and humanity. We have no doubt that similar institutions will be established in other large cities, now that New York has taken the lead in this direction. In our own city the better training of midwives has been encouraged by the Faculty of the Woman's Medical College, but as there is no compulsory act of legislation requiring all midwives practicing in the State to pass an examination before a board of examiners, only a few women have taken advantage of the opportunities presented to them for better instruction in their work. No real advance can be made in the qualification of this class of practitioners until they are brought under the rigid discipline of a board of examiners. It seems useless to establish schools of instruction for such people until a law is enacted requiring compulsory attendance and examination before they are licensed to practice. A few of the more intelligent midwives have a keen sense of appreciation of their responsibility in the conduct of their work, and seem ambitious to perfect themselves in it; the larger number, however, are very ignorant and incompetent persons who seek this field of employment without fitness or qualification for its duties. It would be difficult to estimate the loss to society resulting from the ignorant practice of midwifery. Whilst sanitarians are discussing the methods of promoting health and of arresting the fearful mortality among children upon principles of political economy, we invite them to consider the loss to the State from the free license system of midwifery practice.

THE NEW YORK ACADEMY OF MEDICINE is an institution of which the profession of that city seem to be justly proud. A few years ago the Academy purchased the valuable property it now occupies on W. 31st Street, and assumed a heavy mortgage which it has carried independent of other pressing burdens. It has provided a library, which contains a most valuable collection of books and periodicals, and a reading room, together with other means for facilitating literary work by physicians. These burdens have been carried by the membership of the Academy in a most exemplary manner. Every now and then mention is made of considerable gifts to the library of valuable collections of books or of funds appropriated towards the reduction of the incumbrance upon the property, or for the working facilities of the Academy. Recently Dr. H. P. Fornham gave $1,000 and Dr. C. R. Agnew $225 to the fund of the Academy. These gifts, coming as they do at short intervals, have been followed by most beneficial results to the Academy and have contributed in no small measure to the present influential and high scientific position of this body.

Miscellany.

THE UTERINE MUCOUS MEMBRANE DURING MENSTRUATION.—A recent number of the *Zeitschrift fuer Geburtshuelfe und Gynækologie* contains a paper on this subject by Dr. Theodor Wyder, of Zurich. He commences with a criticism of the observations of others on the point, and takes exception to most of them on the ground that sufficient care has not been taken to discriminate the effects of disease and of post-mortem alterations from physiological changes. He admits some few former descriptions as valid, and has made observations on nine women himself. His own were made in the following manner. He chose women in health and menstruating regularly. During menstruation a speculum, not oiled, was passed, and the blood and mucus oozing from the cervical canal were collected with a glass rod or a syringe, neither instrument being oiled, and care being taken not to let it enter the cervical canal lest any cervical structure should be accidentally detached. The blood and mucus thus procured were examined microscopically. He comes to the following conclusions:

1. During menstruation a part of the superficial layer of the mucous membrane is destroyed, while the rest persists. This removal of the superficial layer of mucous membrane takes place to a different degree in different cases, sometimes being complete, sometimes "minimal." The separated layer in part retains its structures, in part is broken up into detritus, in some cases small bits of mucous membrane, in structure like the membranes of dysmenorrhœa membranacea, but causing no pain on account of their smallness, being found in the menstrual discharge.

2. The separation is a consequence of the menstrual hæmorrhage, and not of primary fatty degeneration. The latter is rather a consequence of the detachment and breaking up of the mucous membrane effected by the bleeding.

3. The superficial and middle layers of the remaining mucosa are composed of small cells, and have no resemblance to the decidua of pregnancy; while in the deeper layers there is a cellular hyperplasia of the interglandular tissue plainly intended to reproduce the tissue cast off during menstruation.

4. The regeneration of superficial epithelium takes place both from the glandular epithelium, and from the larger or smaller islets of superficial epithelium

LEICHTENSTERN: ON THE TREATMENT OF SCARLATINA.—*Archivio di patalogia infantile*, Nov., 1883.—This interesting communication details the extensive experience of the author upon this subject in the Tübingen clinic. He remarks that he has no theories to offer, but simply the results of a wide field of observation. The means upon which he relies most extensively for the treatment of scarlatina is the cold bath, administered from the time that the exanthema is well developed. He usually immerses the child from ten to fifteen minutes. In a test case, the water being at a temperature of 16.8° R. at the outset, there was a gain of 224.6 heat units in fifteen minutes. This will give an idea of the amount of refrigeration which is possible by this treatment. The antipyretic action is manifested not only in the reduction of temperature, but in the lessening or the ending of delirium, the steadying of the heart's action, with lessening of the frequency of the pulse, the relief of dyspnœa, etc. Valuable as is this means of treatment, there are several contra-indications in its use, the chief of which are as follows: 1. Cardiac collapse or a tendency thereto, with a cold and cyanotic skin. 2. Laryngeal stenosis, when diphtheria complicates the disease. 3. Inflammatory swelling and infiltration of the cellular tissue of the neck, with venous obstruction. 4. Possible impending pharyngeal or nasal hemorrhages from diphtheritic erosions of the large vessels; absolute quiet being imperative. 5. The severe form of polyarticular synovitis and scarlatinous tendinitis, in which the slightest movements are painful. To these more prominent ones, other contra-indications might be added, especially such as arise from complications of the disease. Less reliable, in the author's hands, as an antipy-

retic, is quinine, which is not without danger in children, from the possibility of *quinine collapse*. If given at all it should be in small and rather frequent doses. Of salicylic acid he speaks with more confidence as an antipyretic. He usually gives it in the form of the soda salt, in half gramme doses, at intervals of half an hour, until the fever is controlled. In some cases it was effective when the cold bath failed. He thinks its supposed unfavorable effect upon the heart is imaginary. For alimentation, he prescribes milk, eggs, gelatine and nutritious soups. Stimulation is often necessary, and for this purpose red wine, cognac or champagne may be given. Massage and counter-irritation, in the form of blisters, are also beneficial at times.—*The Archives of Pediatrics.*

Suprapubic Lithotomy.—At a meeting of the Societe de Chirurgie ("Revue de Chirurgie," Nov. 1883) M. Despres reported that he had recently removed a phosphatic calculus, weighing 145 grammes, from the bladder of a young man, according to the method practiced by Rousset, the first French surgeon who performed the high operation. M. Despres maintained that the peritonæum could be avoided with certainty during the procedure by taking the urachus as a guide, flanked by the two epigastric veins which ramify upon the vesical surface; and that safety in this respect was also insured by carrrying the first incision along the linea alba to the extent of from seven to nine centimetres, according to the height of the pyramidalis muscle. In the case related, the patient made a good recovery. M. See observed that the indication furnished by the pyramidalis was not to be depended upon, as this muscle was differently inserted in different individuals, and was sometimes altogether wanting. M. Tillaux said that, according to his experience, the more the bladder was distended the larger would be the space left uninvested by peritonæum; the lowest part of the latter might thus be lifted as high as 3.5 centimetres above the pubes. Despite M. Despres' opinion, therefore, the bladder should by all means be distended, and distended thoroughly prior to the performance of hypogastric lithotomy. He totally rejected the guidance of the urachus as dangerous.—*N. Y. Med. Journal.*

Observations on Pureperal Temperature.—Mr. E. S. Tait, M. B., read a paper on this subject before the Obstetrical Society of London, Jan. 19th. (*London Med. Times*, Feb. 9th). The patients observed were in the General Lying-in Hospital: 60 were primiparæ and 65 multiparæ. The day after delivery on which the highest temperature most often occurred was the third, then the fourth, then the second. In 25 cases the highest temperature occurred during the second week. often from nervous causes. Lacerations of the perineum did not appear to affect the day of highest temperature. Mechanical interference during labor did not seem to affect the result. The average temperature was lower in those cases in which there was no tear than in those in which deep lacerations had occurred. In primiparæ the temperature appeared to be raised by labial tears, deep perineal tears, and the use of forceps; but in multiparæ no such effect could be traced. Slight perineal tears seemed to scarcely affect the temperature. The introduction of the carbolized hand into the uterus during the third stage did not affect the average temperature. In six cases there were urticarious or erythematous rashes, which did not affect the temperature. The temperature was highest in the latter part of the day, lowest in the early morning. When the 10 p. m. temperature was higher than that at 6 p. m. there was often inflammation present. The temperature frequently rose without any physical cause to account for it; and in such cases it was often found that something had happened to disturb the patient's nervous system, such as fright, bad news, etc. Accounts were given of instances of such "nervous temperatures," as they might be called.

Drainage of the Uterus.—Dr. Schwartz considers that the uterus, when affected by a catarrh of the mucous membrane, is in a condition to produce collections of purulent material, the ready relief of which depends upon the rapidity and facility of its discharge. For the past three years he has attempted to establish a perfect drainage in uterine affections, at first employing rubber tubes, but without much benefit; he then used tubes of twisted glass, obtaining a freer and more fluid discharge, but it was always bloody. This was due partly to the thickness of the tube, and partly to a knot made at its inferior portion. Finally he used fine bundles of glass threads, perfectly smooth, with success. He begins his treatment with a very small drain, to determine the degree of uterine irritability, then increases its size as occasion demands, using a drain six to seven centimetres long. At its superior end is a small knot, or it is simply curved to retain it in place; the lower portion is secured by a thread, so that the patient herself can remove it. The tube is introduced by means of a sound, after being covered with a fine layer of iodoform. The length of treatment depends upon the characteristic of the cervix and the results obtained. For mechanical dysmenorrhœa and endometritis the drain remains for months, being changed every

three or four weeks. In amenorrhœa or insufficient menstruation the drain is introduced a few days before the catamenial period, and removed a few days subsequent to it. Dr. Schwartz has found this method very useful in the catarrh consequent upon an incomplete retrocession of the uterus after normal labor or after abortion, the secretion generally increasing a little, becoming more fluid and disappearing after a few weeks. When the uterus does not return to its normal state it becomes much smaller and firmer. The treatment is painless, with the exception of slight colics. —*Centr. fuer Gynœ.—Jour. Am. Med. Ass'n.*

The Sixteenth Annual Commencement of the Medical Department of Howard University, Washington, D. C., was held on the evening of March 10th. The degree of M. D., was conferred upon 21 graduates, three of the number being women. The address to the graduates was delivered by Prof. C. B. Purvis, M. D., and the valedictory address by J. Melvin Lamb of the graduating class. Prof. Purvis stated that "while the class of 1884, numerically, is not the largest ever graduated from the College, it is conceded that, collectively, it represents the highest average, not only in medical attainments, but in literary acquirements as well, and passes out better equipped to achieve success than any class that has preceded it."

Nitrite of Sodium in Angina Pectoris. —We know that other nitrites besides that of amyl dilate the smaller arteries and lower the blood tension. It has been found that nitroglycerine is a valuable remedy in angina pectoris, while Reichert and Weir Mitchell have used nitrite of potassium for epilepsy, and shown that it has effects which are almost identical with those of amyl. Dr. Hay* has used nitrite of sodium in one case of angina with marked good effect, complete relief following within two or three minutes after administration. In the same patient amyl gave only partial relief, and nitro-glycerine, though equally efficacious with the sodium compound, produced disagreeable throbbing in the head, which the latter did not. The effects of the sodium were also more lasting than those of the amyl. Of the pure drug one grain is probably as much as it is safe to give at first, but the pure drug is not easy to obtain. Dr. Hay found that a specimen obtained from a London manufacturing firm of the highest eminence did not contain more than thirty-three per cent. of the *nitrite*, the rest being *nitrate*. This fact should be borne in mind, and allowed for in case small doses prove useless. The drug is freely soluble in water. [It may be well to repeat a caution which has already appeared in print. In the last edition, namely, of Ringer's Therapeutics, the dose of sodium nitrite is inferentially stated as *twenty* grains, an amount which might produce disastrous effects if the sample were pure. Drs. Ringer and Murrell† gave fifteen-grain doses of the impure drug to hospital out-patients, and reported the cases briefly, stating the disagreeable sensations produced in some patients. An outcry was made in the daily papers, and severe strictures were passed upon physicians experimenting on patients with drugs the properties of which are unknown. It was thought best to bring the matter to the notice of the government of the hospital, which formally exonerated Drs. Ringer and Murrell from all blame.—Rep.]—*Bost. Med. and Surg. Journ.*

The Physiological Action of Quinine. —Prof. Germain Sée and Dr. Bochefontaine, his "chef de laboratoire" at the Hotel Dieu, lately undertook a series of experiments as to the physiological action of the sulphate of quinine, which were afterward compared with the results obtained clinically at the hospital. The following is a summary of their paper on the subject, which was read at a recent meeting of the Academy of Sciences:

In the healthy human subject the sulphate of quinine lowers the temperature to a very insignificant degree; the oxidations, however, undergo marked diminution; the pulse becomes slower, and the blood pressure is lowered. In the typhic patient, the temperature is lowered after the first gramme, and particularly after the second gramme of quinine; it falls one degree and a half in six or eight hours, and the effect persists for a day and a half. The oxidations diminish in the same proportion. The pulse-rate becomes much slower than in the physiological state. The blood-pressure, which falls constantly under the influence of hyperthermia, rises to the normal condition; there is, besides, increase of the contractile energy of the heart. The sulphate of quinine alone preserves the force of the heart and increases it. Moreover, as it diminishes the febrile heat directly, without previously increasing the combustion, as is the case with cold baths, it stops dicrotism, and the arterial tension, which was considerably diminished, resumes its normal strength. It is therefore a powerful antipyretic. If, in the physiological state, it diminishes vascular pressure, it is because it does not produce a marked diminution of the normal temperature.—*Paris Cor. to Jl. of Amer. Med. Asso'n.*

* Practitioner, 1883, i, 179.

† Lancet. 1883, ii, 766 and 880.

Antiseptics in Germany.—Dr. Lardy, on a visit to Germany, in a letter to the *Union Medicale* (December 27) furnishes some information with respect to the antiseptics now most in vogue in that country. The somewhat exorbitant prices of the Listerian dressings, and the search after a perfect antiseptic have, he says, not a little modified the practice of surgeons of late. The employment of spray is more and more abandoned, and is now only resorted to for the purpose of disinfecting the theatre before the operation. It is advantageously replaced by the frequent washing of the hands in a disinfecting solution, and by the more or less continuous irrigation of the wound and its vicinity by a 1 or 2 per cent. carbolic solution, solution of corrosive sublimate, &c., &c. The enthusiasm for carbolic acid has much abated, and in many universities its solution is only employed for the disinfecting of instruments, because it does not damage these. For other purposes that excellent disinfectant, corrosive sublimate, is preferred for its cheapness, and for the rapidity with which very weak solutions destroy the very spores of infecting organisms. The solutions most generally employed are 1 per 1,000 for infected wounds, 2 per 1,000 in ordinary cases, 1 per 5,000 for irrigation during the operation, and 1 per 10,000 in laparotomies, in which the object is direct injection of the peritoneal cavity. The results are excellent. In a certain proportion of cases some absorption of the agent is indicated by a slight elevation of temperature for two or three days at most, but this is very rare. The secretion of the wound is not abundant under the sublimate, and very good healing by first intention is obtained. The solution of this disinfectant has also the great advantage of not rendering the skin of the hands so rough as carbolic acid. *Chloride of zinc*, much recommended by Kocher, of Berne, also furnishes good results in a solution of 2 per 1,000, and is especially employed in washing out the peritoneal and pleural cavities, presenting as it does little danger of absorption. It is curious that Koch, of Berlin, should still deny its antiseptic value, for experience shows that he is absolutely wrong. More recently, Prof. Kocher has proposed the *subnitrate of bismuth*, the disinfecting power of which would seem to be more potent than that of iodoform, while it is exempt from the danger of the latter. For the irrigation of wounds a solution of 1 or 2 per 1,000. It may also be employed in powder, or a bismuth gauze of from 10 to 20 per cent. is easily made. Prof. Socin, of Bâle, has recently proposed *oxide of zinc*, which is preferable to bismuth only when more concentrated solutions are required. These two last antiseptics are also employed in the form of a paste, in order to close in a hermetic fashion wounds recently sutured, and with bismuth used in this way splendid cicatrization by the first intention may be obtained. Last summer, a mixture of sugar and napthalin was used at the Strasburg Clinic, and Prof. Lücke, a great admirer of popular remedies, was full of enthusiasm for the new treatment. Iodine-water, thymol, and salicylic acid may be mentioned, although their employment has not become generalized: but, on the other hand, concentrated *tincture of iodine* has attained more favor as an energetic disinfectant in septic wounds, the cavities of abscesses and mortified and fetid soft parts. Iodoform is employed now more in France and Germany, where fear of intoxication prevails. It is especially in favor, like napthalin, for small dressings at the dispensaries. For dressing wounds successive layers of bismuth paste are applied, which are covered by simple gauze that had been previously soaked for some hours or some days in a solution of carbolic acid, sublimate, or bismuth—squeezing out the liquid at the time of application. This gauze costs infinitely less than that of Lister and analogous gauzes, and furnishes quite as good results. The protective and caoutchouc have also fallen into desuetude, and the wadding is replaced by the most various materials. Nearly every clinic has its own procedure, from carbolised jute to turf, moss, sand, ashes, sawdust or powdered glass; marsh-turf, moss and sawdust are washed in abundance of water, dried and roasted at a temperature of from 100° to 110° C., and disinfected in a sublimate solution of 1 or 2 per cent. They are then dried, put into bags, and placed over the dressing in the same way as wadding.

Jequirity the Remedy for Granular Lids.—The new remedy "Jequirity" so recently brought to notice for the cure of Granular Lids with Pannus has been largely experimented with during the year.

The solution used was an infusion of the powdered bean in cold water, 1 grain of the bean to 1 drachm of water, allowed to macerate for twenty-four hours before using. This medicated liquid was instilled freely into the eyes three or four times a day, as would be any other collyrium. By means of a drop tube several drops of the solution were placed between the eye-lids and allowed to remain in contact with the cornea for a few minutes. Small quantities of the solution were made at a time, so as to ensure a frequent fresh supply. The infusion will not keep more than a few days and soon loses its virtue. The result of our year's experience is, that in Jequirity we have a very decided addition to ocular therapeutics. *For the treatment of granular lids with vascular cornea*, it is more valuable than all other remedies combined. It shows its efficacious action, especially in the old chronic cases which have heretofore defied our utmost care with applications of blue stone, etc., etc. Trachomatous eyes respond promptly to this new eye remedy. In a very short time it will set up in the eye an inflammation peculiar to itself. The lids become œdematous, the eye reddens, discharging a muddy watery secretion, and a thin greenish croupous exudation appears on the conjunctiva, especially of the lids. The appearance of this exudation shows that the remedy has been pushed far enough. It is often accompanied by pain necessitating the liberal use of anodynes to secure sleep. As soon as the eye application of the Jequirity is stopped, the inflammation excited by it rapidily subsides, and the improvement in the vision of the patient commences to show itself. Convalescence will continue for two or three weeks, and the cure is apparently permanent: that is to say the relapses so common with any other treatment have not taken place. Some patients respond very promptly to the remedy, others very tardily, and some seemingly are not influenced by it. I have seen the puffed lids, secreting conjunctiva and croupous deposit make their appearance after twenty-four hours use of the solution. In other cases three or four days would pass before the desired degree of inflammation was secured. I have had one case so rebellious that I not only instilled the drops into the eyes every hour but increased the strength of the solution from one part to sixty, until I made it 10 grains of the broken bean to the drachm of cold water, macerating this for twenty-four hours before using, and allowing the husband of the lady to apply it to her eyes with a drop tube twenty times a day. In this case it required ten days of daily applications, in increasing strength, before the needful croupous and œdematous inflammation could be excited. In my experience the Jequirity should be used only in cases of trachoma, vascular cornea with granular lids. In one case of granular conjunctivitis, a sequel of purulent ophthalmia, which had been running on for twelve months, the cornea being clear, twenty-four hours application of the solution made of 1 grain to 1 drachm of water caused a central clouding of the cornea which looked very much as if a slough was threatening. The remedy was stopped at once and the infiltration in the cornea disappeared.—*Dr. J. J. Chisolm, An. Report Presbyterian Eye, Ear and Throat Hospital, 1883.*

The Seventy-Seventh Annual Commencement of the University of Md., School of Medicine, was held at the Academy of Music on Friday, March 14th, at 12 M. The degree of M. D. was conferred upon 74 graduates. Prizes were conferred upon the following: Gold medal, Charles P. Noble, of Md.; Miltenberger prize, (obstetrics,) Charles P. Noble, of Md; Chisolm prize, (ophthalmic surgery,) Geo. R. Fleming, of Md.; Tiffany prize, (surgery,) John W. Hocking, W. Va. In the Dental Department the degree of D. S. was conferred upon 38 graduates. The address to the graduating class was delivered by the Hon. J. Randolph Tucker, M. C., of Virginia.

Medical Items.

There are in the medical Faculty at Leipsic and Berlin 139 professors, while in France there are only 139 for all the schools of medicine. Germany spends over $3,000,000 annually on its professors, while France spends one million less.—*Med. Record.*=The Sixth Annual Meeting of the Sanitary Council of the Mississippi Valley will be held in the city of Memphis, Tenn., on Wednesday, March 19th. =The Pendleton prize for the best literary work done during the year 1883, by any member of the New York Medico-Chirurgical Society, has been awarded to Dr. Henry B. Mil-

lard, for his work on Bright's Disease.=At the "Woman's Dispensary," in Washington, D. C., established in July last, over two hundred and fifty patients have been treated. The Dispensary has outgrown the present quarters and will soon need larger ones.=So far over $2,000 have been subscribed to the "Sims' Memorial Fund," of which sum $800 were given by eight physicians.=In the Medical Department of the University of Pennsylvania a total of 115 physicians are engaged in teaching, lecturing, demonstrating, and in the dispensary service.=In Philadelphia there are over forty dispensaries and twenty-two hospitals, which give free medical attention to over 150,000 persons annually.=The story going the rounds of the press that a tattooed woman, in this city, gave birth to a child bearing upon its body the marks of its mother is not founded upon facts. No such birth has taken place here.=The Faculty of the University of Maryland will place a memorial tablet in the University building as a tribute to the late Dr. J. M. Ambler, an alumnus of the school, and the late colleagues of Dr. Ambler in the medical corps of the Navy, propose erecting a monument over his grave in the Leed's churchyard in Fauquier Co., Va., where his remains are now interred.=Dr. W. S Stewart, of Phila., reports two cases of congenital phimosis treated by instrumental expansion without incision.=The sketch by the late Dr. J. Marion Sims, entitled "Lydia Mackey and Colonel Tarleton," was published in *Harper's Monthly Magazine* for February, 1884.=A movement was set on foot by the graduating class of the Jefferson Medical College, of Philadelphia, to graduate in the Academic cape and gown, but only a bare majority favored it.="Early to bed and early to rise, will all be in vain if you don't advertise."–*Conf. Journal.*=Hydriodic acid in twenty to thirty drop doses, well diluted with water and taken about half an hour to an hour before meals is said to be a good remedy for asthma.=At the twenty-first annual commencement of the Philadelphia Dental College, held Feb. 29th, there were sixty-five graduates.=The Bahama Islands, it is claimed by a recent correspondent, are superior to any winter resort of the Western hemisphere for pulmonary troubles. =The Philadelphia sewage system is said to be scanty and primitive, and fundamentally faulty. =Professor Tarnier has been appointed Professor of obstetrics and diseases of women and children in the Faculté de Médicine of Paris. =A bill entitled an act to appropriate a sum of mouey to enable the Baltimore Medical College to equip and maintain a hospital to be known as the "Maryland Infirmary and Lying-In-Hospital for Indigent Women," has been introduced into the Senate of Maryland and referred to the Committee on Finance.=Dr. Lunsford P. Yandell, of Louisville, Ky., an accomplished physician and the able editor of the *Louisville Med. News,* died on March 12th, with neuralgia of the heart.

CHANGES IN THE MEDICAL CORPS OF THE U. S. NAVY for the fortnight ending March 8th, 1884:

P. A. Surgeon E. H. Green from Museum of Hygeine and waiting orders.

P. A. Surgeon H. E. Ames from the Colorado and ordered to the Greely Relief Steamer "Bear."

Assistant Surgeon H. W. Whitaker from the "Portsmouth," and on sick leave.

CHANGES IN THE STATIONS AND DUTIES OF THE OFFICERS SERVING IN THE MEDICAL DEPARTMENT U. S. ARMY, from Feb. 26th to March 10th, 1884:

Baily, J. C., Major and Surgeon, granted leave of absence for one month, to take effect on or about March 1st, 1884, with permission to apply to the Adjutant-General of the Army, through Division Headquarters, for an extension of three months.

Benham, R. B, First Lieutenant and Assistant Surgeon, relieved from duty at Fort A. Lincoln, D. T., and ordered to Fort Sissiton, D. T., for duty.

Phillips, John L., First Lieutenant and Assistant Surgeon, assigned to temporary duty at Fort Warren, Mass.

Fisher, Walter W. R., First Lieutenant and Assistant Surgeon, assigned to duty at the Presidio of San Francisco, California, from 18th instant.

Polhemus, A. S., First Lieutenant and Assistant Surgeon, assigned to duty at Fort Winfield Scott, Cal., from 18th instant.

Dietz, Wm. D., First Lieutenant and Assistant Surgeon, assigned to temporary duty at United States Military Academy, West Point.

Phillips, John L., First Lieutenant and Asst. Surgeon, assigned to temporary duty in Department of the East.

Hearns, Edgar A., First Lieutenant and Assistant Surgeon, assigned to duty in the Department of Arizona.

Kneedler, William L., First Lieutent and Assistant Surgeon, assigned to duty in Departmeet of Dakota.

Black Charles S., First Lieutenant and Assistant Surgeon, assigned to duty in Department of Texas.

Perin Glover, Lieutenant-Colonel and Surgeon, Medical Director, Department of Dakota, leave of absence extended twenty days.

Bache, Dallas, Major and Surgeon, leave of absence extended seven days.

Bill, J. H., Major and Surgeon, granted leave of absence for one month.

Stephenson, William, First Lieutenant and Assistant Surgeon, ordered to Fort Niobrara. Neb., for temporary duty, on completion of which to return to his station, Fort Omaha, Neb.

Fisher, Walter W. R., and Pohlemus, Adrian S., First Lieutenants and Assistant Surgeons, assigned to duty in Department of California.

Stephenson, Wm., Borden, Wm. C., and Chapin, Alonzo R., First Lieutenants and Surgeons, assigned to duty in Department of the Platte.

Robertson, Reuben L., and Edie, Gary L., First Lieutenants and Assistant Surgeons, assigned to duty in Department of Texas.

Crosby, Wm. D., First Lieutenant and Assistant Surgeon, assigned to duty in Department of Arizona.

Gandy, Charles M., First Lieutenant and Assistant Surgeon, assigned to duty in Department of East.

Pilcher, James E., First Lieutenant and Assistant Surgeon, assigned to duty in Department of Dakota.

Original Paper.

CLINICAL ASPECTS OF CEREBRAL SYPHILIS.

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(*Continued from page* 809).

Disorders of Sleep.—There are two antagonistic disorders of sleep, either of which may occur in cerebral syphilis, but which have only been present in a small proportion of the cases that I have seen. Insomnia is more apt to be troublesome in the prodromic than in the later stages, and is only of significance when combined with other more characteristic symptoms. A peculiar somnolence is of much more determinate import. This may occur in non-specific lepto-meningitis, and in states of altered brain nutrition from senile or other degenerations of the walls of the cerebral vessels, and is therefore not pathognomonic of cerebral syphilis, yet of all the single phenomena of the latter disease it is the most characteristic. Its absence is of no import in the theory of an individual case.

As I have seen it, it occurs in two forms: In the one variety the patient sits all day long or lies in bed in a state of semi-stupor, indifferent to everything, but capable of being aroused, answering questions slowly, imperfectly, and without complaint, but in an instant dropping off again into his quietude. In the other variety the sufferer may still be able to work, but often falls asleep while at his tasks, and especially towards evening has an irresistible desire to slumber, which leads him to pass, it may be, half of his time in sleep. This state of partial sleep may precede that of the more continuous stupor, or may pass off when an attack of hemiplegia seems to divert the symptoms. The mental phenomena in the more severe cases of somnolency are peculiar. The patient can be aroused, indeed in many instances he exists in a state of torpor rather than of sleep; when stirred up he thinks with extreme slowness, and may appear to have a form of aphasia; yet, at intervals he may be endowed with a peculiar automatic activity, especially at night. Getting out of bed, wandering aimlessly and seemingly without knowledge of where he is, and unable to find his own bed, passing his excretions in a corner of the room, or in other similar place, not because he is unable to control his bladder, and bowels, but because he believes that he is in a proper place for such act—he seems a restless automaton rather than a man.

Apathy and indifference are the characteristics of this state, and yet the patient will sometimes show excessive irritability when aroused, and will at other periods complain bitterly of pain in his head, or will groan as though suffering severely in the midst of his stupor, at a time, too, when he is not able to recognize the seat of the pain. I have seen a man with a vacant apathetic face, almost complete aphasia, persistent heaviness and stupor, arouse himself when the stir in the ward told him that the attending physician was present, and come forward in a dazed, highly pathetic manner, by signs and broken utterance begging for something to relieve his head. Huebner speaks of cases in which the irritability was such that the patient fought vigorously when aroused; this I have not seen.

This somnolent condition may last many weeks; Dr. T. Buzzard* details the case of a man who, after a specific hemiplegia, lay silent and somnolent for a month, and yet finally recovered so completely as to win a rowing match on the Thames.

In its excessive development, syphilitic stupor puts on the symptoms of advanced brain softening, to which it is indeed often due. Of the two cases with fatal result of which I have notes, one at the autopsy was found to have symmetrical purulent breaking down of the anterior cerebral lobes; the other, softening of the right frontal and temporal lobes due to pressure of a gummatous tumor, and ending in a fatal apoplexy

This close connection with cerebral softening explains the clinical fact that apoplectic hæmorrhage is very apt to end the life in these cases of somnolent syphilis. Dr. Buzzard's case given above and others which might be cited prove, however, that a prolonged deep stupor in persons suffering from cerebral syphilis does prove the existence of extensive brain softening, and is not imcompatible with subsequent complete recovery. As an element

*Clinical Lectures on Dis. Nerv. Syst., London, 1882.

of prognosis, it is of serious but not of fatal import.

Paralysis.—When it is remembered that a syphilitic exudation may appear at almost any position in the brain, that spots of encephalic softening are a not rare result of the infection, that syphilitic disease is a common cause of cerebral hæmorrhage—it is plain that a specific palsy may be of any conceivable variety, and affect either the sensory, motor, or intellectual sphere. The mode of onset is as various as the character of the palsy. The attack may be instantaneous, sudden, or gradual. The gradual development of the syphilitic gumma would lead us, *a priori*, to expect an equally gradual development of the palsy; but experience shows that in a large proportion of the cases the palsy develops suddenly, with or without the occurrence of an apoplectic or epileptic fit. Under these circumstances it will be usually noted that the resulting palsy is incomplete; in rare instances it may be at its worst when the patient awakes from the apoplectic seizure, but mostly it progressively increases for a few hours, and then becomes stationary. These sudden partial palsies probably result from an intense congestion around the seat of disease, or from stoppage of the circulation in the same locality; but whatever their mechanism may be, it is important to distinguish them from palsies which are due to hæmorrhage. I believe this can usually be done by noting the degree of paralysis.

A suddenly developed, *complete* hemiplegia, or other paralysis, may be considered as in all probability either hæmorrhagic or produced by a thrombus so large that the results will be disorganization of brain substance, and a future no more hopeful than that of a clot. On the other hand, an *incomplete* palsy may be rationally believed to be due to pressure or other removable cause, and this belief is much strengthened by a gradual development. The bearing of these facts upon prognosis it is scarcely necessary to point out.

Although the gumma may develop at almost any point, they especially affect the base of the brain, and are prone to involve the nerves which issue from it. Morbid exudations, not tubercular nor syphilitic, are very rare in this region. Hence a rapidly but not abruptly appearing strabismus, ptosis, dilated pupil, or any paralytic eye symptom in the adult, is usually of syphilitic nature. Syphilitic facial palsy is not so frequent, whilst paralyses of the nerve from rheumatic and other inflammation within its bony canal are very common. Paralysis of the facial may therefore be specific, but it is of no diagnostic value. Since syphilitic palsies about the head are in most instances due to pressure upon the nerve trunks, the electrical reactions of degeneration are present in the affected muscles.

There is one peculiarity about specific palsies which has already been alluded to as frequently present, namely, a temporary, transient, fugitive, varying character and seat. Thus an arm may be weak to-day, strong to-morrow, and the next day feeble again, or the recovered arm may retain its power, and a leg fail in its stead. These transient palsies are much more apt to involve large than small brain territories. The explanation of their largeness, fugitiveness, and incompleteness is that they are not directly due to clots or other structural changes, but to congestions of the brain tissues in the neighborhood of gummatous exudations. It is easily seen why a squint will remain when the accompanying monoplegia disappears.

Motor palsies are more frequent than sensory affections in syphilis, but hemianæsthesia, localized anæsthetic tracts, indeed any form of sensory paralysis, may occur. Numbness, formications, all varieties of paræsthesia are frequently felt in the face, body, or extremities. Violent peripheral neuralgic pains are rare, and generally when present denote neuritis. Professor Huguenin, however, reports† a case in which a severe trigeminal anæsthesia dolorosa had existed during life, as the only cerebral symptom, and death occurring from lung disease, a small gumma was found on the sella turcica pressing upon the Gasserian ganglion.

The special senses are liable to suffer from the invasion of their territories by cerebral syphilis, and the resulting palsies follow courses and have clinical histories parallel to those of the motor sphere. The onset may be sudden, or gradual, the result temporary or permanent. Dr. Charles Mauriac‡ reports a case in which the patient was frequently seized with sudden attacks

†Schwiez. Corr. Blat., 1875.

‡Aphasie et Hemiplegie droite Syphilit., Paris, 1877

of severe frontal pain and complete blindness, lasting from a quarter to half an hour; at other times the same patient had spells of aphasia lasting only for one or two minutes. In a case still under my care with unmistakable signs of cerebral syphilis the man was suddenly and unaccountably seized with complete deafness which after some days disappeared in the course of a few hours. Like other syphilitic palsies, therefore, paralyses of special senses may come on suddenly or gradually, and may occur paroxysmally.

Among the palsies of cerebral syphilis must be ranked aphasia. An examination of recorded cases shows that it is subject to vagaries and laws similar to those connected with other specific cerebral palsies. It is usually a symptom of advanced disease, but may certainly develop as one of the first evidences of cerebral syphilis.

Coming on after an apoplectic or epileptic fit, it may be complete or incomplete: owing to the smallness of the centre involved, and the ease with which its function is held in abeyance, a total loss of word thought is not so decisive as to the existence of cerebral hemorrhage as is a total motor palsy. Like hemiplegia or monoplegia, specific aphasia is sometimes transitory and paroxysmal. Dr. Buzzard* records several such cases. Dr. Charles Mauriac† details a very curious case in which a patient, after long suffering from headache, was seized by sudden loss of power in the right hand and fingers, lasting about ten minutes only, but recurring many times a day. After this had continued some time the paroxysms became more completely paralytic and were accompanied by loss of power of finding words, the height of the crises in the palsy and aphasia being simultaneously reached. For a whole month these attacks occurred five or six times a day, without other symptoms except headache, and then the patient became persistently paralytic and aphasic, but finally recovered.

To describe the different forms of specific aphasia and their mechanism of production would be to enter upon a discussion of aphasia itself, a discussion out of place here. Suffice to say that every conceivable form of the disorder may be induced by syphilis.

*Loc. cit., p. 81.
†Loc. cit., page 31.

Owing to the centres of speech being situated in the cortical portion of the brain, aphasia in cerebral syphilis is very frequently associated with epilepsy. Of course right-sided palsy and aphasia are united in syphilitic as in other disorders. If, however, the statistics given by M. Tanowsky* be reliable, syphilitic aphasia is associated with left-sided hemiplegia, in a most extraordinarily large proportion. Thus in fifty-three cases collected by M. Tanowsky, eighteen times was there right-sided hemiplegia, and fourteen times left-sided hemiplegia, the other cases being not at all hemiplegic. Judging from the autopsy on a case reported in Mauriac's brochure this concurrence of left-sided paralysis and aphasia depends partly upon the great frequency of multiple brain lesions in syphilis, and partly upon the habitual involvement of large territories of the gray matter secondarily to diseased membrane. An important practical deduction is that the conjoint existence of left hemiplegia and aphasia is almost diagnostic of cerebral syphilis.

Probably amongst the palsies may be considered the disturbances of the renal functions, which are rarely met with in cerebral syphilis, and which are probably usually dependent upon the specific exudation pressing upon the vaso-motor centres in the medulla. Fournier speaks of having notes of six cases in which polyuria with its accompaniment, polydipsia, was present, and details a case in which the specific growth was found in the floor of the fourth ventricle. Cases have been reported in which true saccharine diabetes has been present,† and I can add to these an observation of my own. The symptoms, which occurred in a man of middle age with a distinct specific history, were headache, nearly complete hemiplegia, and mental failure, associated with the passage of comparatively small quantities of a urine so highly saccharine as to be really a syrup. Under the influence of the iodide of potassium the sugar in a few weeks disappeared from the urine.

Epilepsy.—Epileptic attacks are a very common symptom of meningeal syphilis, and are of great diagnostic value. The

* L'Aphasie Syphilitique.
†Consult Servantie: Des rapports du Diabete et de la Syphilis. Paris Thèse, 1876.

occurrence in an adult of an epileptic attack, or of an apopleptic fit, or of a hemiplegia after a history of intense and protracted headache, should always excite grave suspicion.

Before I read Professor Fournier's work on Nervous Syphilis, I taught that an epilepsy appearing after thirty years of age was very rarely, if ever, essential epilepsy, and unless alcoholism, uræmic poison, or other adequate cause could be found was in nine cases out of ten specific; and I therefore quote with satisfaction Professor Fournier's words: "L'épilepsie vraie, ne fait jamais son premier dêbut a l'age adulte a l'age mûr. Si un homme adulte, au dessus de 30, 35 a 40 ans, vient a être pris pour la première fois d'une crise épileptique, et cela dans la cours d'une bonne sante apparente, il y a, je vous le repète, huit ou neuf chances sur dix pour que cette épilepsie soit d'origine syphilitique."

Syphilitic epilepsy may occur either in the form of petit mal or of the haut mal, and in either case may take on the exact characters and sequence of phenomena which belong to the so-called idiopathic or essential epilepsy. The momentary loss of consciousness of petit mal will usually, however, be found to be associated with attacks in which, although voluntary power is suspended, memory recalls what has happened during the paroxysm; attacks, therefore, which simulate those of hysteria, and may lead to an error of diagnosis.

Even in the fully developed type of the convulsions the aura is only rarely present. Its absence is not, however, of diagnostic value, because it is frequently not present in true essential epilepsy, and it may be pronounced in specific disease. It is said, that when in an individual case the aura has once appeared, the same type or form of approach of the convulsion is thereafter rigidly adhered to. The aura is sometimes bizarre; a severe pain in the foot, a localized cramp, a peculiar sensation, indescribable and unreal in its feeling, may be the first warning of the attack.

In many, perhaps most cases of specific convulsions, instead of a paroxysm of essential epilepsy being closely simulated, the movements are in the onset, or, more rarely, throughout the paroxysm, unilateral; indeed, they may be confined to one extremity. This restriction of movement has been held to be almost characteristic of syphilitic epilepsy, but it is not so. Whatever diagnostic significance such restriction of the convulsion has is simply to indicate that the fit is due to a cortical organic lesion of some kind. Tumors, scleroses, and other organic lesions of the brain cortex are as prone to cause unilateral or monoplegic epilepsy when they are not specific as when they are due to syphilis.

Sometimes an epilepsy, dependent upon a specific lesion implicating the brain cortex, may be replaced by a spasm which is more or less local and is not attended with any loss of consciousness. Thus, in a case now convalescent in the University Hospital, a man, aged about thirty-five, offered a history of repeated epileptic convulsions, but at the time of his entrance into the hospital, instead of epileptic attacks, there was a painless tic. The spasms, which were clonic, and occurred very many times a day—sometimes every five minutes—were very violent and mostly confined to the left facial nerve distribution. The trigeminus was never affected, but in the severer paroxysms the left hypoglossal and spinal accessory nerves were profoundly implicated in all of their branches. Once, fatal asphyxia from recurrent laryngeal spasm of the glottis was apparently averted only by the free inhalation of the nitrite of amyl. The sole other symptom was headache, but the specific history was clear, and the effect of antisyphilitic remedies rapid and pronounced.

Physical Symptoms.—As already stated, apathy, somnolence, loss of memory, and general mental failure are the most frequent and characteristic mental symptoms of meningeal syphilis, but, as will be shown in the next chapter, syphilis is able to produce almost any form of insanity, and therefore mania, melancholia, erotic mania, delirium of grandeur, etc., etc., may develop along with the ordinary manifestation of cerebral syphilis, or may come on during an attack which has hitherto produced only the usual symptoms. Without attempting any exhaustive citation of cases, the following may be alluded to:

Dr. A. Erlenmeyer reports* a case in which an atttack of violent headache and vomiting was followed by paralysis of the right arm and paresis of the left leg with some mental depression; a little later the

*Die luetischen Psychosen.

patient suddenly became very cheerful, and shortly afterwards manifested very distinctly delirium of grandeur with failure of memory. Dr. Batty Tuke reports* a case in which with aphasia, muscular wasting, strabismus, and various palsies, there were delusions and hallucinations.

In the same journal, April 1869, Dr. S. D. Williams reports a case in which there were paroxysmal violent attacks of frontal headache. The woman was very dirty in her habits, only ate when fed, and existed in a state of hypochondriacal melancholy.

M. Leiderdorf details a case with headache, partial hemiplegia, great psychical disturbance, irritability, change of character, marked delirium of grandeur, epileptic attacks, and finally dementia, eventually cured with iodide of potassium.† Several cases illustrating different forms of insanity are reported by Dr. N. Mansurrow.‡

That the attacks of syphilitic insanity, like the palsies of syphilis, may at times be temporary and fugitive, is shown by a curious case reported by Dr. H. Hayes Newington,§ in which along with headache, failure of memory, and ptosis in a syphilitic person there was a brief paroxysm of noisy insanity.

DISEASES OF BRAIN SUBSTANCE.

The physical symptoms which are produced by syphilis are often very pronounced in cases in which the paralysis, headache, epilepsy, and other palpable manifestations show the presence of gross brain lesions. In the study of syphilitic disease of the brain membranes sufficient has been said in regard to these psychical disturbances, but the problem which now offers itself for solution is as to the existence or non-existence of syphilitic insanity, that is, of an insanity produced by specific contagion without the obvious presence of gummatous disease of the brain membranes. Very few alienists recognize the existence of a distinct affection entitled to be called syphilitic insanity, and there are some who deny that insanity is ever directly caused by syphilis. It is certain that insanity often occurs in the syphilitic, but syphilis is abundantly joined with alcoholism, poverty, mental distress, physical ruin, and various depressing emotions and conditions which are well known to be active exciting causes of mental disorder. It may well be that syphilis is in such way an indirect cause of an insanity, which under the circumstances could not be properly styled syphilitic.

If there be disease of the brain cortex produced directly by syphilis, of course such disease must give rise to mental disorders, and, if the lesion be situated in such a way as to effect the psychic and avoid the motor regions of the brain, it will produce mental disorder without paralysis, that is, a true insanity; again, if such brain disease be wide spread, involving the whole cortex, it will cause a progressive mental disorder accompanied by gradual loss of power in all parts of the body, and ending in dementia with general paralysis; or, in other words, it will produce an affection more or less closely resembling the so-called general paralysis of the insane, or dementia paralytica.

As a man having syphilis may have a disease which is not directly due to the syphilis, when a syphilitic person has any disorder there is only one positive way of determining how far said disorder is specific, namely, by studying its amenability to antisyphilitic treatment. In approaching the question whether a lesion found after death is specific or not, of course such a therapeutic test as that just given is inapplicable. We can only study as to the coexistence of the lesion in consideration with other lesions known to be specific. Such coexistence of course does not absolutely prove the specific nature of a nutritive change, but renders such nature exceedingly probable.

What has just been said foreshadows the method in which the subject in hand is to be here examined, and the present chapter naturally divides itself into two sections: the first considering the coexistence of anatomical alterations occurring in the cerebral substance with syphilitic affections of the brain membranes or blood-vessels, the second being a clinical study of syphilitic insanity.

In looking over literature I have found the following cases in which a cerebral sclerotic affection coincided with a gummatous disease of the membrane. Gros

*Journ. Ment. Sci., January, 1874, page 560.
†Medizin. Jahrbücher, xx, 1864, p. 114.
‡Die Tertiäre Syphilis, Wien., 1877.
§Journ. Ment. Sci., London, xix, 555.

and Lancereaux[1] report a case having a clear syphilitic history, in which the dura mater was adherent to the skull. The pia mater was not adherent. Beneath, upon the vault of the brain, was a gelatinous exudation. The upper cerebral substance was indurated, and pronounced by M. Robin after microscopic examination to be sclerosed. At the base of the brain were very atheromatous arteries and spots of marked softening.

Dr. Jos. J. Brown* reports a case in which the symptoms were melancholia, excessive irritability, violent outbursts of temper, very positive delusions, disordered gait ending in dementia. At the autopsy, which was very exhaustive, extensive syphilitic disease of the vessels of the brain and spinal cord was found. The pia mater was not adherent to the brain. The convolutions, particularly of the frontal and parietal lobes, were atrophied with very wide sulci, filled with bloody serum. The neuroglia of these convolutions was much increased and "appeared to be more molecular than normal, the cells were degenerated and in many places had disappeared, their places being only occupied by some granules." These changes were most marked in the frontal convolutions.

H. Schule reports† a very carefully and meritoriously studied case. The symptoms during life exactly simulated those of dementia paralytica. The affection commenced with an entire change in the disposition of the patient; from being taciturn, quiet, and very parsimonious, he became very excited, restless, and desiring continuously to buy in the shops. Then failure of memory, marked sense of well-being, carelessness and indifference for the future, developed consentaneously with failure of the power of walking, trembling of the hands, inequality of the pupils, and hesitating speech. There was next a period of melancholy, which was, in time, followed by continuous failure of mental and motor powers, and very pronounced delirium of grandeur, ending in complete dementia. Death finally occurred from universal palsy with progressive increase of the motor symptoms. At the autopsy characteristic syphilitic lesions were found in the skull, dura mater, larynx, liver, intestines, and testicles. The brain presented the macroscopic and microscopic characters of sclerosis and atrophy; the neuroglia was much increased, full of numerous nuclei, the ganglion cells destroyed. The vessels were very much diseased, some reduced to cords; their walls were greatly thickened, and full of long, spindle-shaped cells, sometimes also containing fatty granules.

Dr. C. E. Stedman and Robert T. Edes report ‡ a case in which the symptoms were failure of health, ptosis, trigeminal palsy with pain (anæsthesia dolorosa), finally mental failure with gradual loss of power of motion and sensation. At the autopsy the following conditions were noted: apex of the temporal lobe adherent to dura mater and softened; exuded lymph in neighborhood of optic chiasm; sclerosis of right Gasserian ganglion, as shown in a marked increase of the neuroglia; degeneration of the basal arteries of the brain.

These cases are sufficient to demonstrate that sclerosis of the brain substance not only may coexist with a brain lesion, which is certainly specific in its character, but may also present the appearance of having developed *pari passu* with that lesion, and from the same cause.

It has already been stated in this memoir that cerebral meningeal syphilis may coexist with various forms of insanity, and cases have been cited in proof thereof. It is, of course, very probable that in some of such cases there has been that double lesion of membrane and gray brain matter which has just been demonstrated by report of autopsies; further, if we find that there is a syphilitic insanity, which exists without evidences of meningeal syphilis, and is capable of being cured by antispecific treatment, such insanity must be considered as representing the disease of the gray matter of the brain. Medical literature is so gigantic that it is impossible to exhaust it, but the list of cases given in the table (see p. 832) is amply sufficient to prove the point at issue, namely, that there is a syphilitic insanity which exists without obvious meningeal disease, and is capable of being cured by antisyphilitic treatment.

A study of the brief analysis of symptoms given in the table shows that syphilitic disease of the brain may cause any form of mania, but that the symptoms, however

1 Affect. Nerv. Syphilis, 1861, page 245.
*Journ. Ment. Science, July, 1875, page 271.
†Allgem. Zeitschrift f. Psychiatrie, xxviii, 1871–1872.
‡Amer. Journ. Med. Sci., lxix, 433.

various they may be at first, end almost always in dementia unless relieved.

Of all the forms of insanity general paralysis is most closely and frequently simulated by specific brain disease. The exact relation of the diathesis to true incurable general paralysis it is very difficult to determine. It seems well established that amongst persons suffering from this disorder the proportion of syphilitics is not only much larger than normal, but also much larger than in other forms of insanity. Thus Dr. E. Mendel* found that in 146 cases of general paralysis, 109, or seventy-five per cent., had a distinct history of syphilis, whilst in 101 cases of various other forms of primary insanity only eighteen per cent. had specific antecedents.

Various opinions might be cited as to the nature of this relation between the two disorders, but for want of space the curious reader is referred to the work just quoted, and to the thesis of C. Chauvet† for an epitome of the most important recorded opinions.

Those who suffer from syphilis are exposed in much greater proportion than are other persons to the ill effects of intemperance, sexual excesses, poverty, mental agony, and other well-established causes of general paralysis. It may be that in this is sufficient explanation of the frequency of general paralysis in syphilitics, but I incline to the belief that syphilis has some direct effect in producing the disease. However this may be, I think we must recognize as established the opinion of Voisin* that there is a syphilitic periencephalitis which presents symptoms closely resembling those of general paralysis. Such cases are examples of the pseudo-paralysie générale of Fournier.†

The question as to the diagnosis of these cases from the true incurable paresis is, of course, very important, and has been considered at great length by Voisin,‡ Fournier,§ and Mickle.‖

The occurrence of headache, worse at night, and present amongst the prodromes.

An early, persistent insomnia or somnolence; early epileptiform attacks.

The exaltation being less marked, less persistent, and, perhaps, less associated with general maniacal restlessness and excitement.

The articulation being paralytic rather than paretic.

The absence of tremulousness, especially of the upper lip (Fournier).

The effect of antispecific remedies.

When the conditions in any case correspond with the characters just paragraphed, or when any of the distinguishing characteristics of brain syphilis, as previously given in this memoir, are present, the probability is that the disorder is specific and remediable. But the absence of these marks of specific disease is not proof that the patient is not suffering from syphilis. Headache may be absent in cerebral syphilis, as also may insomnia. Epileptiform attacks are not always present in the pseudo-paralysis, and may be present in the genuine affection. A review of the cases previously tabulated shows that in several of them the megalomania was most pronounced, and a case with very pronounced delirium of grandeur in which the autopsy revealed unquestionably specific brain lesions may be found in Chauvet's Thesis, page 31.

I have myself seen symptoms of general paralysis occurring in persons with a specific history in which of these so-called diagnostic differences the therapeutic test was the only one that revealed the true nature of the disorder. In these persons a primary immediate diagnosis was simply impossible.

Case XIV of our table is exceedingly interesting because it seems to represent as successively occurring in one individual both pseudo and true general paralysis. The symptoms of general paralysis in a syphilitic subject disappeared under the use of mercury to return some months afterwards with increased violence, and with a new obstinacy that resisted with complete success antisyphilitic treatment. Such a case is some evidence that syphilis has the power to produce true general paralysis.

The points which have been relied upon as diagnostic of syphilitic pseudo-general paralysis are:—

*Progres. Paral. der Irren, Berlin, 1880.
†Influence de la Syph. sur les Malad. du Syst. nerveux, Paris, 1880.
*Paralysie generale des Alienes, 1879.
†La Syphilis du Cerveau, Paris, 1879.
‡Loc. cit.
§Loc. cit.
‖Brit. and For. Medico-Chirurg. Review, 1877.

No.	Reporter and Journal.	Symptoms.	Results. Remarks.
1	Louis Streisand. Die Lues alsUrsache der Dementia. Inaug. Diss. Berlin, 1878.	Epilepsy, delirium of exaltation, alteration of speech, headache, failure of memory.	Rapid cure with mercury.
2	Ibid.....	Delusions, delirium, general mania, great muscular weakness.	Cure with mercury.
3	Dr. Müller, of Leutkirch. Journ. of Mental Dis., 1873–74, 561.	Symptoms resembling general paralysis, and diagnosis of such made until a sternal node was discovered.	Cure by iodide of potas'um.
4	Fr. Esmarch and W Jersen. Allgem. Zeitschrift f. Psychiatrie.	Sleeplessness, great excitement, restlessness, great activity, incoherence and violence.	Cure by mercury.
5	M. Liedsdorf. Medizin. Jahrbücher, xx, 1864, 1.	Complete mania, played with his excrement, and entirely irrational.	Complete cure by iodide of potassium.
6	Dr. Beauregard. Gaz. Hebdom. de Sci. Med. de Bordeaux, 1880, page 64.	Symptoms resembling those of general paralysis.	Cure by iodide of potas'um.
7	M. Rendu, ibid.....	Loss of memory, headache, irregularity of pupils, ambitious delirium, periods of excitement, others of depression, embarrassment of s eech, access of furious delirium, ending in stupor.	Mercurial treatment, cure.
8	Ibid.....	Hypochondria, irregularity of pupils, headache, failure of memory, melancholy, stupor.	Mercurial treatment, cure.
9	Dr. Albrecht Erlenmeyer. Die luetischen Psychosen, Neuwied, 1877	Melancholia, with hypochondriasis, sleeplessness, fear of men, and belief they were all leagued against him,	Iodide of potassium, cure
10	Ibid.....	Religious melancholia, with two attempts at suicide, ending in mania.	Iodide of potassium, cure.
11	Ibid.....	At times very violent, yelling, shrieking, destroying everything she could get hands on. at times erotomania; no distinct history of infection, but her habits known to be bad, and had bone ozæna and other physical syphilitic signs.	Iodide of potassium, cure.
12	Ibid.....	Epileptic attack, followed by a long soporose condition, ending in mental confusion, he not knowing his nearest friends, etc.; almost dementia.	Cured by mercurial inunction.
13	Ibid.....	Great fear of gend'armes, etc.; mania, with hallucinations, loud crying, yelling, etc., then convulsion, followed by great difficulty of speech.	Cured by mercurial inunctions, with iodide internally; subs quently return of convulsions, followed by hemiplegia and death.
14	Ibid.....	Great unnatural vivacity and loquacity, wanted to buy everything, bragged of enormous gains at play, etc.; some trouble of speech.	Iodide of potassium cure. Attended to business, and seems as well as before. Relapsed. (See Symptoms].
—	Ibid. Relapse of Case 14..	Fifteen months after discharge from asylum relapse, symptoms developing very rapidly, delirium of grandeur of the most aggravated type, with marked progressive dementia, failure of power of speech, and finally of locomotion.	Failure of various antiseptic treatment.
15	Dr A. Erlenmeyer, Die luetischen, etc.....	Failure of mental powers, inequality of pupils, trembling of lip when speaking, uncertainty of gait, almost entire loss of memory, once temporary ptosis and strabismus.	Iodide of potassium in ascending doses failed. Recovery under mercurial inunctions.
16	Ibid.....	Failure of mental powers, pronounced delirium of grandeur, hallucinations of hear ng, failure of memory, strabismus and ptosis coming on late.	Iodide of potassium, corrosive sublimate injections. Cure.
17	Ibid.....	Failure of mental powers, slight ideas of grandeur, disturbance of sensibility and motility, asphasia coming on late.	Cure with use of iodide and mercurial inunctions.

No.	Reporter and Journal.	Symptoms.	Results. Remarks.
18	Ibid.....	Melancholy, great excitability, ideas of grandeur, after a long time ptosis and strabismus.	Iodide of potassium failed; mercurial course impv'd; joint use cured patient.
19	Ibid.....	Various cerebral nerve palsies, great relief by use of mercurial inunctions, then development of great excitement, delirium of grandeur, failure of memory and mental powers, and finally death from apoplexy; no autopsy.	Iodide of potassium; cure.
20	Dr. J. B. Chapin, Amer. Journ. Insanity, vol. xv, p. 249.	Melancholia, with attempted suicide, epilepsy, headache, somnolent spells.	Iodide of potassium; cure.
21	Ibid.....	Acute mania, noisy, very destructive; syphilitic disease of tibia.	Cured by specific treatm'nt
22	Dr. Snell.....	Maniacal excitement.	
23	William Smith. Brit. Med. Journ., July, 1868, p. 30.	Apathetic melancholy, indelicate, speaking only in monosyllables, and much of the time not at all, sullen and menacing.	Rapidly cured by conjoint use of iodide and mercurial. The symptom first developed three months after chancre.

In conclusion I may state that it must be considered as at present proven that syphilis may produce a *disorder whose symptoms and lesions do not differ from those of general paralysis; that true general paralysis is very frequent in the syphilitic; that the only perceptible difference is one of curability; that the curable sclerosis may change into or be followed by the incurable form of the disease*. Whether under these circumstances it is philosophic to consider the so-called pseudo-general paralysis and general paralysis as essentially distinct affections each physician can well judge for himself.

ERRATUM.—In the preceeding article the printer has made a mistake in transposing a portion of the article to the wrong place. The part commencing "The occurrence of headache" and ending "true general paralysis," at the bottom of p. 831, should come after the table p. 833.

PHOSPHATE CODEIA.—Dr. Fronmüller employs the phosphate of codeia for hypodermic injection. He says it possesses the advantage over the muriate and sulphate of being much more soluble. The substance cystallizes in slender four-sided columns, is white in color and of a bitterish taste, and is soluble in four parts of water. Its action is very like that of morphia; but it is milder, and the symptoms of poisoning (such as great weakness, intense headache, bilious vomiting, etc.) are much less often encountered. It seldom causes local irritation when subcutaneously injected. The dose should be at least double that of morphine. The phosphate of codeia is especially recommended in the case of women and children.—*American Druggist.*

POISONED BY POSTAL NOTES.—Several clerks in the employ of the Post Office Department, where a great many postal notes are handled, have been poisoned by constant use of them. Arsenic is said to be one of the ingredients used in the coloring of the notes, and it is supposed that this is the cause. The editor of *Gaillard's Med. Jl.*, commenting on the above facts, says he is not afraid of these postal notes, and will undertake to handle all that may be used. In this respect Dr. Gaillard will not lack many followers.

A NOTICE TO SUBSCRIBERS.—If any subscriber to this journal has paid his subscription to a canvasser, we request a notice to that effect should he receive a bill from our office. A man employed to canvass for this journal has taken conditional subscriptions, collected money and abused our confidence by various methods. In order to set ourselves right with those who want the JOURNAL and with those who subscribed conditionally, we again request the latter to notify us of their wish to have the JOURNAL discontinued, otherwise we will consider them *bona fide* subscribers. We request our patrons to pay money to no party without a written authority to collect for us.

GARFIELD MEMORIAL HOSPITAL.—At the last meeting of the directors of the Garfield Memorial Hospital the following medical staff was elected: Consulting Surgeons, Drs. John Frederick May and Nathan S. Lincoln; Consulting Physicians, Drs. A. Y. P. Garnett, W. W. Johnston, and J. Taber Johnson; Attending Surgeon, Dr. J. Ford Thompson; Attending Physicians, Drs. J. W. H. Lovejoy and C. E. Hagner; Oculist and Aurist, Dr. Swan M. Burnett; House Physician, Dr. Henry M. Cutts.

Society Reports.

PROCEEDINGS OF THE MEDICAL SOCIETY, DISTRICT OF COLUMBIA.

STATED MEETING HELD FEB. 6TH., 1884.

(*Specially reported for Md. Med. Journal*).

The Society met with President, DR. GARNETT, in the Chair, DR. T. E. MCARDLE, Secretary.

The President said it was time that some attention should be paid to the multitude of quacks that frequent our city every winter. He would like to lay before the Society an examination of urine which a man calling himself Dr. W. H. Hale had made for a very intelligent patient of Dr. Garnett:

ANALYSIS OF URINE.

Specific Gravity, 120.
Excessive Alaline.
Hippuric Acid 7-10 per cent.
Traces of Nerve Casts.
Acid Reaction.
Temperature 93.

W. H. HALE.

True Copy.
MCARDLE.

Dr. Garnett thought this Society should endeavor to have Congress pass a law for this District similar to the laws of West Virginia and Illinois regulating the practice of medicine.

After some further discussion participated in by *Drs. Magruder*, *Lovejoy*, *Kleinschmidt* and *J. E. Morgan*, on motion of *Dr. W. G. Palmer*, the President was directed to appoint a committee to watch the interests of this Society before Congress.

The discussion on *Dr. Palmer's* case of HEPATIC ABSCESS was then resumed.

Dr. J. Ford Thompson said this question had been discussed many times in this Society. He had been unfortunate in seeing these cases late, and had on that account not been very successful. As to Dr. Palmer's case he would say that it presented some unique features. Although there was some soreness in the epigastric region, pressure over the usual point of puncture elicited no pain. He first inserted the aspirator somewhat in front and drew out only serum, which he supposed came from the congested left lobe of the liver. He next introduced the instrument in the eighth intercostal space behind the line usually drawn from the axilla and drew off fourteen ounces of pus. He thought the cavity was not emptied, but that was sufficient for one time. He intended to operate again but the patient was in no condition for any operation when he next saw him. The autopsy revealed the largest hepatic abscess he had ever seen, and he believed complete evacuation would have killed the patient immediately. He saw the reason why this liver should have extended upwards instead of downwards. It was this fact which misled Dr. Hagner, who thought it a case of empyema. He simply meant that under the point of examination there was fluid and he did not take into account this upward tendency of the liver. In this city these cases are generally seen by the surgeon too late. But in India and the other countries of the East, where hepatic abscesses are quite common, aspiration is resorted to early in the disease. As far as he was concerned he thought the aspirator an unfortunate instrument. He thought he had done more harm than good with it. In the treatment of abscesses it is better to use the knife and afterwards wash them out; for with the aspirator the sac is never entirely emptied, and immediately begins to fill again. He did not mean to say that it did not occasionally succeed but he thought its proper use was as a means of diagnosis. In this case even an ordinary trocar and canula would not have emptied the thick mass. As to the point of puncture, he punctured at the presenting spot.

The diagnosis is easy when the usual symptoms are present. In this case the local symptoms were obscure, whilst the subjective ones were plain. The puncture with the aspirator is perfectly harmless. He could find no traces of the two he made in this case. He remembered a case which he saw some years ago with Dr. Garnett, where he first aspirated in front, and, failing to find pus, was about to puncture in the usual place, when the patient refused to be treated further that day. The operation was postponed for two or three days, but when the time came the man was found to be dying. At the post-mortem an enormous abscess of the right lobe was revealed. Whilst he knew that some men claimed a success of fifty per cent., he was obliged to confess that he had but one re-

covery and that was in a case which he laid open and drained. Hereafter when he found pus that would be his method of treating the abscess.

Dr. J. E. Morgan said that in his experience abscess of the liver was a very rare disease. He had seen only four or five cases, the histories of three of which he remembered. The first patient was an old lady, whose abscess broke into the intestinal canal and she got well. In the second case, that of an old gentleman, the abscess broke externally and he died. A young lady about 18 years old was the third patient. In her case the abscess seemed to point at the eighth or ninth rib. He made an incision, and the contents were discharged; a tent was placed in the opening, and the patient is now well.

Dr. Garnett had seen two cases of abscess immediately over the liver but not involving that organ. These upon being opened and emptied of their contents got well in about ten days. Dr. Morgan's last case may have been of this kind.

Dr. Morgan thought not, as the young lady suffered from acute hepatitis and was markedly jaundiced.

Dr. J. T. Howard said * * *

On motion of Dr. Palmer the discussion was closed and Society adjourned.

FEBRUARY 13TH, 1884.

SPECIAL MEETING TO TAKE ACTION ON THE DEATH OF DR. J. S. BEALE.

The Society met with the President, DR. GARNETT, in the Chair.

In calling the Society to order, the *President* said that only a few weeks had elapsed since we were called together to pay our last sad duties of respect to one of our most honered members. To-night we met in consequence of the death of Dr. James S. Beale, who, though he had scarcely reached the meridian of life, enjoyed a success and was filled with honors attained by few. Dr. Harvey Lindsly, who for more than thirty years was the family physician of the Beales, and officiated on the occasion of this young gentleman's birth, desires me to state that illness alone prevents him from being here to-night.

On motion, the President appointed Drs. Burnett, Taber Johnson, C. E. Hagner, Barker and Magruder, a committee to draft appropriate resolutions.

The following resolutions were reported:

WHEREAS, Death has suddenly removed from us our fellow member, Dr. J. S. Beale;

Resolved, That in his death this Society loses a valued associate and active worker; the profession one who honored it by the nobility of his character and the extent of his attainments and skill; and humanity one of its firmest and most conscientious friends.

Resolved, That the sense of this Society, as expressed in these resolutions, be communicated to the bereaved family.

Resolved, That we attend his funeral in a body.

Dr. Burnett then pronounced an eulogy of the deceased.

Dr. Murphy spoke of the sadness of parting from a revered friend. Said it was his misfortune to have been present when Dr. Beale was stricken down. Dr. Murphy and the deceased had begun their professional career together. Dr. Beale was a man of gentle bearing and noble instincts; a man without an enemy; a man of heroism; noble; generous; praiseworthy; filled with kindness to all, and in his last moments thankful for every little act of kindness done him. Such was the life which went out in all its splendor without a murmur.

Dr. H. D. Fry then made some eulogistic remarks.

Dr. Taber Johnson spoke of Dr. Beale's many merits and good qualities. If men ever love each other Dr. Beale was a man to love and be loved. He dilated on the deceased's great firmness, nerve, stamina, gentleness; but above all, his sweetness of disposition. They had been associated in college duties, and though Dr. Beale had not been endowed with the gift of eloquence, no one was more constant, faithful and zealous.

The members of the college all feel a sense of bereavement in his sudden taking off. It is a curious fact that he is the third man who has occupied the Chair of Surgery in Georgetown College who had been suddenly taken off within the last few months. Dr. Johnson then spoke of the lesson to be learned from these deaths—they were all men who sacrificed themselves for their neighbors' good—but was that sacrifice necessary or just to themselves?

The resolutions were then unanimously adopted, and the Society adjourned.

FEBRUARY 16TH, 1884.

SPECIAL MEETING TO TAKE ACTION ON THE DEATH OF DR. C. M. FORD.

The Society met with the Vice-President, DR. TAYLOR, in the Chair.

The Chair announced the death of *Dr. C. M. Ford* and said that we were assembled in respect to his memory.

Dr. Busey said this Society seems to be

passing through a period of unprecedented sorrow. Last April a patriarch of the profession enjoying the highest honor of a ripe old age passed away in the person of Noble Young. The insatiate archer next aimed at the very heart of the profession and deprived us of the beloved Ashford. Duhamel, Newman, Eliot, followed in quick succession. Then one of those deplorable events occurred which move even the most callous heart. Dr. Beale, in the prime of life, vigor of manhood and supposed health, left his family in the morning and returned to them no more alive. It would seem as if our cup of sorrow were full; but, alas! it is my painful duty to announce tonight the death of Dr. Charles M. Ford. It is not my province to enquire into the inscrutable designs of an all-wise Providence; but no other profession in this city has lost seven of its members in the short period of ten months. Of these seven men five were in full practice, and by their death not only have five families been bereft but numerous friends and patrons.

Dr. Ford died last evening after a painful illness of twenty-nine days. In November last his child was attacked by acute rheumatism, convalesced, then was seized by a more acute attack and recovered from that only three days before his father was taken ill. Dr. Ford was born in or near Troy, N. Y., on the 15th of May, 1840. He studied medicine in the office of Dr. Alfred Watkins, of Troy, and graduated from the Medical Department of the University of Pennsylvania in 1861. Immediately after, he was commissioned assistant surgeon U. S. A., and appointed to the steamer Huntsville. at that time one of the blockading fleet. In a violent storm which occurred at that time the rheumatism from which he had suffered disappeared and did not trouble him again until a month ago. Remaining in the navy only nine months, he resigned, returned to Troy and married Miss Ives. A few weeks later he came to Washington and was at once commissioned assistant surgeon U. S. A., and assigned to duty at Cliffburn Hospital, whence, after a faithful service of nine months, he was transferred as surgeon in charge of the old Capitol prison. At this time he opened a private office in the house in which he died. He was an attendant at the Alms House hospital for several years, and served on the active and consulting staff of Providence Hospital. At the time of his death he was surgeon to the B. and P. and Wash. and Fred. R. R.

You all knew him as a patient, discreet, faithful physician. He had extensive business, and judging from the sorrowful enquiries at his home during his illness, I am forced to the conclusion that he had a family practice equal to, if not in excess of, anybody else in the city. He was charitable in his disposition, never refusing to answer any call, and not always demanding an exact reward.

That he was skillful no one who knew him could doubt. He had a wonderful memory. His knowledge of therapeutics was exact.

As to his personal qualities his good temper was proverbial, He was jovial, fond of good company and conviviality but not to the excess of vice. With his family he was generous to a fault; with his friends he was lavish—willing to share whatever means he had. He was never angry, and did not indulge in harsh criticisms. The profession can ill afford to lose such men, and the loss to that part of the city is truly great.

Dr. Ford died of rheumatic fever. The pain began in the knee, extended to the elbow and to the back of the neck, changing from one spot to another. After the first few days his fever began to rise and kept ascending until it reached 106° F. and his brain became affected. Until the last few days he was conscious and recognized his wife even a few moments before death

I move you, sir, that a committee be appointed to prepare suitable resolutions respecting his death.

The Chair appointed Drs. Busey, Thompson, C. E. Hagner, Lee and Palmer, who reported the following resolutions, which were unanimously adopted :

The Medical Society of the District of Columbia having learned of the death of Dr. Charles M. Ford, who died at his residence in this city at 7.40 P. M., on the 15th instant, and desiring to record the personal esteem and professional regard in which he was held by its members, and wishing to convey the expression of its profound sympathy and condolence to his bereaved family and friends, therefore be it

Resolved, That in the death of Dr. Ford this Society has lost one of its most useful and popular members, the community a skilful, discreet and conscientious physician, and his patrons a patient, zealous and attentive friend and counsellor.

Resolved, That in his character he combined the qualities of a learned physician, the constancy of a true and generous friend, and the amiability and good temper of a courteous gentleman.

Resolved, That as a mark of respect we attend his funeral in a body, and

Resolved, That a copy of these resolutions be sent to his bereaved family.

After eulogies were pronounced by *Drs. Thompson* and *C. E. Hagner*, the Society adjourned.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

STATED MEETING HELD FEB. 28TH, 1884.

(*Specially Reported for Maryland Med. Journal*).

The President, DR. TYSON, in the Chair.

TWO CASES OF SUPPURATIVE NEPHRITIS.—Presented by *Dr. W. E. Hughes*.—In both of these cases the kidney lesion had been preceded by cystitis, in one of some months standing, in the other of more recent origin. In both of them there was a history of gonorrhœa, and in one well-marked symptoms of stricture of the urethra; in this case the cystitis seemed to have been originated by septic matter carried into the bladder on a catheter, although a tendency to inflammation had most likely been developed by the long standing stricture. In one case the kidney lesion may have originated in emboli derived from a suppurating surface, though this is unlikely from the fact that no such emboli were found elsewhere.

CASE I.—A man æt. 55 years, had locomotor ataxia for years. He had a gonorrhœa, but following it no change from the normal in urination, so that it is scarcely probable that there was any stricture of the urethra. Six months ago, as the result of exposure cystitis developed with the usual signs of frequent passage of urine containing large quantities of mucus and pus; there were no tube casts and no more albumen than could be accounted for by the pus and corpuscles present. After being under observation about two months, large bed-sores developed over the sacrum and trochanters; they soon induced a septicæmic condition which rapidly produced death. At the autopsy the nerve lesions characteristic of locomotor ataxia were shown. The urinary bladder was dilated, its walls thickened, and its inner surface crossed in every direction by bands of hypertrophied muscular tissue, the mucous membrane thickened and slate colored. In the kidneys were numerous cone-shaped masses in which the tissue of the kidney was broken down and infiltrated with pus and the blood vessels filled with micrococci. The remainder of the kidney tissue appeared healthy. There were no abnormal appearances about the pelvis and ureters.

CASE II.—A male, æt 72 years, had several attacks of gonorrhœa and symptoms of urethral stricture lasting over 32 years. The stricture had been dilated several times but during the six months before he came under observation it had been neglected and had begun to grow troublesome. When first seen his urine was normal, and there were no signs of cystitis. He had been failing in health for some time and was much troubled by a cough. Physical examination showed breaking down of the lung structure at the apices. A few days after coming under observation his nose bled so uncontrollably that it became necessary to plug his posterior nares. Soon after this, his stricture almost preventing the voiding of urine, a catheter was passed into the bladder. The next day he complained much of pain and tenderness in the region of the bladder, and the urine which was passed every few minutes contained large quantities of blood, pus and mucus. The acute symptoms were soon relieved, but the urine continued loaded with mucus and pus, in fact it was often so stringy that it was only with the greatest difficulty that he could pass it. It never contained casts nor more albumen than would be expected where there was so much pus and blood. He died two months after he was first seen. The autopsy showed tuberculosis and disintegration of the pulmonary tissue. The kidneys were identical in appearance with those in Case I, with the addition that their pelves contained numerous particles of uric acid. The cavity of the bladder was small, its walls thickened and hypertrophied, the mucous membrane dark red, thickened, softened and thrown into folds.

Dr. Tyson said the relation of bladder to kidney trouble was, as yet, pretty much guess work, although it is certain that in a prolonged cystic disease suppurative interstitial nephritis will sooner or later arise. But rarely can we state, from an examination of the urine, that renal disease has supervened. He happened however, now to have under his care two cases of cystitis with renal disease in which it was comparatively easy to determine the presence of the latter along with the former by reason of the presence of the compound granular cells and fatty tube casts in addition to pus. The character of the casts pointed rather to tubular nephritis than to the interstitial form, contrary to the ordinary belief with regard to these cases.

SPECIMENS OF ENLARGED BRONCHIAL GLANDS WHICH HAD CAUSED INTRA-THORACIC PRESSURE.—Exhibited by *Dr. E. T. Bruen*.—These specimens were taken from the body of a man, æt. 44, who had suffered for some years from chronic bronchitis. The bronchitis was probably due to his exposure to the fumes of coal in the gas-works. There was no emphysema. The bronchial glands are deeply pigmented and enlarged, forming in all, a mass five inches long, three inches broad, and two inches thick. This enlargement surrounds the trachea, and slightly overlaps it anteriorly. A portion of the formation covers the origin of the right bronchus, but the left is also somewhat enclosed by the enlarged glands. In addition, many isolated bronchial glands will be found much increased

in size. The lungs presented evidence of chronic bronchitis and lymphatic irritation. The aorta is atheromatous and dilated. Heart normal. This specimen is exhibited chiefly to illustrate the possibilities of intra-thoracic pressure from this source. It will be seen that these enlarged glands occasioned serious pressure upon the lower portion of the trachea and the upper portions of the bronchi. During life there were many symptoms traceable to reflex irritation of the pneumogastric nerve, and there were also symptoms of pressure upon the œsophagus. The writer has published a detailed account of the symptoms incident to similar conditions in the *American Journal of Med. Sciences*, July, 1883. The cause of the enlargement of the bronchial glands in this case must have been the chronic bronchitis, although similar enlargements sometimes follow dilatations of the aorta. It is curious to note that degenerative changes in the lungs, or hepatization, were not observed.

Dr. Shakespeare said that the case was of interest from several points of view, one of which was the so great enlargement of the bronchial glands without either lung or any other thoracic diseases. It was an extraordinary thing that the enlargement had progressed so far without any apparent primary point of origin in the tissues in which the lymphatic radicles take their rise.

Dr. Tyson was inclined to attribute their enlargement to anthracosis.

Dr. Bruen said that one of the latest writers upon bronchitis states that the reason for the intractability of chronic bronchitis is due to the constant co-existence of lymphatic disease, thus inducing venous congestion, catarrh, etc.

Cystic Degeneration of a Fœtal Kidney.—Presented by *G. E. de Schweinitz, M. D.*—I desire to present this evening an example of cystic degeneration of the fœtal kidney. The specimen was removed from an eight months old fœtus brought to the University Museum by Dr. George Horn of this city. The fœtus in question, in addition to this anomalous condition of its kidneys, presented also other interesting abnomalties, having, at the position of the posterior fortanelle, a large meningocele; further, an imperfect development of the external genital organs; and last, but not least remarkable, six fully developed fingers upon each hand, and a similar number of equally fully developed toes upon each foot. Upon opening the abdominal cavity both kidneys were found to present appearances of the one I exhibit to-night. It is enlarged, having a length of about 4½ inches and a breadth of nearly 3, or about the size, or a little greater, than the size of a normal adult kidney. The capsule can be detached with a moderate degree of ease and the organ is surrounded with its usual envelope of perinephritic fat. Both upon the free and also the cut surface are seen numerous cysts, varying in size from a small marble to a split pea, or even smaller, each cyst having a moderately firm capsule, and, upon incision, discharging a fluid contents. Very distinct lobulation of the kidney is a marked feature. It is perfectly plain that we have here a specimen of what is referred to by systematic writers upon pathology, as congenital renal cysts. Rindfleish speaks of kidneys of this sort usually producing death to the child, either during birth or immediately after, by pushing the diaphragm up and thus occupying space necessary for the movements of the lungs. He further indicates that the malpighian corpuscles constantly prove the points of departure for these cysts, although degeneration in the continuity of a urinary tubule may also contribute in the formation of the cystoid change. Both Virchow and Rindfleish consider "an intercalation of a mass of connective tissue between the renal calcyces and renal papillæ" as a cause of this congenital cystoid degeneration. A rather hurried microscopical examination of this specimen reveals the following points: Nearly a total absence of any true renal structure, the greater mass of the organs being composed of connective tissue through which are scattered numerous free nuclei; cysts the walls of which are lined with a single layer of cubical epithelium and in such which evidently arise from malpighian corpuscles the remains of the vascular tuft is sometimes seen, the wall having been drawn back from the vascular coil as Rindfleish puts it, quite large vascular channels and blood vessels usually filled with blood corpuscles, and finally decided areas of fatty infiltration, the fat cells having inserted themselves between the connective tissue. Further and fuller microscopic examination of the organ may probably discover other and different changes which have not been described. Joh. Klein demonstrated renal cysts in an adult case to arise from degenerated Bowman's capsules, which contained cholesterine crystals fat granules and calcareous grains, or, as he expressed it, "renal sand." Such conditions were not discovered in this case.

Dr. Tyson said that it was remarkable how long persons with this congenital cystic trouble will live. Adults are found post-mortem with kidneys the size of a fœtal head with cysts as large as marbles and apparently no renal tissue left, conditions which have evidently existed for years.

Round-Celled Sarcoma of the Superior Maxilla—Excision of that Bone with the Malar.—Exhibited by *Dr. C. B. Nancrede*.—Thos. A., æt. 56 years, was ad-

mitted to the male surg. ward of the Episcopal Hospital in the fall of 1883, with what appeared to be an ordinary epulis of the back part of the right superior maxilla. On Nov. 2nd, 1883, Dr. Packard removed the growth with the contiguous alveolar processes, and wiped out the wound with a 20 grain solution of chloride of zinc. Microscopic examination of the growth showed it to be a small round-celled sarcoma. It rapidly returned so that in two weeks the growth was larger than when first removed, when Dr. Packard removed this second growth with the outer wall of the antrum, the alveolar border and most of the maxillary tuberosity. Wiped out again with chloride of zinc solution; all morbid tissue seemed removed, yet in less than six weeks it again began to fungate, and during the past week its enlargement can only be compared to that of a mushroom, the increase from day to day being readily perceptible. On Feb. 27th, 1884, the growth nearly filled the mouth and pharynx, and pressed upon the tongue so that deglutition was almost impossible. Accordingly upon that day I proceeded to perform a formal excision of the upper jaw, removing also the right malar and part of the left side of the ethmoid. Owing to the efficient assistance of my colleague, Dr. Forbes, the hot iron was unnecessary, the internal maxillary being caught and tied with singularly little loss of blood.

Editorial.

THE EUCALYPTUS TREE IN ITALY.—The American Consul in Florence, Mr. Wm. L. Welsh, furnishes some interesting facts to the State Dept., under date of Dec. 13th, 1883, with reference to the prevalence of malaria in Italy and the planting of the eucalyptus tree as a prophylactic therefor. Of the 69 provinces into which that county is divided but six he tells us are considered completely free from malaria. Of the army more than ten per cent. suffer from fever during the year, at an expense to the State of about $2,000,000. This unusual prevalence of malaria is attributed by scientists who have investigated the subject to the destruction of trees and forests in the construction of railways (an industry which has been pushed with extraordinary energy during the last quarter of a century), and to the extensive excavations of the soil necessarily associated therewith. For this very great pest the Italian government has naturally been very desirous of finding some remedy, and it would seem that such had been found in the eucalyptus tree, a native of Australia, but which has of late years been transplanted to Algeria and Southern Europe and also to the Southern States of America. This tree is one of the largest known, attaining sometimes a height of 300 to 350 feet. It is an evergreen, has a smooth, ash-colored bark and leaves a foot in length. Notwithstanding the hardness of its wood, its growth is remarkably rapid, reaching sometimes 50 feet in five years.

An interesting description is given of these trees, as seen in their native habitat, by a recent writer in the *Baltimore Sun*. He describes them as scattered usually sparsely over the plains of central Australia, where they constitute the only timber found. They resemble our sycamore. They do not shed their leaves, which are of a sombre green color and very crisp, but the bark dries up annually and is carried by the wind in thin shreds hither and thither, just as the autumn leaves are with us. They grow very straight, and for a hundred feet from the ground are without limbs, nor does the diameter perceptibly diminish at that height. There are numerous species, and the timber is an important article of commerce.

To complete the description it may be added that it flourishes best in valleys having a rich moist soil, and while not requiring great heat for its development is very sensitive to frost.

The mode by which this tree effects the destruction of the malarial miasm is said to be by absorbing the moisture from the soil in which it is planted, and thus draining marshy places, although it is probable that the emanations of the volatile oil have also some prophylactic influence.

To return to the Consul's report, he states that the results of the planting of the eucalyptus in Italy have been most satisfactory. At Ventimiglia, for instance, which was "impregnated with fever," the planting of 800 trees caused the malaria to disappear in two years. Similar results have followed the planting along lines of railroad and at stations. (The Consul does not refer to the case of the monastery of Tre Fontani in the Campagna near Rome, which was a locality most fatal to human life until brought under the sanitary influence of the eucalyptus globulus.) To supply the increasing demand for trees, nurseries have been established by railway companies and by individuals, and a law has been introduced into the Italian parliament which provides rewards for the production of the eucalyptus. It is anticipated that in course of time, by a continuance of these measures the Italian territory will be rid of this terrible pest which has done so much to deteriorate the health and vigor of its people, and to prevent their progress as a nation.

It is much to be feared that the climate of this latitude is too rigorous for the successful cultivation of the eucalyptus tree, but a trial should unquestionably be made, and we would suggest that the State Board of Health would be the proper body to make the experiment.

THE DANGER OF TURPETH MINERAL AS AN EMETIC.—Chiefly through the influence and very high encomiums of Dr. Fordyce Barker the yellow sulphate of mercury or turpeth mineral has come into very general use as an emetic in croup or threatened croup, and it is now perhaps more employed for this suppose than any other agent of its class. And certainly its effects are very satisfactory, as all must acknowledge who have had experience with it. So convinced was Dr. Barker of its importance and its harmlessness that he advised that powders of it should be kept on hand by families for immediate use upon the first appearance of symptoms without waiting for the arrival of a physician. Experience, however, has been accumulating of late to show that the agent is not so innocent as might appear, and that to entrust it in the manner suggested by Dr. Barker to the control of non-medical persons is at least of questionable propriety. Drs. N. A. Randolph and A. E. Roussel, *Med. News*, March 8th, report five cases in which, although emesis was produced by the second dose, a rather violent diarrhœa attended by griping and constitutional depression followed in a few hours. The first stools contained the remedy, showing that notwithstanding the emesis some of it had remained for hours in contact with the intestinal surface. The diarrhœa passed away under appropriate treatment. In one of the cases there was severe salivation. The same authors then refer to other cases reported, in which the turpeth mineral has caused dangerous and even fatal results, as two by Dr. McPhedran in children, where no emesis occurred, and a similar one in the *Med. and Surg. Reporter*. Stille gives two fatal cases from poisonous doses in adults, the symptoms produced being those of an irritant mercurial poison. The authors conclude from the facts adduced that other emetics are in general to be preferred and that so dangerous an agent should not be entrusted to the laity.

THE POTOMAC FLATS AND THE MEANS ADOPTED FOR THEIR REMOVAL.—That the presence of marshes contributes to the generation of the malarious miasm is abundantly confirmed by experience. Nor does the fact that an occasional exception to this law is observed, as in the alleged case of the Dismal Swamp, constitute a barrier to our full acceptance of it, for special causes may be at work in the exceptional cases, which are sufficient to prevent the development, or to neutralize the effects of, the morbific material. In the case cited, for instance, the cypress tree is supposed to be the antagonistic agent. That the Potomac flats are generators of the malarial misasm, and thus contribute materially to the morbility and mortality of the people of Washington there seems to be no doubt, and Dr. Townshend, the health officer of that city, furnishes statistics to prove the fact.

Some interesting details in regard to the Flats and the improvements which have been undertaken in connection with them by the Government, have recently been published by the *Evening Star*, of Washington. According to this authority, the Flats have been known to exist for at least 100 years, although they have largely increased in extent of late years. The river, which above Georgetown is narrow and deep, when it reaches a point opposite that city, or the upper end of Analostan Island, becomes suddenly widened out from 900 feet to over 5000; at the same time the current is retarded, the sewage of the city is poured into it, and much of the latter along with the material washed down by the stream from above is deposited along the shore. Weeds grow on the shallow places, and afford a convenient settling piace for the organic debris, which is exposed to the sun for several hours daily, and no doubt serves as a nidus for the development of numerous disease-germs.

To get rid of this pestilential neighborhood, to reclaim the valuable ground occupied by the marshes, and to improve the channel of the Potomac was the task which the Government undertook. In August, 1882, Congress appropriated $400,000, with which to commence the work, and a plan was decided upon by a board of engineer officers. This plan consists in "deepening and widening the Virginia channel, closing the Washington channel above Long Bridge, and below the bridge making its width 800 feet and its depth sufficient to accommodate the largest vessels that can reach Arsenal Point; raising the greater part of the flats to a height sufficient to prevent overflow; protecting the reclaimed land from the river by a stone wall; rebuilding the Long Bridge; and establishing large flushing ponds in the reclaimed area. These ponds are to answer a double purpose—in lessening materially the amount of filling to be done, thereby adding materially to the beauty of the reclaimed area, and in flushing the Washington channel and the sewer canal. They are to be provided with inlet and outlet gates, automatically arranged, for filling the ponds from the Virginia channel during the rise of the tide, and emptying them into the Washington channel during the fall of the tide, discharging a large volume of fresh water into the channel once in twelve hours."

The amount of reclaimed land will be about 700 acres, of which about 100 have already been sufficiently filled to prevent overflow by high tide. It has not been decided as yet

what disposition will be made of the reclaimed land, but it is probable that it will be converted into a park. It is calculated that the total cost of the improvements will be nearly $2,750,000; on Jan. 1st $220,000 of the appropriation above referred to had been expended.

Our space does not permit a full description of the modus operandi pursued in carrying out the work. Briefly it consists in dredging the main (Virginia) channel and filling the flats with the material thus obtained. Simultaneously the slope-wall will be constructed at the margin of the future shore in order to confine the material employed. A sewer canal will run through the reclaimed area in order to empty the sewage of the city into the main channel, and retaining walls will be constructed for this canal. The dredged material is dumped into cars running on tracks built on piles. The cars convey the material to the point where it is needed and where accordingly it is discharged. As the flats become covered along one railroad the same process is repeated on another track about four hundred feet distant. The foundation for the slope-revetment is constructed by sinking a mattress, one foot thick and eighteen feet wide, formed of brush and woven on an inclined platform on a scow. The sinking is effected by throwing stone on the mattress from scows, and it is expected that this arrangement will give a secure foundation for a solid wall not exceeding six feet in height.

The New State Society in New York.—As previously announced, those members of of the Medical Society of the State of New York who were dissatisfied with the action of that Society with reference to the Code of Ethics, met and organized a new Society. The proceedings connected with this action, held Feb. 4th and 6th, have been published in pamphlet form and a copy has reached us. They seem to have been fully justified by the fact that the advocates of the New Code represent but one-fifth of the profession of the State, whilst two and a half times as many have declared themselves for the National Code. Dr. Austin Flint, Sr., offered the resolution for the organization of the society, which is known as the "New York State Medical Association." New York City was selected as the next place of meeting, and the third Tuesday in November as the time. One hundred and sixty-eight members signed the agreement of organization. This effort to redeem the profession of the great State of New York from the hands of the false leaders who have led it astray has our hearty sympathy and good wishes. The interests of the profession are identical everywhere and demand harmony of action between its members. It is only thus that we can make our influence as a class felt and maintain the position to which our rank entitles us. Any attempt, therefore, to distract our counsels or excite divisions deserves the severest condemnation and repression.

Miscellany.

Certain Untoward Effects Following the Administration of Turpeth Mineral.—Drs. N. A. Randolph and A. E. Roussel have recently experimented with the administration of turpeth mineral (*Med. News*, March 8th) and have found it followed by unexpected symptoms. The drug was administered to eight well-nourished men, in average health, in five-grain doses and as emesis did not follow within half an hour, three grains additional were given, with the result of inducing vomiting, more or less copious, within twenty minutes after the administration of the second dose. Beyond a continuation of the retching for some time, and a general complaint of a sense of burning in the throat and fauces, nothing unusual was observed at the time, and but little depression immediately followed the emesis. On the following morning attention was called to the condition of five out of the eight men. A rather violent diarrhœa had followed in from ten to twenty hours after the administration of the drug, attended by much griping and a rather unusual amount of constitutional depression. Each of these five men had passed in the twenty-four hours succeeding the exhibition of the drug from eight to fifteen stools. These stools at first resembled those of calomel but eventually became yellow. The diarrhœa was checked by appropriate treatment and the cases progressed favorably to recovery. In the first few stools minute particles of turpeth mineral were found showing that its elimination by emesis had been far from complete, and that the drug had been from ten to twenty hours in contact with the tissues and fluids of the digestive tract. In one case there was well-marked salivation.

The doctors draw the following conclusions from their observations:

1. That a dangerous quantity of turpeth mineral often remains in the stomach after emesis.

2. That this drug possesses sufficient toxic and irritant properties not only to demand from the profession much more than usual caution in its administration, but to condemn its use where the exhibition of any other emetic is practicable.

3. That it should not be placed in the hands of the laity.

Sore Throat in Children.—Henry Ashby, M. D., M. R. C. P., (*Practitioner, London*, Dec.,) mentions four principal varieties. 1. Simple tonsillitis. 2. Scarlatinal tonsillitis. 3. Pseudo-diphtheretic. 4. Diphtheria.

Weakly and scrofulous children are especially subject to the first. It is oftener seen as a complication of alimentary disorders, as those of liver and stomach, than of the respiratory tract, as bronchitis and laryngitis. It frequently precedes rheumatic attacks. It may be the result of the scarlatinal poison. In proof of this, he cites an interesting series of eight cases occurring in a hospital ward within a few days. Several nurses also took the disease. The first patient attacked, it was found, had been exposed to genuine scarlatina a few days before. None of the cases had an eruption. One, a patient in previously bad condition, died. No insanitary conditions prevailed.

In view of the difficulty—at times the impossibility—of diagnosticating scarlet fever from simple tonsillitis, the writer recommends the isolation of all children with febrile sore throat as long as faucial congestion remains. The points in favor of scarlatina are: the presence of vomiting and diarrhœa in the stage of invasion; a pulse of 130–160; not necessarily a high temperature; marked injection of the uvula pillars of the fauces and tonsils. Later, the enlargement of the cervical lymphatics, with tenderness; the implication of the nasal mucous membrane, and a yellow exudation over the tonsils and uvula, make the diagnosis of scarlatina tolerably certain.

Under pseudo-diphtheria the writer includes a class of cases which are said to bear the same relation to diphtheria that epidemic tonsillitis bears to scarlatina. It prevails where diphtheria does, is attributed to sewer-gas and other poison. They differ from it in that the cervical glands are rarely involved, the membrane is less tough, the nasal mucous membrane unaffected, the urine does not contain albumen, the usual sequelæ of diphtheria are absent. The prognosis is always good. The duration is rarely over a week.

The sore throat of diphtheria is differentiated from anginose scarlatina, by the fact that in the latter we rarely have true membrane. A yellowish exudation may cover the tonsils, perforation and even sloughing of the palate may occur, and there may be much external cellulitis, but the leathery, whitish, adherent exudation of diphtheria is absent. The amount of albumen in the urine of scarlet fever is usually slight; in diphtheria it is often fifty per cent.—*Archives of Pediatrics.*

Forced Respiration in Phthisis.—Dr. J. Solis Cohen has been favored by his friend, Dr. John C. Berry of Okayma, with the following summary of an article on Forced Respiration, by Dr. Kashimura Seitoku of Tokiyo, from the *Koi Geppo*, of February, 1883.

Reference is first made to the prevalence of the disease in Japan (twenty-four per cent. of all deaths being due to consumption of the lungs); on the importance of treating the disease early ("beneficial effects only following *early* treatment"), and the uselessness of much of the treatment now generally advised. "Creasote, benzoate of soda, salicylate of soda, etc., are all quite useless," "while cod-liver oil and malt, iron and malt, and tonics generally, are of little or no use."

"The plan I propose requires no medicines, no apparatus, no money, no physician, no nurse." * * "It is simply to observe forced respiration twice daily, breathing about one hundred times at each exercise, and compressing and expanding the chest walls, after the method of Gerhardt." During this exercise, the arm corresponding to the sound lung should be pressed against *its* side, while that corresponding to the side of the diseased lung should be extended high above the head during respiration, and lowered and pressed firmly against the side and front of the chest during expiration."

"Instead of the above, the author first adopted the plan of having the patient swing heavy weights, but as this frequently gave rise to hemorrhage it was abandoned for the more moderate and efficient exercise above referred to. The swinging of weights, however, is thought to possess advantages if not too vigorously observed."

"In contraction of the lung from pleuritis, the position in sleep should be *on* the *well* side —the diseased lung thus being placed uppermost in order to admit the air freely."

Two illustrative cases are then given.—*The Polyclinic.*

The Spread of Scarlatina.—F. T. Bond, M. D., (*Brit. Med. Jour.*, Dec. 8,) protests against the idea that the disease is propagated mainly by epithelial particles during desquamation. He does not deny its possibility of being so conveyed, but has been unable so far to find unquestionable evidence of such infection, all other sources being excluded. On the other hand abundant observation shows that the disease may be propagated from cases that have not only had no desquamation, but no rash. He insists upon the more careful attention to these cases and their complete isolation. Not to the skin, but to the throat, must we look in many cases for evidences of scarlatinal infection. Emanations from the mucous membranes of the alimentary tract, especially from the throat, are far more important than those from the skin.

ALUMNI REUNION OF THE UNIV. OF MD., SCHOOL OF MEDICINE.—The annual reunion and banquet of the Alumni Association of the Univ. of Md., was held on the evening of March 14th, at the Eutaw House. The attendance was large, and the exercises of a most interesting character. The annual address, delivered by Dr. Henry M. Wilson, of the class of 1852, was received with marked respect and interrupted by frequent applause. The orator presented his theme in a most happy and skillful effort. The banquet was served in good style, and was patronized in a wholesome spirit and with a physiological appetite. Including the recent graduates, between 250 and 300 of the Alumni were present.

The festivities of the evening cut short the business exercises, so that an adjourned meeting of the Association was held on the 15th, in the Chemical Hall, at which meeting an election of officers was held, with the following result: *President*, Dr. D. I. McKew; *Vice-Presidents*, Drs. John Byrne, of Missouri, I. E. Atkinson, of Baltimore, and Basil Norris, of Washington, D. C.; *Recording Secretary*, Dr. R. H. Thomas; *Asst. Recording Secretary*, Dr. J. W. S. Jordan; *Cor. Secretary*, Dr. Herbert Harlan; *Treasurer*, Dr. G. Lane Taneyhill; *Executive Committee*, Drs. Saml. Theobald, C. H. Jones, T. B. Brune, E. F. Cordell and E. M. Reed.

The Association voted the sum of $25 as a contribution to the Sims Memorial Fund.

COSMOLINE UNCTION IN SCARLET FEVER.—*The Canada Lancet* says: There is scarcely anything so efficient in relieving the burning and itching sensation of the eruption of scarlet fever, as inunction of the body with cosmoline. It is applied by the hand once or twice a day as long as the itching lasts. These inunctions soothe and calm the patient, relieve the itching and favor desquamation. When the itching and burning sensations are allayed the body should then be sponged with a solution of hypo-sulphite of soda, of the strength of half a drachm to the ounce. This removes all the desquamated skin, promotes healthy action, and acts as a disinfectant, thereby lessening the tendency to the spread of the disease.

THE SIXTY-SECOND ANNUAL COMMENCEMENT OF THE NATIONAL MEDICAL COLLEGE of Washington, D. C., was held at Lincoln Hall, March 20th. The degree of M. D. was conferred upon fourteen graduates by the President, J. C. Welling, LL. D. The address to the graduating class was delivered by Prof. William Lee, M. D. Dr. Henry S. T. Harris, of Va., of the graduating class, delivered the valedictory.

KOCH'S FIFTH CHOLERA REPORT.—The Fifth Report of the German Cholera Commission, recently published by Dr. Robert Koch, is an important document. The researches which were undertaken at Calcutta show that the particular bacillus which was fixed upon by the Commission in Egypt as peculiar to cholera has also been met with in all the cholera cases observed in India. This bacillus, the Commission is now of the opinion, possesses distinctive characteristics and can be distinguished from other bacilli found in the intestines by mere examination of the tissues. This fact was obtained by resorting to artificial cultivation. In the bodies of persons who had died of other diseases, pneumonia, dysentery, phthisis, etc., these bacilli could not be found. All attempts to communicate the disease to animals have thus far totally failed though the report states that recent experiments "gave reason to hope for further results."

A METHOD OF RENDERING THE SKIN INSENSIBLE.—M. Jules Guerin read a note at the Académie des Sciences on a method of rendering the skin insensible in those operations which do not admit of chloroform by inhalation, and cited a case in which he had employed it to advantage. A lady, aged sixty, consulted him three months ago for a tumor in the right breast, of eight years standing, which on examination proved to be a scirrhus. The general health was bad, bronchial and cardiac troubles were very manifest, and the kidneys were not in a very satisfactory condition. However, the operation was urgent. Chloroform having been considered dangerous, M. Guerin applied around the tumor a circular layer of Vienna paste, limited by a double band of diachylon. At the end of twenty minutes the caustic was removed, leaving in its trace a black ribbon-like line. The knife was then applied, and the tumor removed without the patient feeling the slightest pain, and she did not seem to be aware of the operation. The results were all that could be desired.—*Medical Press and Circular.*

THE TONER LECTURES.—The tenth lecture of this course was delivered by Dr. C. K. Mills, of Philadelphia, in the Lecture Hall of the National Museum, Washington, D. C., on Wednesday, evening, March 19th, at 8 o'clock. The subject of the lecture was "Premature Disease in Public and Professional Men From Overwork."

Novel Treatment of Asthma.—Dr. R. B. Faulkner, of Alleghany, Pa., (*New York Medical Record*) has remarkable success in the treatment of chronic asthma, by applying tincture of iodine as a counter-irritant along the pneumogastric nerves, from the upper part of the thyroid cartilage to near the upper border of the clavicles. The application is to be continued daily till the surface becomes irritated. Another part of this treatment is the forced inflation of the lungs by means of a Politzer bag filled with common air. At the time of a full inspiration, the nozzle connected with the bag is placed in the mouth, and the contents driven into the lungs so as to dilate the vesicles and put an end to the spasm which is the cause of the difficulty.

To Abort a Stye.—Dr. Fitzpatrick, in the *Lancet*, says he has never seen a single instance in which the stye continued to develop after the following treatment had been used: The lids should be held apart by the thumb and index finger, while the tincture of iodine is painted over the inflamed papilla. The lids should not be allowed to come in contact until the part touched is dry. A few such applications in the twenty-four hours are sufficient.

Medical Items.

The Third German Medical Congress will be held in Berlin, under the presidency of Prof. Frerichs, from April 21st to 24th.=Dr. Didama, the newly elected President of the New York State Medical Association, recently organized in the interest of the "Old Code" party, is accused of having consulted regularly with homœopaths by the *Med. Record*.=Dr. F. M. Gunnell, recently appointed to succeed Dr. Wales as Surgeon General of the Navy, is a native of Washington, and a graduate of Georgetown University, and of the Columbian University, Washington. He stands high as a physician and as an officer, having served in the Medical Corps 35 years, 17 of which were spent at sea.=Dr. Alfred Ludlow Carroll, of New Brighton, N. Y., an accomplished physician and sanitarian, has recently been elected Secretary to the New York State Board of Health to fill the vacancy occasioned by the death of Dr. Elisha Harris. No better selection could have been made.=The Council of the New York Academy of Medicine has reported in favor of publishing a volume of "Transactions," and the report was adopted.=The Spring Course of Lectures at the College of Physicians and Surgeons of Baltimore began on the 17th of March.=An Obstetrical Society has been organized in Buffalo, New York, with a membership limited to twenty.=A movement is on foot to place a bust or other memorial of the late Dr. Hilton Fagge in Guy's Hospital.=At the Commencement of the Medical College of South Carolina, held March 1st, the degree of M.D. was conferred upon twenty candidates, and that of Phar.D. upon three candidates.=Prof. S. D. Gross, of Philadelphia, has been invited by the University of Edinburgh, Scotland, toaccept the Honorary degree of Doctor of Laws from that University at the celebration of the tercentenary of its foundation, which takes place April 17th.=Dr. Alfred L. Elwyn, the author of the first Dictionary of Americanisms, and a remarkable classical scholar, died suddenly in Philadelphia on March 15th.=A mulatto woman, between forty and fifty years of age, living in St. Louis, is said to have an ovarian tumor estimated to weigh 206 pounds. The combined weight of patient and tumor is 306 pounds.=The Medical Schools of St. Louis have recently graduated 157 students.=The University of the City of New York conferred the degree of M.D. upon 169 graduates on the 11th of March.=A valuable and rare work entitled "Speculum Matricis," written by Woolveridge, and published in Dublin in 1670, the property of Dr. Fordyce Barker, has been lost by a man employed to bind it. As it is supposed to be the only copy extant, the profession is requested to look out for the work.=The State Medical Association of Georgia will meet at Macon on April 6th.=The Kentucky State Medical Society will meet at Bowling Green on June 3rd.=The Louisiana State Medical Society will meet at Baton Rouge, May 21st.

Changes in the Medical Corps of the U. S. Navy for the week ending March 15th, 1884:

P. A. Surgeon F. H. Terrill to coast survey steamer Hassler.

P. A. Surgeon R. H. McCarthy from the coast survey steamer Hassler and wait orders.

Changes in the Stations and Duties of the Officers Serving in the Medical Department U. S. Army, from March 11th to March 17th, 1884:

Billings, John S., Major and Surgeon, granted leave of absence for one month, with permission to go beyond sea, to take effect April 1, 1884.

Bache, Dallas, Major and Surgeon, leave of absence still further extended seven days.

Heizmann, Charles L., Captain and Assistant Surgeon, leave of absence extended three months.

Black, Charles S., First Lieutenant and Assistant Surgeon, assigned to duty at Fort Concho, Texas.

Kneedler, Wm L., First Lieutenant and Assistant Surgeon, assigned to temporary duty at Fort A. Lincoln, D. T.

Wales, Philip G., appointed to be Assistant Surgeon with the rank of First Lieutenant, to date from Feb. 7, 1884, vice Brewster, resigned.

Original Papers.

THE BACILLUS TUBERCULOSIS AND THE ETIOLOGY OF TUBERCULOSIS. IS CONSUMPTION CONTAGIOUS?*

SECOND COMMUNICATION.

BY H. F. FORMAD, B.M., M.D.,

Lecturer on Experimental Pathology and Demonstrator of Morbid Anatomy in the University of Pennsylvania; Mütter Lecturer in the College of Physicians of Philadelphia.

(*Continued from page* 711).

(IV.—THE QUESTION OF CONTAGIOUSNESS; CLINICAL ASPECT, *Continued*).

I wish to quote, however, some of the strongest affirmative evidence that exists in favor of the contagiousness of phthisis, in order to show upon what meagre clinical support this view is based.

The following case is related by Dr. C. Spriggs (one of the replies received by the English Collective Investigation Committee).

Miss R, aged 48, a dressmaker, living in rather a lonely cottage, had three apprentices, young girls of from 17 to 19 years, not related, from three adjoining villages, who took turns to remain in the house and sleep with her, each one week at a time. During their apprenticeship Miss R. was taken with phthisis, of which she died. In less than *two* years afterwards all these apprentices died of phthisis, although it is said that in the family history of each no trace of phthisis existed; and the parents, brothers, and sisters of two of them are alive and well at the present time.

Another interesting case is related by Mr. G. F. Black (English Collective Investigation Committee), in which a perfectly healthy child, with a family history free from all trace of tubercle, is reported as becoming infected by a phthisical nurse and having died with profuse hæmoptysis, after the disease had run a rapid course.

Lindemann (*Berl. Kl. Woch., July 25, 1883*) related two cases of tuberculosis said to have followed the rite of infantile circumcision. The operator was himself subject to tuberculosis, and both children became ill and one of them died of tuberculosis.

Another instance is thus given (*Dreschfeld, British Medical Journal, 1883*):

In a small town in Germany, where in the course of nine years only five children had died of acute tubercular meningitis, there happened in the course of nine months eleven deaths from that disease in infants all under six months. All these children were assisted into the world by a midwife who subsequently died of phthisis, and who had been in the habit, when attending a confinement, to breathe into the new-born child's lungs with the view of expanding them.

Lindemann (*Verhand., Innere Medizin, Zweiter Congress, Wiesbaden, 1883*) quotes the following:

A soldier at Strasburg was admitted into the hospital for rheumatism, and his bed was between that of two tuberculous patients. A few months after his discharge from the hospital he began to cough. He returned to his family and was pronounced phthisical by the physician. Gradually the mother, brother and father were affected by the disease. The father was attended by a neighbor, who was attacked and subsequently died, followed also by her husband.

Dr. Bela Cogshall, of Flint, Michigan, in a paper read before the American Public Health Association, 1882, quotes the following case after Dr. H. Weber:

A young man, with a well-established phthisical history, married four times, and lost all four wives of consumption. His first wife died after her third confinement; the second wife after a year of married life; the third wife after her second pregnancy; and the fourth wife after her first confinement. All four women are said to have come from healthy antecedents, and to have been "apparently" and "exceptionally" healthy prior to the time of marriage. Finally the much-married man died himself.

There is hardly any comment necessary. By the side of the arguments and facts advanced in this paper such and similar evidence is entirely unsatisfactory, on account of the complete absence of scientific proof. On account of the isolated character of the cases and the frequency of occurrence of phthisis, there is just as

*Read before the Philadelphia County Medical Society, November 14, 1883.

much reason in inferring a coincidence as a contagium. Furthermore, there is no proof that a family history of scrofula or phthisis or some other causes had been fully eliminated in the cases referred to.

On the other hand, daily observation and statistics show that there are thousands of instances which disprove the hypothesis of the contagiousness of phthisis. In multitudes of married couples where either the wives or the husbands died of phthisis, the surviving parties were known to have remained unaffected by the disease.*

V.—The Bacillus Tuberculosis—Its Natural History, Morphology, Detection, Habitat, Significance, and Diagnostic Value.

I will now speak about the bacillus proper, and will allude here briefly to its natural history, morphology, habitat, significance, detection, and diagnostic value.

The bacillus discovered by Koch, of Berlin, as is well known, is a vegetable organism, and belongs, according to Cohn's classification, to the group of filamentous bacteria (desmo-bacteria), variety bacillus.†

The tubercle bacilli form, according to Koch, a species of bacillus by themselves, and on Koch's authority as a *mycologist*, we can accept this statement as correct until proven otherwise.

The tubercle bacilli present themselves as thin, slender rods, in length varying from one-third to the whole of the diameter of a human red blood-copuscle; in breadth they do not exceed one-fifth to one-tenth of their length. They vary in size in different locations, and, according to observations made by myself conjointly with George Bodamer, my assistant, they vary also greatly in size in different artificial culture-media. In nearly dry soils they appear, as a rule, much smaller than in moist soils. They are blunt at the ends, and frequently contain unstained spores in varying number which give them a beaded appearance that might be (and has been) mistaken for short torula chains of micrococci. The rods are sometimes slightly curved, and they frequently appear in pairs, forming a V-shaped figure; occasionally the rods are seen crossing one another. Often they appear within animal cells in tissues and other matters which they invade, quite isolated and scanty, so that there may be seen only a few bacilli or only one bacillus in a whole miscroscopic field. Sometimes they occur in large, dense masses, particularly so and most commonly within and around cheesy masses in lymph-glands, and in the cheesy fragments met with in the contents of lung-cavities, as Koch himself first pointed out.

It may be of interest to note that tubercle bacilli may considerably multiply in sputum when it stands in a bottle for some time, as first observed by Bodamer in my laboratory. Williams, of the Brompton Hospital for Consumptives, records also that he has seen the bacilli multiply in sputum after standing in a warm room for ten days.

For demonstrative purposes it is well to inspissate tuberculous sputum or to dry it (as I have seen in Koch's laboratory); for examination it is then moistened with water, and it will then show more bacilli than when fresh.

The methods of detecting the bacillus are so well known that I will not consider in this communication the merits of the different dyes employed. Moreover, success does not depend upon the method or

*Since the reading and discussion of this paper, Dr. William H. Webb, of this city, has kindly sent me his monograph, entitled "Is Phthisis Pulmonalis Contagious? Philadelphia, 1878." It preseuts an admirable and full résumé of that part of the literature in which the so-called communicability of phthisis is favored. Dr. Webb ably advocates that phthisis is contagious. The most interesting to me in Dr. Webb's paper is a letter of Professor Alfred Stillé, who, from his clinical observation, extending over nearly fifty years, relates the following:

"I have never seen more than *one case* in which it *appeared* to me that the disease was directly communicated. This was a mother, between fifty and sixty, whose husband many years before had died of consumption. She was herself in excellent, *tough* health, up to the date of her daughter's last illness, which was with chronic phthisis with cavities. A day before her death the daughter's breath was very offensive, and the mother, who was lifting her to change the pillows, inhaled it. She spoke to me of the foul taste and acrid sensation in her throat produced by the inhalation. Within a few weeks she began to cough, fell rapidly into consumption, and died after several months' illness. This is the only case of my own that appears to bear upon the affirmation of the question. On the other hand, *if pulmonary phthisis were often conveyed by contagion, the case ought to be of daily occurrence, since the disease is the most frequent of all mortal diseases.*"

†The statements made by Beneke, Klebs and Schmidt that the bacilli are crystalline bodies have been withdrawn; while views to the effect that "bacilli" are to be identified with blood-fibrin, etc., were at no time taken into serious consideration by microscopists.

the dye, but mainly upon the skill and the accuracy of the dyer.*

As generally known, the principle in staining bacilli rests upon the fact that bacteria absorb and retain aniline dyes more readily than the surrounding animal organic materials do which they inhabit. When sputum dried upon a glass cover, or a section containing them, is well stained, for instance, by aniline violet and then washed in very dilute nitric acid, only the bacilli will retain the dye, while all the rest of the organic material composing the specimen will be decolorized and may readily be stained by some other dye without modifying the violet color of the bacilli.†

A magnifying power of four hundred diameters is nearly always sufficient to detect stained tubercle bacilli. In fact, we found that where we failed to find bacilli with a good one-fifth objective, neither our one-twelfth Zeiss oil immersion lens nor the Abbé's condenser would reveal any when used (as we always do) for control. If the bacilli are very numerous (as sometimes in lymphatic glands) a mass of them may be recognized easily by the naked eye in a well-stained section as a small stained speck.

Occasionally bacilli may also be seen when unstained. Baumgarten* discovered the same tubercle bacillus simultaneously with, and independently of Koch, in unstained caustic potash preparations of tubercle tissues. Koch† also states that tubercle bacilli may readily be seen, especially in artificial tubercles when simply teased in water, or preferably in blood-serum. We have also observed tubercle bacilli, without resorting to staining, in cultures, such as chicken *bouillon*, identifying them subsequently by means of the usual staining process. In stained preparations too much washed in acid, or in specimens ill preserved, a part or all of the tubercle bacilli may also be seen decolorized, though still quite distinctly visible.

Tubercle bacilli are, as a rule, motionless as seen in stained preparations made from the substances they inhabit; but the observations of Bodamer and myself appear to show that the bacilli of Koch may also have an actual (not communicated) motion when for some time cultivated in liquid media. But at the same time it was observed that the development of the cultures was not as extensive in liquid media (*bouillon*) as in a solid medium (coagulated blood-serum). Conversing with Koch on this point last summer, he remarked that this was quite possible, and suggested that perhaps the bacilli in their movable state acquire flagelli or cilia at the ends, although he had not yet made such observation. Koch, quite properly, does not seem to consider that motion is an invariably differentiating feature for bacteria.

In cultures (coagulated blood-serum being the preferable nidus) the tubercle bacilli grow as a dry, scaly, tortuous, whitish gray mass, spreading themselves exclusively on the surface. The growth is very slow, and is favored by a temperature of 30° to 40° C. (86° to 104° F.)

Dr. Koch kindly demonstrated to me a number of specimens of bacilli, and in particular the appearance of these bacteria exhibiting under low amplification the peculiar S-like figure in the growths in masses. Koch seems now to lay more stress upon this low-power appearance and upon the pathogenetic properties of the bacillus tuberculosis as a distinguishing feature from other bacilli than upon the

*To detect bacilli is a very simple matter, although by far not as easy as to prepare a specimen of urine and to find the all-important tube-casts; and yet how many physicians (even those perfectly familiar with miscroscopic technology) will be sure when they discover tube-casts, if they attempt to examine the urine at all?

†The staining fluids for bacilli we more commonly use are those after Ehrlich's formula, slightly modified:

First Stain.—Watery saturated solution of aniline oil, *five parts;* alcoholic saturated solution of aniline violet, *one part;* mix and filter.

Second Stain.—Watery solution of either vesuvin or of Bismarck brown; filtered.

Directions for the Preparation of Sputum and Order of Staining.—Sputum in thin layer smeared upon glass cover and *well* dried; immerse: (a) into first stain for twenty-four hours (rapid staining not being reliable in doubtful cases); (b) into dilute nitric acid (one to five parts of water) for two or three seconds; (c) wash in alcohol; (d) into second stain for two minutes; (e) wash in water and then in alcohol; (f) dry it and mount in Canada balsam or glycerine. Failures to detect bacilli will occur; first, when specimen consists of salivary mucus instead of expectorated material; second, when sputum too thick or too thin smeared upon cover; third, when not enough heated in drying, or when burned; fourth, when too long in acid; fifth, when too much washed; sixth, when bacilli are absent; seventh, when not recognizing them.

For preparations to be kept, and for tissues, the fuchsine dye (as first stain) is preferable, and certain modifications of method necessary.

*Med. Centralblat, 1882, No. 15.

†Med. Berliner Klin, Wochenschr., 1882, No. 15.

color test. During the conversation he admitted that some other bacilli may also yield the same micro-chemical reaction as the tubercle bacilli, but insisted that the latter bacilli cannot be stained brown. The failure of the tubercle bacilli to take the brown stain, he said, was the reason that they cannot be well photographed (blue and red-stained objects not being suitable for photographing). He obligingly explained to me the details of his methods and the determination of the value of cultures. I learned from him that those cultures in which the bacilli had no spores are not capable of propagation, nor are they fit for inoculation of animals.

Klebs, to whom Koch had given some of his cultures of tubercle bacilli, having declared that they also contained micrococci, Koch presumes that Klebs has misinterpreted the granules of the coagulated blood-serum (in which they grew) as micrococci. I can testify that bacilli alone were present in those cultures of Koch which I had the opportunity of examining. This is also true of a bacillus culture in a flat salt-dish obtained from Koch's laboratory by Dr. Shakespeare, of this city; this culture was still perfectly pure (and free from micrococci) when examined by Dr. Shakespeare and myself, three months after the arrival in America.

Concerning my own bacillus cultures which I recommenced last autumn (and which are now more often successful than before I went to Berlin, through the use of the complete outfit of Koch's apparatus, supplied by the University of Pennsylvania), I will report later. But it may be said that, even under the most favorable conditions, to obtain success with the tubercle bacillus culture is at times a difficult task.

Before leaving this part of the subject, I must express that I owe many thanks to the director of the German Imperial Board of Health, Dr. Struck, and to Dr. Koch and his assistants, for the very liberal and kind treatment which they extended to me in their laboratory; also for allowing me to study the whole working of their famous institute, and demonstrating to me their methods of work, the construction of their ingenious apparatus, and permitting me to exercise all the important manipulations in bacteridian studies after Koch's method; and, furthermore, for allowing me to prove that I had succeeded also in staining and recognizing the tubercle bacillus before I went to them.

I cannot blame Koch for not demonstrating to me how to produce genuine induced tuberculosis with his bacillus within eight days, a favor which he extended only to Watson Cheyne;* not because I have not yet the "faith" in the infallible action of the tubercle parasite; but because Koch was then working at the subject himself, and does not consider the task as much finished as his over-zealous followers do. I was moreover informed, while in his laboratory before leaving Berlin, that no one besides himself and his assistants ever worked in the laboratory on the tubercle bacillus beyond staining tissues, sputa, etc., containing it. Besides, the cultivation of the tubercle bacillus takes a longer time than usually is allowed to outsiders who come to be instructed in Koch's laboratory.†

*See "Practitioner," April 1883, page 249.

†I found that the "pilgrims from all nations" who (through influence brought to bear upon the authorities) succeed in being admitted for a while to Koch's laboratory, are instructed principally in the most rudimentary manipulations of mycology; and to most of them the assistants have to first point out what a bacterium looks like. Besides these "pilgrims," the German Government sends regularly young sanitary officers to be instructed in mycology. Of course, this is a very useful matter to the "pilgrims" and to the young sanitary officers, even if only one out of every twenty-five ever devotes himself to mycology; but it is no beneficial matter to Koch and his kind assistants, who, through this constant interruption, are terribly interfered with in their scientific work. In fact, the working of the Imperial Laboratory is sometimes completely delayed in this way, as it was last summer, during the Hygienic Exhibition. Yet the beneficial influence upon sanitary science which this excellent institution exerts is very great.

(*To be Continued.*)

COD-LIVER OIL is recommended by Dr. J. E. Hainline in the *Med. and Surg. Reporter* as a surgical dressing, and claimed to be superior to the olive oil generally used. Carbolic acid may be added if deemed necessary. The purest article to be found in the market should be used.

THE late Dr. Depaul, Professor of Clinical Obstetrics in Paris, who died a short time ago, bequeathed his splendid collection of pathological specimens and obstetrical instruments to the Faculty of Medicine of Paris.

A CURIOUS CASE OF OPIUM ADDICTION.

BY J. B. MATTISON, M. D., BROOKLYN, N. Y.

Measured by the standard of a personal experience devoted to the study and treatment of this neurosis for more than a decade, of all forms of continued opiate-using among the better classes, in any walk of life, that from hypodermic taking is by far the most frequent. Morphia, per ovem, ranks next. Then come the various liquid preparations, and lastly, the crude drug. Among the lower orders, for obvious reasons, the reverse obtains. Probably few country shop-keepers but who include opium among their wares, to answer the demands of some habitués who rely on a daily supply quite as much as for their tea or tobacco. To this class the common term, "opium eaters," is quite correct, but for the former the misnomer is at once apparent. Only one opium eater, strictly speaking, ever consulted us or came under our care. This exception was a most excellent and intelligent literary gentleman whom we had the pleasure of serving after he had been addicted for ten years to gum opium, reaching a maximum of thirty-six grains per diem, and using it after a somewhat peculiar fashion—a bolus of eighteen grains, twice a day, morning and noon; a six hours interval, and then nothing more for eighteen hours. This patient made a very gratifying recovery—dismissed on the twenty-sixth day of his treatment—and has since done himself credit by remaining well, and giving to the literature of the subject an interesting and instructive narrative of his case and cure.

Somewhat rare instances of habitual opium taking per suppository or injection, are sometimes noted. We have never observed them.

The following case is quite unique, and so far as we know, medical annals have not a parallel. If any of our readers are aware of a like instance we shall give them our thanks and full credit if they will kindly furnish us details.

Mr. A., æt. 35, has been subject from boyhood to attacks of headache, sometimes occurring twice a week. After the age of fifteen these attacks decreased in frequency, seemingly due to a more active, outdoor life, but during the next twenty years never averaged less than one a fortnight. His general health was good and he was actively engaged in mercantile life.

In the autumn of 1879, while suffering from a severe attack, a good (?) Samaritan commiserating his discomfort, and learning the cause, suggested and proffered a certain medicine which this party had found quite effective. This remedy was in liquid form, and to be used by *snuffing* five to ten drops, and if no relief resulted in twenty minutes, was to be repeated. Mr. A. gladly availed himself of this offer, and—presto! in a few minutes his headache was a thing of the past. Much elated at securing such rapid relief, and eager to possess himself of so great a boon, he asked the origin of it, and, in reply, was given the prescription number, with name and address of the druggist. Reaching town he lost no time in providing himself with a supply of his newly-found panacea, and for several months, quite unaware of its nature, had recourse to it with every recurring bout of pain.

In the spring of 1880 he began to have varied discomfort, apart from his headache, for which his migraine remedy also gave him relief. His suspicion, it seems, was now aroused, and he consulted the pharmacist as to its make-up, and was informed that it contained morphia, the prescription, in fact, consisting of ten grains of morphia to the ounce of water, of which patient was directed to snuff 5 to 10 drops and repeat in 20 minutes if required.

Even now not fully aware of his danger he continued it a time longer, when, for some supposed malarial trouble, he consulted a physician and apprised him of the situation, who, while uncertain as to whether the opiate thus taken would make itself a necessity, warned him of a possible peril, and advised its discontinuance.

The effort was now made to follow this advice, but with usual result—failure. This attempt at self-cure, both by sudden disuse and gradual decrease, was repeated many times, but never with success; so Mr. A. kept steadily to his morphia, increasing the amount from time to time, until he reached a maximum of one drachm in 4 to 8 ounces of water per nares each day. This was his regular stipend for eighteen months prior to coming under our care. Only once was any change made in the manner of taking. A short trial, per ovem, caused so much gastric discomfort

that the original method was soon resumed. The snuffing was repeated from three to eight times a day, beginning before the morning and ending with the evening meal. The invariable effect of any taken later was severe headache the next morning. All the opiate effect was gotten through the nasal membrame, as special care was taken to prevent swallowing it, and whatever amount returned or passed into the mouth was rejected.

During his addiction he enjoyed a marked immunity from his old-time headache, but this good fortune was not unalloyed, for the ill-effect of the morphia became decided, as shown by impaired eyesight, defective appetite, damaged memory, lessened avoirdupois, lost virile strength and desire, and an alvine torpor so marked that enormous cathartic doses were demanded—to say nothing of the minor discomforts with which every habitué is more or less familiar.

Such was Mr. A's condition on presenting himself for treatment. For various reasons it was deemed judicious to change the form of his opiate taking, so it was given by the mouth, and, after experiment, a morphia supply of 15 to 20 grs. was found sufficient for his daily need.

Another leading indication related to his bowel inertia, and the initial attack in this direction was seven Pil. Cath. Comp. Imp. at bedtime, followed by a morning draught of two bottles of Hathorn water. This secured one moderate movement, and was repeated each evening, changing the laxative water to Hunyadi—of which a much smaller amount proved effective—and reducing the nightly pills, until, in ten or twelve days, they were dispensed with and the Janos relied on.

Special treatment was now begun, morphia gradually lessened, and in eight days the habitual opiate was abandoned. The reflex results were not marked—mild restlessness, debility and insomnia being the most prominent. The former required no baths, the second was lessened by electricity, both currents, cold shower baths and internal tonics, while full doses of fld. ext. Indian hemp sufficed to secure sleep. The stomach was undisturbed, except one slight vomiting, 45 hours after the opiate quitting and the maximum bowel movements were four during one day; usually only two or three actions daily. No astringent was called for. Patient did not lose a single entire night's sleep, and hypnotics were dispensed with in less than ten days. There was anorexia for several days, followed by an appetite so vigorous that indigestion resulted, and diet restraint was demanded. Signs of returning sexual strength were noted in less than a fortnight and power in this regard was regained before the sixth week was ended.

The increase in weight was notable, averaging, for some weeks, nearly a pound a day. This, doubtless, was largely due—apart from the morphia ending—to his nutrient regimé consisting of full feeding, emulsion of cod-liver oil with pepsine and quinine, in half ounce doses thrice daily, to which was added gtt. v of Fowler's solution, and a constant current seance at bedtime. In fine, Mr. A. made a good recovery, truly thankful for his relief, and is now doing well.

This case teaches more than one lesson It gives added proof of opium's ensnaring power, be the manner of its taking what it may. Doubtless this differs, and judging from the testimony of patients, the hypodermic method seems most subtle and swift. But let no one, whatever the form, imagine himself safe, nor flatter that he can control and abandon at command. Not so, as many have found to their sorrow, but before he even suspects his danger the fetters may have been forged beyond breaking. Proving this, we quote from the history given by himself of a young physician, a fine specimen of manly physique and liberal culture, who left us, recovered, during the past year. He records: "Took morphia for the first time by hypodermic injection, for the relief of severe pain following physical injuries, resulting from an accident. The initial amount was ♏ x Magendie's solution. This was continued on each succeeding day at bed-time for the first week. Then for a week or ten days longer the injection was repeated once during the twenty-four hours, to relieve restlessness and a general feeling of discomfort, although the pain resulting from the injury had, for the most part, subsided. During the third week the morphia was continued to procure rest and sleep at night, and to remove irritability and uneasiness during the day, and the amount was increased to ♏. xxx per diem in three doses of ♏. x each. During the fourth

week realized that I was forming, or had already formed, the morphia habit, and twice stopped the use of the drug for twenty-four hours with the intention of breaking away. The results of a cessation were, however, so conspicuous and occasioned so much remark from friends that, in order to maintain my mental and physical balance, I continued to resort to the drug, and increased the amount to gr. iss, per diem, taken in four equal doses, one before each meal, and one at bed time." Comment is uncalled for.

It proves anew the laity's lack of knowledge regarding opium's snare, and the duty of the profession to give those who look to them for guidance on such topics early and earnest instruction that a peril of much moment to many may be averted.

More: it shows the need of such legal enactment as will add to the value of this individual teaching by placing around unprotected patients the safeguard of statutory prohibition forbidding the refilling of any opiate prescription without a positive order from the prescribing physician. Many medical men now have such an injunction printed on their prescriptions. When will all of them observe this precaution, and insist on their pharmacists' compliance? And when will our state Solons prove themselves equal to the demands which the need we have cited imposes?

Santonin in Gleet.—Dr. N. Anderson reported a case (*Lancet*, Nov. 10) suffering with lumbricoid worms, to whom he administered santonin. The patient also had gleet. As the result of the use of this remedy the patient was not only relieved of worms, but cured of his gleet. Dr. A. now recommends santonin for gleet in five grain doses rubbed up with an equal quantity of sugar of milk, to be taken twice a day in milk.

The Virus of Hydrophobia according to the experiments of Pasteur may be communicated to a dog by inoculation with fragments of marrow or nerve taken from a mad dog. This authority states that he has rendered twenty dogs proof against the disease by inoculating them with a modified virus.

The fifty-first annual session of the Medical Society of the State of Tennessee will convene at Chattanooga, Tuesday, April 8th, 1884.

COMPLETE DISLOCATION OF THE ASTRAGALUS FORWARD—REDUCTION.

BY L. MCLANE TIFFANY, M.D.,

Prof. of Surgery, University of Maryland.

H—. M—., aged 47, weighing about 180 pounds, five feet nine inches in height, male, returning home January 13th, sprang from the street to the pavement across the gutter. The ground was covered with ice, and, his foot slipping, he landed with the ball of the right foot upon the edge of the curb—the heel, of course, unsupported. He fell to the ground, striking his right side, was at once aware that his foot had received injury, and so made no attempt to use or even move the injured member. I saw the patient at his home one hour later.

The foot was fixed rigidly midway between flexion and extension, the malleoli seemed nearer the sole of the foot than normal. There was no swelling, and anatomical points were well defined. A large, hard tumor was present upon the dorsum of the foot, which by sight and touch was clearly made out to be the astragalus. The extensor tendons and skin were tightly stretched over it. The bone was dislocated directly forwards the articular surface, for the tibia was subcutaneous; the head and neck could be felt anteriorly while the lateral facets for articulation with the malleoli were plainly to be recognized. Reduction was attempted, without anæsthesia, in view of the recent occurrence of the accident, as follows: One assistant grasped the heel and anterior portion of the injured foot, making strong extension; another steadied the limb at the knee, while I stood to one side of the foot and grasped the malleoli with one hand, while with the other I manipulated the astragalus back to its proper situation. I made pressure from side to side upon the dislocated bone so as to dislodge it, and then pressed directly backwards towards the joint. Extension and manipulation were commenced very gently, so as not to startle the muscles already too tense. Within less than two minutes reduction was effected. The limb, as high as the knee was enveloped in raw cotton and put in a starch and pasteboard splint. A good deal of swelling took place, and discoloration from effused blood extended in patches as high as the knee. A large, dark discoloration appeared behind and below each ankle, the bones being of course intact. Convalescence has continued without drawback. The foot remained in the splint during fourteen days.

At this present time, seven weeks have elapsed since the accident; the foot still continues somewhat swollen. The patient, using a cane, walks about, and is able to attend to the usual affairs of life.

Correspondence.

EDINBURGH, March 6th, 1884.

To Editors of Md. Med. Journal:

The improvement of the condition of the poor in Great Britain is now occasioning an immense deal of talking, attended as usual with little acting. A glance at what one daily sees in Edinburgh may, perhaps, be of interest to some of your readers to compare with what they have at home.

In furtherance of our pursuit we will enter the "Old Town" through the Cowgate, little more than a century ago one of the aristocratic quarters, now given up to denizens of the worst character. Innumerable children crowd the street, all in rags and tatters, barefooted, filthy beyond belief. Great hard-featured, red-faced women, stand on the side-walks gossiping, or quarreling, as may suit their pleasure. Men lounge about. Along the way are pawnbrokers' shops, Cheap Johns, stands for meats, fish and vegetables, their burdens being seemingly unfit for human food. On either side of the street open long "wynds" or "closes," narrow alley-like passages, often only three or four feet wide, seldom more than six or eight, which begin by a low archway beneath the buildings, then pass out between houses six, seven or more stories in height. Even these narrow passages are bridged over at intervals, while in the remaining space, on wash-days, the clothes of the denizens are hung on poles to dry. Semi-darkness reigns at brightest midday in these closes. Enter some of the buildings by the narrow, circular, stone stairway, and on the first landing one sees miserable, dirty rooms, the foulness of whose atmosphere can scarcely be imagined; occupied now by one or two inmates, but at night by six, eight or more. These apartments are destitute of every comfort or even necessity of modern life; a rickety bed with a mass of straw and rags covering it, a few skeletons of chairs, or in the very lowest only a pile of filthy straw and rags in one corner.

Overcrowded as these places are, there are worse elsewhere. Sir Lyon Playfair, in a speech delivered before the House of Commons, on Tuesday last, mentions a district in London which contains 278,000 inhabitants to the square mile.

An idea may be given of what these people consider a home from a story that went the rounds of the newspapers not long since: A woman, husband and half dozen children lived in a room sixteen feet square, all cooking, washing (?) and household arrangements being done therein. She complained that the premises were too roomy for her small family and moved to other and less extensive quarters.

The commoner zymotic affections, measles, scarlatina, are rife in the rookeries; typhus is not so frequent as the amount of filth and crowding would indicate, only a single case having occurred in the last few weeks. Lung diseases are the chief causes of the mortality, in some weeks rising to over fifty per cent. of the total death-rate of Edinburgh, the larger proportion being from these slums.

Our walk now leads us by a narrow cross-street into the Canongate, the main street of the olden city, which has witnessed many a magnificent pageant and more than one bloody fray. Around are tall buildings, oft supported by beams from the ground, the walls dilapidated, the window-panes broken, but against whose glassless frames are pressed the faces of wretched women and girls gazing at the crowd beneath. Brutal looking men stand idly in groups, if I may so express it, seeking what they may devour. Alcohol is stamped on nearly every face, dull bleared eyes, a stupid and brutal expression, with tremor in the older ones, man and woman alike; but whiskey has not all to do with their misery, though it has its full share. More asymmetrical skulls can be seen in one day here than in a month among our native born citizens. It is most frequently a flattening of the cranial arch. I judge that this is mainly produced by the habit the people have of carrying heavy weights upon their heads; daily one meets with men bearing a load of mortar, or even brick on a flat board resting on a ring of rope placed upon the skull. The bakers' apprentices carry their masters' wares around on a heavy board, heaped with the bread, resting upon the cranium in the same manner. Naturally such a habit commenced in youth with the bones still flexible must produce changes in the skull symmetry, and as the trades are followed from father to son for generation after generation, the result is seen in the deformity. One of the

curiosities of the city are the Newhaven fishwives. They carry a large wicker pannier on their backs suspended only by a single band resting against the forehead. When the baskets are loaded with fish the weight must naturally be considerable. How they endure it is beyond comprehension; hour after hour they hawk through the streets, seldom removing the basket for a rest; yet some of them are quite old, and have followed their trade all their lives.

After visiting the rookeries, and seeing how the inhabitants exist, one is forced to agree with Carlisle in that "we are the miracles of miracles, the great inscrutable mystery of God."

H. J. BERKLEY.

Society Reports.

PROCEEDINGS OF THE MEDICAL SOCIETY, DISTRICT OF COLUMBIA.

STATED MEETING HELD FEB. 27TH, 1884.

The Society met with Vice-President DR. W. H. TAYLOR in the Chair, DR. T. E. MCARDLE, Secretary.

Dr. W. H. Taylor read a paper on URETHRAL FEVER and reported cases. Also a case of PROLONGED PRIAPISM.

Mr. President—I call the attention of the society to-night to Urethral Fever. I do not do so because I have any new light to throw on the subject, but with the hope that those members of the Society that have had experience in treating this rather peculiar disorder, will give us the benefit of that experience. I have not been able to find anything very satisfactory about this disease, and, in fact, there does not seem to have been a great deal written on the subject, although the occurence of this fever is often a troublesome and embarrasing complication in many affections of the urino-genital organs. The cases mostly spoken of are exceptionally severe cases which have generally terminated fatally. Indeed in many instances death takes place in so short a time after the first symptoms of disorder that they can hardly be considered as cases of urethral fever. Any injury or irritation of the urethra may result in urethral fever of greater or less intensity. I am speaking of urethral fever in male subjects, for I believe females do not suffer in like manner to males from a similar degree of injury or irritation to the urethra. Some individuals seem to be particularly obnoxious to urethral fever, very slight irritation of the urethra producing the most serious symptoms of constitutional disturbance. Some will show very great susceptibility to the disease at one time and not at another: for instance, the passage of a catheter may cause rigors and high fever and general disturbance the first time it is passed, and not cause any unpleasant symptom at any subsequent time of its use; or, it may cause but slight disturbance at first, but after frequent use, or after being kept in the urethra for some time, cause very great irritation and fever.

There has, I believe, been some discussion as to the cause of urethral fever, and as to the peculiar pathological condition that results in death so speedily in some cases. It would seem to me that in those individuals that manifest such great sensibility to any urethral disturbance there must be some defect or some abnormal condition of the nervous centres that would render them liable to succumb to any considerable nervous injury or shock. That is, that the external shock or peripheral irritation of certain nerves would, though seemingly slight, produce a most profound impression and change at the nerve centres. For instance, when a catheter is passed without any difficulty, and the patient is taken with a chill, followed by high fever, delirium, etc., going on from bad to worse, and dying in a day or two, it seems hardly proper to set down such a case as urethro catarrhal fever, or as a case of poisoning from some septic matter on the catheter. The damage is done too quickly to be attributed to either blood-poisoning or pyæmia. I would rather call it nerve-poisoning, if I may be allowed to coin a word.

I will now mention one or two cases of urethral fever that have come under my observation.

The first case occurred in a man about sixty years of age. He was a strong, healthy man, with a good constitution. He had enlarged prostate, and had caught cold by sitting on the damp ground, and had retention of urine. I passed a catheter without any more difficulty than I could reasonably expect in such a case, but he complained greatly of the operation. It was necessary to pass the catheter every day for a long time. About the third day

after commencing the use of the catheter, fever set in and he was confined to his bed; the temperature ran up, and there was delirium, especially at night. The fever continued and the symptoms were bad for several days. The right testicle became inflamed and an abscess formed in it, which discharged a large amount of pus when opened. The fever gradually abated and the abscess slowly healed, and the patient got well. As I have stated, the catheter had to be passed for a considerable time, but the urethra became tolerant of its introduction, and no unpleasant consequences attended its continued use. This case presented at one time somewhat the appearance of a case of pyæmia.

Case II.—A negro man, aged forty-five, a married man, sent for me on account of a persistent and painful erection of the penis. I found him confined to his bed, with high fever, rapid pulse, and apparently suffering considerably. It gave him pain to attempt to depress or bend the penis, and there was tenderness along the urethra. He denied ever having had venereal disease, but said there had been a slight discharge from the penis two or three days before I saw him. I do not think it could have been a purulent discharge from what he said, and from the appearance of the penis. He did not complain of pain when he passed water. There was a dull aching pain in the penis all the time. He thought that he had been drugged at a picnic that he had attended a day or two before he was taken sick. This case turned out to be one of the most troublesome and obstinate cases to do anything with that I ever attended. I tried everything I could think of to relieve this turgid condition of the penis. Finally, a light mercurial course, followed by iodide of potash, gave such relief that he was able to get up and go about his business. I attended him for seven weeks altogether, and then he left the neighborhood.

About the time I was attending this case, a Hospital Steward in the Army told me he saw an officer take one drachm of the tincture of cantharides, and that it caused an irritation of the neck of the bladder and urethra, and an erection of the penis that lasted for several days, but otherwise there were no ill effects from the dose.

Case III of urethral fever occurred in a man thirty years old who was suffering from gonorrhœa. I gave him an injection of sulphate of zinc. He was very anxious to get well in the shortest possible time, and, above all things, did not want his family and friends to know that he was sick. The zinc put him in bed for several days and let every one around him know that he was uncommonly unwell. I relieved the unpleasant symptoms in this case with urethral suppositories containing five grains each of iodoform.

After writing out the notes on the above case I received the September number of the *London Lancet*, in which I saw that Sir Andrew Clark, President of the Clinical Society of London, had called the attention of the surgical members of the society to what he called catheter fever, and he related a case which in some respects resembled the first case that I have here mentioned. Sir Andrew says that such cases generally prove fatal. I do not think the term "catheter fever" well chosen to designate such cases, for the disease is not caused by the passing of a catheter, nor is the fatal termination to be attributed to that operation.

I am at this time attending a man with perineal abscess who has a very sensitive or irritable urethra, whether caused by the abscess opening into the urethra or not, I can not say. I passed a catheter some days ago down to the abscess. I did so with much difficulty; the urethra appearing to grasp the instrument. The patient has had severe rigors almost every day since, the rigors usually coming at night after passing urine. Two days ago I saw him in a chill that shook him up severely. This was in the afternoon, and the chill came on when he was taking a nap. I have not passed the catheter but once since the first time, and that was since this last chill. The urethra was more irritable than at the first time. I have repeatedly taken the temperature in this case, but it has always been normal, or only slightly above normal since the abscess was emptied. The abscess is healing and there is no retention of pus that I can discover, therefore, I have concluded that the rigors must come from urethral irritation or slight urethral fever.

Dr. King said it would be interesting to know if large tubes, such as were used in Bigelow's operation, cause urethral fever as often as smaller instruments. He remembered no case of this fever reported as having occurred in women though the finger has often been introduced into the bladder.

Dr. Ford Thompson had extensive experience in urethral fever. Dr. Taylor, he thought, had not made a correct diagnosis in some of his cases. In the first case the abscess would account for the fever, and the second did not present the symptoms of urethral chill. The last was, perhaps, the only case of urethral fever. Dr. Thompson had been unfortunate enough several years ago to lose a patient from this disease. The man had been pre-

viously treated for stricture, and upon his admission to the hospital the speaker had introduced a small French catheter for the purpose of diagnosis. The instrument had not passed through the stricture, but merely located it. Six or seven hours afterwards the man had a violent chill and died the next morning. At the autopsy disease of the kidneys and liver was discovered. The liver broke down as a clot of blood. There was no doubt that both organs had been diseased for some time previous. There are a number of similar cases on record. He did not believe the disease to be necessarily fatal, for many men recover from urethral chills. Indeed, otherwise, it would be extremely hazardous ever to pass an instrument into a man's urethra. Three or four weeks ago he performed lithotomy on an old man. There was no difficulty and after the patient recovered from the anæsthetic, he expressed himself as certain of getting well. Four hours afterwards he had a severe chill, his temperature ran up to 105° F.; suffusion occurred in the brain from high arterial tension; the man remained in a state of semi-coma for several days and then died. In Bigelow's operation chill frequently occurs. A few weeks ago Dr. Thompson was called to see an old man suffering from retention of urine on account of a stricture. He introduced a filiform bougie, but could not get in the smallest tunneled instrument, and thought he would be compelled to puncture. The bougie was left in, however, and the man's bladder was finally relieved by the water's passing along the side of the instrument. Dr. Thompson then proceeded to treat the stricture by rapid dilatation. About 4 o'clock in the afternoon of the seventh or eighth day, the instrument, fortunately not having been left in the urethra, the patient got out of bed and passed his water, whereupon he was seized with a violent chill. No further attempt at treatment was made for several days. Dr. Thompson believed urethral fever to be more common in this country than in any other. In Europe he had seen the urethra treated by the hour without any anæsthetic and the patient suffered no ill effects. Here it is customary before or after operating to give the patient a large dose of quinine, a suppository of opium or a hypodermic of morphia.

Very little light has been thrown on the pathology of this disease despite the fact that so much has been written and said about it. These chills are nothing more than what is known as nervous chills. There is neither lesion nor absorption. These chills may be explained something after the manner in which we seek to explain gonorrhœal rheumatism. Many cases of urethral fever die too soon for the cause to be attributed to pyæmia; though doubtless that disease may sometimes ensue after the introduction of instruments. In the autopsy of the fatal cases there is generally found organic disease of the kidneys. Even when there is no symptom of kidney disease, suppression of urine may result in uraemic poisoning, coma, death. It is possible for conditions of pyæmia to result without a urethral chill. A few weeks ago he saw a man who had fallen astride a carriage wheel and ruptured the urethra. Dr. Thompson washed out the bladder and left the instrument in. A week afterwards he should have opened the pouch in the perineum, and, indeed, intended to do so the next day, but a violent chill supervened and the patient died of pyæmia. This case was another proof to him that although you might be able to introduce an instrument into the bladder, the perineum, nevertheless, should be widely opened. Whenever we intend to perform an operation of any magnitude in the genito-urinary region, the urine should always be examined. The treatment of urethral chill is mainly preventive.

Dr. Taylor said Dr. Thompson had relieved his mind, for he was suspicious of having caused the trouble which Dr. Thompson says was not urethral fever. In the second case, where the erection of the penis lasted for seven weeks, he did not know what technical name to apply. In the last case, if there is any virtue in pus, the man should have had pyæmia.

Dr. Thompson said in reference to the dilatation of the female urethra spoken of by Dr. King, he had never seen any trouble follow. He had often introduced his finger, but once he dilated far enough to introduce both thumbs. He did so for the purpose of removing a calculus which had formed around a crochet needle in a woman's bladder. She had incontinence for three or four months, but afterwards got perfectly well.

In answer to several questions by Dr. Schæffer relative to the recent case of lithotomy, Dr. Thompson said he would report the case in full in the near future.

Dr. Schæffer asked if urethral fever might not be due to rapid absorption of septic material by the delicate mucous membrane of the urethra. There is an analogous case of rapidity in the dissection wound. He could scarcely conceive of a nervous chill so quickly carrying off an otherwise healthy man.

Dr. Taylor took exception to calling these cases attacks of urethral fever when the patients would have died anyway of existing organic disease.

Dr. King had read the articles of Sir Andrew Clark, and if he remembered correctly,

that gentleman divided his cases into various classes according to their phenomena. Extensive dilatation of the female urethra has been practised for the removal of calculi. The act of sexual coition has been performed by habitually introducing the penis into the woman's urethra. The pregnancy of one such case was explained by the presence of a utero-vesical fistula.

On motion, the discussion was closed and the Society adjourned.

BALTIMORE MEDICAL ASSOCIATION.

STATED MEETING HELD MARCH 10TH, 1884.

The Association met at the usual hour, the President, Dr. E. G. WATERS, in the chair.

The *Committee of Honor* reported favorably on the name of Dr. H. H. Biedler, who was then elected to membership.

Dr. Richard Gundry, Spring Grove Asylum, was proposed for membership by Dr. Conrad, and *Dr. Henry B. Chabot*, 218 Linden Av., by Dr. Taneyhill.

SUICIDE OF A PATIENT SUFFERING WITH MELANCHOLY.—*Dr. Conrad* reported a case of suicide in a clergyman, who was an inmate of Matley Hill Sanitarium. An Episcopal clergyman had been brought to the hospital about two weeks before by his wife. He had had two former attacks of melancholy, and admitted that he had contemplated suicide. This caused Dr. C. to adopt severe caution. The patient was watched continually. An attendant slept in his room. Owing to his sleeplessness, however, the attendant refused to stay with him at night. A morning or two after he was found dead, having hung himself to his bedpost with his own cravat during the preceding night. The news of the event was kept from all but two attendants. A night or two later, a patient in an opposite room cut his throat on both sides with a penknife. He bled to the extent of about a pint, or pint and a half, but is now recovering. Dr. Conrad then spoke of the tendency of cases to occur together. Also of the methods of suicide in the two cases, women selecting poison and rarely a violent mode, whilst the reverse holds true of the opposite sex. He also alluded to the fear of going too far often exhibited by the insane. The amount of despair, of fear, often determining the amount of violence. He spoke of suicide as an intellectual act, and an intensely selfish one—the object being to secure an individual boon or avoid a personal evil.

Dr. Williams was, for thirty years, personally acquainted with the Rev. gentleman whose case Dr. Conrad had detailed. He suffered from melancholy. Once (in 1859) he imagined he had committed the unpardonable sin. Had always regarded him as a typical case. Also referred to a recent case in a gentleman connected with our Diplomatic Service, in whom the slightest cause produced the mental depression. First, the death of his wife, then that of his daughter, and, finally, the recall from his foreign mission had occurred and led him to take his life. Thought Dr. Conrad's ideas of the intense selfishness of the suicide correct; he has no regard for others, but commits the deed to get rid of the burden which oppresses him.

Dr. Steuart said the melancholic has rational powers, and when his mind is diverted exhibits his usual intelligence. He referred to a case where such a patient declared that he was afraid to be alone, lest he might take his life. Shortly after he left the hospital, and in three days died by his own hand Also referred to the case of a very beautiful and accomplished young lady, æt. 22, who, whilst visiting Baltimore, was missed one night. After two or three days' search she was found in an alley where she had been living with a colored woman. She was insane, and was taken to an asylum. When in society, she got along very well; her mind cleared up and she sang. One day during the temporary absence of her attendant she hung herself with a blue ribbon. Insane maniacs, on the other hand, do not kill themselves, but others.

Dr. Arnold did not agree in the views of selfishness Life is the most valued thing man possesses. Delusions drive the victim on, whilst his intellect restrains. The former act so as to make life intolerable. Suicide was popular among the Romans, and the case of Cato was cited to show that they associated heroism with it. We cannot lay down rules on this subject that are invariable.

Dr. Tanyhill said depression of spirits is at the bottom of most suicides. A humid atmosphere and alcohol are great causes of this depression.

Dr. Ashby spoke of several cases that occurred in rapid succession at the Baltimore Infirmary in proof of the tendency to occur in groups. One was that of an old sailor in the last stages of heart disease. He severed his windpipe and not the arteries. He died forty-eight hours after the act, having confessed that he did it to escape the short period of suffering which remained to him in the natural order of events. This patient appeared to be perfectly sane and had no evidences of melancholy.

Dr. Conrad (in allusion to Dr. Arnold's remarks) said delusions were not always at the bottom of suicide, and referred to a lady whose life he had twice saved, who, though pious and believing in a hereafter, says she cannot restrain herself from these attempts.

The belief in a future is not inhibitory to the extent which has been mentioned.

RHEUMATIC ENDOCARDITIS.—*Dr. John Neff* read a paper upon this subject, the regular subject of discussion for the evening, and related several interesting cases from his practice.

Dr. King referred to a post-mortem in a man æt. 28, the subject of two severe attacks of acute rheumatism, the heart disease dating from the first, which had occurred five years previously, in which the heart with a small piece of lung attached weighed 53 oz., avoirdupois, corresponding prob. to 45 to 46 oz. Troy, for the heart alone. In this case there was aortic regurgitation.

Dr. Chambers said this was the largest heart he had seen, being nine inches in length, six across, and the left ventricular wall 1½ inches thick. The organ was dilated, the papillary muscles enlarged. There was slight calcareous change in the aorta; the aortic valve was also involved, there being apparently some stenosis and the margins not coapting perfectly; at the base of one of its flaps there was an opening large enough to admit a lead pencil. The mitral valve was defective, one of its flaps being much contracted. The left coronary artery was almost entirely occluded by calcareous deposits.

Dr. Arnold said no treatment known will prevent heart complications in rheumatism. These compln's the rule in childhood; had never attended a child under 12 without them. Spoke of small doses of silicylate of sodium in rheumatism as being ridiculous. Gives as much as the stomach will bear, viz.: 3ss, every two hours, on the principle of shortening duration, and thus lessening the complications.

Dr. Williams said any remedy which cuts short acute rheumatism will prevent cardiac complications. There can be no question that we have such a remedy in the salicylates. Whereas formerly the disease lasted three to six weeks, now often sees it aborted in one week. Agrees in regard to the uselessness of small doses; they but trifle with the disease. Enough should be given to reduce the temperature and pulse. The sal. sodii is efficacious in the disease in proportion to the elevation of temperature.

In answer to Dr. Hill, *Dr. Arnold* said that he found the large doses to produce depression of heart, and sometimes used stimulants to obviate this.

Dr. Ashby said two hearts had been exhibited in New York, one of which weighed 55, the other 57, ounces, but the subject from which the first was obtained was 6 feet 5 inches high.

The discussion was then closed.

Editorial.

MEDICAL SERVICE ON SHIPS.—For several years past Dr. J. A. Irwin, of England, has agitated with much persistency the question of reform of the "Medical Service on Ships." Dr. Irwin after a large sea experience has been able to collect numerous facts bearing upon this question. He has revealed a condition of affairs which calls for immediate reform.

Referring to the indignities placed upon medical men employed as ship surgeons, he says: "In the latest addition to a splendid fleet carrying annually its thousands upon thousands, and patronized even by royalty, the surgeon's room measures five feet eleven inches by five feet three inches, is without any window or port hole, and is situated below in a narrow thwart-ship passage, the door being opposite to and within thirty inches of the door of the passengers' water-closets. Everything else on this vessel is magnificent to a degree. The saloon, to seat about 200, is gorgeous and in perfect taste; the steerages, for about 2,000, exceed the requirements of the law; the captain is allotted two fine rooms, in one of which alone probably twenty persons could sit with comfort; yet for the surgeon who has sole charge of the health of these persons, and on whose skill any one of them may depend for his life, this wretched hole, absolutely useless for any other purpose except a clothes'-press, or, perhaps, another water-closet, is deemed sufficiently good."

Referring to the compensation for services rendered by these ship surgeons, Dr. Irwin says: "On this same line the surgeon is paid £9 for each month that he has conducted himself to the satisfaction of those placed over him; but he is obliged to sign the 'articles,' or contract between employer and employed at the rate of one shilling per month, which is, therefore, all that he can legally claim, while the remaining £8 19*s.* is held over his head as a security for his good behaviour. This principle is applied to no other member of the crew except the surgeon, unmistakably implying that his employers regard him as the most untrustworthy and probably ill-conducted man on board ship." "Indeed, as I have already stated," says Dr. Irwin, "the surgeon on board ship is commonly remunerated at about the same rate as the steward, cook and carpenter."

Hence it follows that "the conditions of the ship surgeon's position are so very unfavorable, that suitable men can seldom be retained for any considerable time; and those sent out in medical charge of crowded passenger ships are frequently either too young and inexperienced for the responsility placed upon them, or men whose want of health or defective char-

acter would preclude them from other positions of medical trust."

"Dependent upon these causes," says Dr. Irwin, "there is among passengers a much larger amount of sickness, and a far higher mortality, than is justified by the necessity of transit."

On the matter of the statistics of mortality, Dr. Irwin regards them as incomplete and untrustworty. The English statistics published in 1882 show that of the thirteen principal English lines to this country, the mortality in 1881 in one or two of the inferior lines reached one in every 509 of those embarking. This unsatisfactory medical service presents a serious danger not only concerning individual illness of the passengers, but concerning the general health of the communities to which the passengers and immigrants are bound.

Dr. Irwin affirms that until this service is thoroughly reformed and rendered independent, the existing regulations of American ports are entirely inefficient to protect the country against the importation and spread of disease.

The only remedy for this evil suggested by Dr. Irwin is to force the matter upon the attention of the governments of Great Britain and of the United States, "with the view of having the surgeons of all ships carrying any considerable number of passengers, independent and dependable government officials." The ship-owner is not interested in the merits of the ship surgeon. His sole object is to secure a medical service at the lowest price at which it can be obtained. Hence it must follow that, as a rule, only medical adventurers or inexperienced men will accept such positions and undergo the indignities which have been described by Dr. Irwin.

Public no less than professional interests should protest against this condition of affairs. As physicians we are all interested in maintaining a proper respect and consideration for medical men in whatever service employed; as citizens we should resist this constant and growing greed upon the part of all transporting corporations to disregard the safety and lives of passengers and employees. We are pleased to notice that Mr. Joseph Chamberlain, President of the English Board of Trade, will shortly introduce in the English Parliament a measure for the improvement of the medical service in all British vessels. We shall be glad to see our own government take steps in a similar direction. A reform is urgently needed, and the profession is deeply interested in securing this reform. Any custom which degrades any branch of medical service must effect the entire service. The body as a whole must sympathize to a greater or less extent with its diseased member. We cannot protest too loudly against the purely moneyed estimate of the value of medical service and against that sentiment which would rate medical skill on a purely mechanical basis.

Prince Ludwig Ferdinand of Bavaria so well known for his scientific acquisitions, has recently been presented with the diploma of Doctor of Medicine, *honoris causa*, by the medical Faculty of the Bavarian University, on his presenting to the Faculty a copy of his recently completed work on the comparative anatomy of the tongue. The Prince in reply to the honor conferred upon him stated that he felt an unbounded love for science, and expressed the hope that he might show by future work that he was worthy of this honor. Prince Ludwig has presented a worthy example to men of large wealth, and to those of aristocratic position by his earnest and pure devotion to scientific work. It is just these men who are so well able to pursue science, pure and simple, and to conduct researches requiring the investment of time and money; yet it is to be regretted that the walks of science are less inviting to this class of men than the chase, the club and social gaiety. Among the many princes there are few like Ludwig.

Dr. Lunsford P. Yandell, of Louisville, Ky., whose death was announced in a previous issue of this Journal, was a son of the late Dr. Lunsford P. Yandell, Sr., who occupied for many years a position of great prominence as a practitioner in the West. He was a younger brother of Dr. D. W. Yandell, a distinguished surgeon, teacher and writer now living in Louisville. The deceased was born in June, 1837, in Tennessee. He was educated in the class with Drs. S. W. Gross and Austin Flint, Jr., and having received a superior training at once rose to a position of great prominence and usefulness. He occupied a chair in the Univ. of Louisville and ably edited the *Louisville Med. News*. He was a man of broad culture and high attainments, and an ornament to his profession. His loss will be keenly felt by the profession at large as it has been grievously borne by his colleagues in the West. No man in the West had better prospects of a large and extended reputation than Dr. Yandell. His sudden death should be deeply regretted.

Dr. Fordyce Barker, and Dr. J. S. Billings, U. S. A., have been invited to accept the Honorary Degree of LL.D. by the University of Edinburgh on the occasion of the celebration of its Tencentenary Anniversity.

Reviews, Books and Pamphlets.

Medical Annals of Baltimore from 1608 to 1880, Including Events, Men and Literature to which is Added a Subject Index and Record of Public Services. By JOHN R. QUINAN, M. D., Member of Medical and Chirurgical Faculty of Maryland. Prepared at the Request of the Medical and Chirurgical Faculty of Maryland as a Memorial Volume in Honor of the Sesqui-Centennial of Baltimore, October, 1880. Press of Isaac Friedenwald. 1884. 8vo. Pp. 275.

For three and a half years the indefatigable author of this work has been engaged in his researches. He has ransacked libraries, both public and private, has consulted legal documents and wills, has laid under contribution the memories of the old and the active co-operation of those who are still able to speak for themselves, and has carried on a continual and extensive correspondence. In whatever way he could glean any information on his subject he has sought to do it, and that without regard to sacrifice of money, convenience or time. The result is a collection of material which, had not some one of Dr. Quinan's peculiar tastes and qualifications been available, would have been lost to the profession and community.

The volume opens with a short preface followed by a "chronology," which alludes briefly to all the medical events of interest connected with Baltimore since June, 1608, when "Wm. Russell, 'Doctor of Physicke,' and Anthony Bagnall, 'Chirurgeon,' accompany Captain John Smith in his Exploration of the Chesapeake and his discovery of the Patapsco (Balus) river." Next follows a *literary* biography of of physicians arranged alphabetically with a subject index. The remainder of the volume is occupied with an enumeration of the military, civil and medical services of Baltimore physicians, viz: Federal, Confederate, City, and State, army and navy, hospital, dispensary, and vaccine. It is both gratifying and encouraging to learn by the enumeration at pages 49 to 51 that Baltimore has not been behindhand in her contributions to professional progress and advancement, but that, on the contrary, her work will compare favorably with that of any other American city whatsoever.

As the reader may readily infer, some errors and omissions are to be found, for these are scarcely to be avoided in a work such as this, abounding in figures, names and titles. It is, however, but justice to the author to say that he is not responsible in every such case, since he made extraordinary efforts to secure correct data.

A very excellent lithograph portrait of the author occupies the front of the book.

It is to be hoped that sufficient interest will be excited in the subject to demand a revision next year, which will permit the introduction of much omitted matter, the correction of errors and the taking in of the quinquennial period from 1880 to 1885.

The typographical execution of the book is all that could be desired.

It may be added that the book can be procured by anyone who desires it by enclosing to the Librarian of the Medical and Chirurgical Faculty of Maryland, 122 W. Fayette St., $1. A few copies have been bound in cloth and are sold for $1.25.

The Medical Directory of Phila. for 1884. Edited by SAMUEL B. HOPPIN, M. D. Phila: P. Blakiston, Son & Co. 1884. Pp. 205. *A Year-Book of Surgery for 1883.* Edited by CHARLES H. KNIGHT, M. D. G. P. Putnam's Sons. New York City: 1884. Pp. 197. Price $1.50.=*A Year-Book of Therapeutics for 1883.* Edited by R. W. AMIDON. G. P. Putnam's Sons. New York: 1884. Pp. 250. Price $1.50.=*Illustrations of the Influence of the Mind Upon the Body in Health and Disease, Designed to Elucidate the Action of the Imagination.* By DANIEL HACK TUKE, M. D., F. R. C. P., L.L.D. Second American from the Second English Edition. Henry C. Lea's Son & Co. Philadelphia: 1884. Pp. 467.=*Hygienic Institutes: The Utility of Their Work or Investigations, and the Need of it in this Country.* By PROF. GEO. A. SMYTH, Ph. D. Burlington, Vt. Reprint. Pp. 27.=*Transactions of the Medical Association of the State of Missouri at its Twenty-Sixth Annual Session, held at Jefferson City, May 15th, 16th and 17th, 1884.* St. Louis: E. E. Carreras, Printer. Pp. 262.

Miscellany.

PULSATILLA IN ACUTE EPIDIDYMITIS.—Dr. L. E. Borcheim, of Atlanta, Ga., in the *Jour. of Cut. and Vener. Diseases* for April, says: "Numerous disappointments in the treatment of this disagreeable and painful affection by the usual methods and the perusal of a few brief articles published in the journals at various times by Piffard, Sturgis and Fox, of New York, have lead me to employ experimentally the tincture of pulsatilla, and I am pleased to state, to my complete satisfaction, as in using this drug I found that not only was the relief its administration afforded more prompt than by the former methods employed by me (ca-

thartics, poultices, rest, etc.), but that it completely did away with one of the most objectionable features of that treatment, namely, rest in bed.

The cases upon which I base these few remarks are twenty-four in number, all of which have been treated within the past eighteen months, and they were all in the acute stage of the disease; hence I think I can safely draw correct conclusions.

During my hospital service in New York, I had ample opportunities for practically testing the value of the treatment of acute epididymitis as advised by Prof. Bumstead (Bumstead and Taylor, Ven. Dis., 4th Edit., p. 145 et seq.), and arrived at the conclusion that the only source of benefit was the fact that rest in recumbent posture was strictly enjoined. Now, the class of men who are liable to this disease are principally young men who prefer to suffer almost anything rather than have their troubles known, and it is with the greatest difficulty that they can be induced to go to bed Now, here I think we have a remedy which does not require so exacting a discipline, as I never found in all my cases any necessity for complete rest in bed, the only reqirement being the wearing of a suspensory bandage, and taking of the medicine. The relief from pain usually takes place within three days. The preparation employed by me is the tincture of pulsatilla manufactured by Boericke and Tafel, of New York, the dose being two drops every two hours. No benefit is derived from the use of larger doses at longer intervals."

Life at Sea Medically Considered.—Dr. A. Hughes Bennett, of London, contributes to the *Med. Times and Gazette* (Feb. 23rd.) a very instructive paper on this subject. After discussing at some length the questions: *Is a life on board ship a healthy one? Is a life on board ship suitable for invalids?* Dr. Bennett sums up with the following proposition: "I believe that persons suffering from overwork, temporary ailments, and functional diseases, as well as convalescents, may derive benefit from a short trip to sea, in a good climate, and at a seasonable time of the year. But I am strongly of opinion that invalids, properly so called, afflicted with organic disease, are in the great majority of cases, rather injured than improved by a life on board ship, and that the physician should be very careful in recommending his patient to encounter the hardships of the sea."

A Contribution to the Therapeutics of Kairin.—In a paper with the above title Dr. Jas. K. Cook (*Med. News*, March 22nd.) reviews the history of Kairin and the investigations which have been conducted in determining its therapeutic value as an antipyretic. Dr. Cook also reports a case of simple intermittent fever of the tertian type in which the action of Kairin as an *antiperiodic* is successfully shown. In a case of typhoid fever, and in a case of acute tuberculosis, with a temperature of 105 degrees, the drug was given with the effect of reducing the fever from three to four degrees. In reviewing the investigations so far made with Kairin, Dr. Cook is led to the following conclusions:

1. It is a decided febrifuge, rapid, though somewhat fugacious in its action.

2. It diminishes the frequency of the heart's action to some extent, though the pulse rate does not fall *pari passu* with the temperature.

3. The symptoms of collapse, cyanosis, cold extremities, etc., may be entirely, or in a large degree, avoided by close attention and the proper use of stimulants.

4. It is a tolerably constant diaphoretic.

5. Its action in intermittents, though not fully tested, warrants the belief that it possesses valuable antiperiodic properties, and as such should be carefully investigated.

6. Though Kairin itself may not be found to possess all the properties of the alkaloid quinia, enough has been learned of its action to justify the hope that a perfect substitute may yet be found, and to inspire us with renewed confidence in the resources of organic chemistry.

Gangrene of the Abdominal Integument following Puerperal Parametritis.—Dr. M. Thiede, of Lübeck, of the *Zeitschrift fuer Geburtshulfe und Gynakologie*. He has not been able to find any previous description of this complication. The first patient, aged 27, delivered of her second child, went on well for eight days. Then she began to have abdominal pain and headache, with sleeplessness and febrile symptoms, and the lochia which were purulent became again sanguineous. The hæmorrhage from the uterus continuing, in spite of general treatment, on the 17th day of the lying-in, the interior of the uterus was explored under anæsthesia, some outgrowths from the placental site removed, and the cavity washed out with a carbolic acid solution. From the second day after this treatment the bleeding completely ceased; but febrile symptoms continued, and a firm parametric infiltration developed around the cervix. Signs of cystitis then appeared, and to this was soon added a tender swelling of the integuments on each side along Poupart's liagment. This continued to spread till it reached within three fingers' breadth of the navel. The swelling was at first hard, then

became soft and boggy. On the 23rd day after the operation vesication appeared, then subcutaneous abscesses, and finally the skin slooghed in one piece, leaving a granulating surface reaching from one iliac spine to the other, and to the height already mentioned. Aided by skin grafting, this healed up, and the patient did well. The second patient was aged 25, and had had three children and one miscarriage. A second miscarriage at the third month occurred; and for three days after this the patient went on well. Then came profuse hæmorrhage; and a piece of placenta projecting from the os was removed. This did not stop the bleeding, and, therefore, under chloroform, the uterus was explored, the remainder of the placenta removed, and the cavity washed out with carbolic acid. Next day a rigor occurred, and on the 6th day an exudation was to be recognized in the right parametrium, which soon extended behind and to the left of the uterus, and slight cystitis came on. On the twentieth day after the removal of the placenta, fresh symptoms appeared, severe pain was felt in the lower abdomen, and there was redness, swelling, and tenderness of the skin over the symphysis. In the left inguinal region were inflamed lymphatic vessels. The inflammation spread; vesication, and then gangrene of the skin took place, an ulcer being left measuring about 13 centimetres by 6. There was also suppuration of inguinal glands on both sides. The patient recovered after an illness of about 13 weeks' duration. Dr. Thiede attributes the gangrenous inflammation to septic infection, the skin being predisposed to slough by the pressure and bruising of it necessarily involved in bimanual manipulation of the uterus. We may also mention, points to which Dr. Thiede does not attach much importance, that the patients had been treated, prior to the gangrene, with mercurial inunction, and the application of ice to the hypogastrium. The ice, he says, gave great relief to the pain of the parametritis, so much that when it was removed the patient clamoured for its replacement.—*London Med. Times.*

On the Alleged Transformation of Brucine into Strychine.—Sonnenschein announced in 1875 that when brucine is gently heated with dilute nitric acid, carbonic acid gas escapes, while the solution contains a yellowish resin and styrchinine, which may be extracted by saturating with potash and treating with ether. M. Hanriot has endeavored to verify the existence of strychine among the products of the reaction, but in operating, however, in precisely the same manner described by Sonnenschein, but with purified brucine, he has not been able to discover the slightest trace of strychnine, the qualitative reaction of which is, as is well known, extremely delicate. He therefore concludes that the strychnine found by Sonnenschein pre-existed in his incompletely purified brucine.

M. Hanriot has further discovered that when brucine contains even as large a quantity as half its weight of strychine the latter cannot be discovered by its ordinary reaction, so that it does not suffice to try a specimen of brucine by the reaction with sulphuric acid and potassium bichromate, to conclude that it was free from strychine. A large number of substances are thus capable of masking the reaction of strychine, among them morphine, quinine, and methyl alcohol, though this has a more feeble action.

It will be seen that the recognition of strychnine in brucine presents a certain amount of difficulty, and inasmuch as physiological properties have been attributed to brucine which resemble those of diluted strychine, it becomes of interest to inquire whether the specimens of brucine operated with up to this time have really been free from strychine.

M. Hanriot is at present investigating the purification of brucine.—*Comptes Rendues, 97, 267.* R. D. C.

Tamponning the Larynx to Prevent Pneumonia as a Sequence of Diphtheria.—Langenbuch of Berlin, according to Bouchut (*Paris Medical*), believes that pneumonia, which is so common in diphtheria, is always produced by the infection of the lungs through the secretions of the larynx and of the pharynx which pass into the trachea. To prevent this after tracheotomy, he places small pieces of sponge in an ethereal solution of iodoform and allows the ether to evaporate. These little pieces of sponge are fastened to a strong silk thread. After opening the trachea, he introduces one of some size into the cavity of the larynx with a pair of curved forceps, and fixes it there so solidly that it cannot descend further spontaneously. This done he inserts the tracheal canula, and either fastens the thread of the sponge to it or about the neck. The sponge can be allowed to remain in place as long as it is considered necessary without inconvenience.

Bouchut, in his comments, thinks it would not be possible for these secretions to pass into the trachea without producing terrible attacks of suffocation. The pneumonia of croup may depend upon the action of cold air and of dust particles, which can be modified by the wearing of a muslin cravat about the neck, but this pneumonia results more especially from cardiac thromboses, which convey, by means of the pulmonary artery, microscopic granules of fibrine into the lungs, forming

embolic pneumonia. It is then that we observe at first these nuclei of pulmonary apoplexy, sometimes greyish or softened in their centers, and following them, the areas of hepatization caused by a small infectious embolus.—*Medical Progress, March 22nd.*

Stigmata Maidis in the Treatment of Diseases of the Heart.—Dr. Henri Dupont has made use of this drug in cardiac affections, and has recorded his impressions of its action as compared with that of digitalis and convallaria ("*Union Medicale*," February 21, 1884.) In the trials he has made of it during a period of three years he has been struck with three facts: diuresis, slowing of the heart's action, with improved rhythm, and the tolerance of the drug shown by the system. The diuretic action is almost always manifested at the very first, and goes on increasing up to the thirteenth or fourteenth day; and it is in cardiac affections, with œdema of the lower limbs or general dropsy, that the beneficial action of the agent is the most prompt and the most evident. While the dropsy diminishes and often disappears, the arterial tension increases and the venous tension is reduced concurrently, the general condition becomes decidedly improved, and in particular, the author mentions a subjective feeling of calmness and *bien-etre*, except where there is pronounced dyspnœa. The latter symptom he has never known to be relieved. In hypertrophy, however, and stenoses, the result has almost invariably been excellent. On the whole, the author thinks the stigmata act more powerfully than digitalis, and with about the same energy as convallaria, but that they are to be preferred on account of their not producing the unpleasant effects that sometimes follow the use of either of the latter drugs. The extract is the preparation always employed by Dr. Dupont; never more than three grames a day. The strength of the extract is not stated. He is guided as to the dose by the amount of diuresis—only enough need be given to produce free action of the kidneys.—*N. Y. Med. Journal.*

Epileptiform Fits caused by Prolapsus Recti.—Dr. Shmigiro reports the interesting case of a gentleman, aged thirty-three, who for three years suffered from epileptiform fits of gradually increasing severity and frequency. Of late the seizures began to come several times a day, and were followed by general weakness, irritability, mental depression, giddiness, headache and failing of sight. Examination gave entirely negative results as far as the nervous system was concerned, but a constantly occurring prolapsus recti was found. As the patient stated, he had suffered from occasional prolapsus since his childhood, but during the last few years the intestine fell out more frequently, and bled more profusely than before. Various anti-epileptic means having remained successful, the patient underwent an operation for prolapsus. The fits disappeared.—*London Medical Record, December 15th.*

Sinuses Treated by Sponge-grafting.—Mr. W. Winslow Hall reports a case in which he treated four sinuses in the right forearm by sponge-grafting, other treatment having failed. A strip of fine sponge, one inch and a half by a quarter of an inch, had been soaked in dilute nitro-muriatic acid for twenty-four hours, then washed in water, soaked in carbolic solution for twenty-four hours, and washed a second time in water. This was tied to a piece of thin catgut threaded on a long needle. A director was thrust to the bottom of the sinus; the point of the needle was passed down to the end of the director, and was then brought through the skin. The director was withdrawn, and by pulling on the needle and catgut the sponge-strip was made to fill the sinus from top to bottom. The catgut thread was cut off at the level of the skin, and the wound was dressed with carbolic oil. In three months the arm was entirely well.—*Edinburgh Med. Journal, March, 1884.*

The Use of Collodion in Acute Orchitis and other Conditions.—Collodion is not adequately appreciated and utilized, according to Dr. Gamgee (*Birmingham Medical Review*, January, 1884). Its ready evaporation and contraction give it the dual antiphlogistic power of refrigeration and compression. In acute orchitis, for example, Dr. Gamgee knows of no plan of treatment so simple, rapid, and satisfactory as coating the cord and scrotum with layers of collodion by the aid of a camel's-hair brush. The sensation is momentarily sharp, the shrinkage rapid, and so is the subsidence of the inflammatory process. To swollen parts which cannot well be bandaged, collodion is especially applicable for the compression attending its contraction.

When the nasal bones are fractured, a very effective mould for keeping them immovable, after adjusting them with the fingers, may be thus made: place over the nose a thin layer of absorbent cotton soaked in collodion; as it dries, another layer of cotton and more collodion, taking care that the application extends sufficiently on each side to buttress-like support. The patient compares the feeling to the

application of a firm bandage on the nose, and the bones consolidate effectively under the shield, which may be renewed as it cracks and peels off.—*Medical Record.*

M. Pasteur on Rabies.—In a communication read at the meeting of the Académie de Medicine, Feb. 26, M. Pasteur gave an account of the results of the researches which he has been pursuing, concerning rabies, since his former communication in 1882. They are based upon a large number of experiments made on various animals, by inoculating the surface of the brain with rabid virus, or by introducing this into the circulation. The following are the chief conclusions to be derived from these experiments. 1. The spinal cord becomes affected by the virus of rabies before the medulla oblongata. 2. The virus has its seat not only in the encephalon and the spinal cord, but in the whole nervous system from the centre to the periphery, a fact which explains the nervous excitement manifested in so many instances, and as well as the strange symptom ærophobia in men often exhibited. The virulence of the saliva and of the salivary glands has been demonstrated on dogs rendered rabid by intra-cranial or intra-venous inoculations, as well as in those attacked by so-called spontaneous rabies. 3. The virus may be possessed, with all its virulence, in the encephalon and cord during several weeks, when putrefaction of the bodies is prevented by a low temperature. The virus also enclosed in hermetically sealed tubes may be preserved for three or four weeks at a summer temperature. 4. The virus of rabies may exist in the cerebro-spinal fluid, but its presence there is not constant. 5. Although the brain in rabies is distinguishable from the healthy brain by the greater number and delicacy of the molecular granulations, no microbe has as yet been detected. 6. We know, that usually when a bitten dog becomes mad, he becomes furious with a propensity to bite, and a peculiar bark; but in these experiments, when the virus was passed into a vein or the subcutaneous tissue, the paralytic form of the disease was ordinarily produced without fury or barking, while when intra-cranial inoculation was resorted to, furious rabies was the usual result. This latter form was only producible by intravenous or hypodermic injection, when very small quantities of virus were employed. The smaller the amount of virus employed for these injections the more easily was furious rabies produced. On the other hand, the inoculations of small quantities of virus greatly prolonged the duration of the incubation; and if the dilution be pushed beyond a certain limit, which is not very high, the inoculation produces no effect. But while these small quantities do not induce rabies, the animal is still susceptible to the infection in subsequent inoculations, that is, the first inoculation confers no immunity. 7. As had been already observed in the dog, so in the rabbit, there may be a remission of the early symptoms of rabies, with a recurrence of the disease some time afterwards. This occurrence is, however, very rare both in the dog and the rabbit, while in the fowl it frequently takes place. 8. Numerous experiments have been made with regard to the alleged attenuation of the virus of rabies by the action of cold; but the results have been entirely negative. 9 The certainty of inoculation by intra-venous injection of the virus proves that the hypothesis of its passage from the periphery to the nerve centres by means of the nerves, cannot be regarded as its sole channel of propagation, and that in most cases its absorption takes place through the circulation. 10. The passage of the virus through different species of animals permits of a more or less considerable modification of its virulence. Rabbits, guinea-pigs, fowls, monkeys, all take rabies; and when, by successive inoculation, the virus attains a kind of fixity proper to each genus, the different viruses vary greatly in strength, and differ appreciably in this respect from the canine virus, the virulence of which has become fixed by its numerous passages from dog to dog, by means of bites, from time immemorial. M. Pasteur is no believer in spontaneous rabies. At the present time we are in possession of a virus which imparts rabies to a rabbit in seven or eight days, with such constancy, that we are able to assign to within some hours, so to say, the duration of the incubation, measured by the change of temperature, or by the first manifestation of the symptoms. We also possess a virus which will give rabies to the guinea-pig in five or six days, with not less constancy in the duration of the incubation. As the nearest approach to man, M. Pasteur is at present engaged in a series of experiments upon the passage of rabies from monkey to monkey. 11 In a former communication, M. Pasteur stated that he had some dogs in his laboratory which had proved insusceptible to all modes of inoculation; but at that time he was unable to state whether they were naturally insusceptible to the poison, or had been rendered so by some of the circumstances to which they had been submitted. He now believes that they were not constitutionally insusceptible, for he has now discovered a practical method of rendering the dog insusceptible to rabies at will. Considering, however, that the inoculation of rabies may be very prolonged, and that this may always throw doubts on the proofs adduced, he asks the Academy to give credit for a time to his

assertion, that this insusceptible condition may be produced by a system of inoculation. He possesses at the present time 23 dogs which have been subjected to virulent inoculations without danger. "To thus render the dogs insusceptible to rabies would be not only a solution of the question of prophylaxis of this affection in the dog, but also in man, as man never contracts rabies but as the result of a bite, the virus from which proceeds directly or indirectly from the dog. May not human medicine profit by the long duration of the period of incubation of rabies, and endeavor to establish in this interval of time, before the appearance of the first hydrophobic symptoms, a condition of insusceptibility on the part of the bitten persons? But before such a hope as this can be realized a long path has yet to be traversed."—*Medical Times.*

Medical Items.

Dr. Fred. Horner, of Virginia, strongly urges the wisdom and humanity of establishing a National Medical Aid Fund by the American Medical Association.=At the Commencement of the Women's Medical College of Philadelphia, held March 13th, the degree of M.D. was conferred upon twenty-six graduates, all of whom had studied for three years at the College, and some of them had taken a four years' course.=The Medical Jurisprudence Society of Philadelphia held its first meeting March 11th, at which about fifty members were present. Prof. S. D. Gross, presided, and Dr. John J. Reese read a paper entitled "Medical Experts."=Dr. Edward Keoshner, of the Navy, has been appointed Professor of Naval, Military, and State Hygiene in the New York Post Graduate Medical School.=Dr. G. F. Whiting has been elected Professor of Laryngology; and Dr. W. D. McKin Professor of Operative Surgery in the same school.=Of the 9,700 medical students in 1882–83 in regular Medical Colleges, 2,146 were in New York Colleges, and 1,088 in those of Pennsylvania.=The bill introduced into the Maryland Legislature, providing for the regulation of medical practice, failed to become a law. It was killed by cold indifference and apathy.=Dr. David Prince, of Jacksonville, Ill., recommends "Mineral Wool as a Dressing for Wounds," on the ground of its superior absorbent properties and cheapness.=Prof. Kowaleoski, of Odessa, has received a call to the Zoological chair at the new University of Marseilles, the salary being 15,000 francs per annum.=Dr. Eb. Guénot reports (*Bull. Gen. de Ther.*) that he removed a large crop of warts from the hands of a patient by means of daily ten-grain doses of calcined magnesia, taken in the morning before breakfast.=Dr. John G. Archer, a native of Maryland, and a graduate of the Univ. of Md., died at his residence at Point Coupee, La., March 17th, in the sixty-sixth year of his age.=Dr. Caspar Morris, who died in Philadelphia, on March 17th, at the age of 79 years, held many positions of honor in his profession, and was greatly esteemed for his gentleness and purity of character.=The Faculty of the Medical Department of the University of Georgetown, D. C., are taking measures to secure a suitable building for college purposes.=The University of Nashville and Vanderbilt University conferred the degree of M.D. upon 112 graduates at the Commencement, held February 25th.=Bellevue Hospital Medical College graduated 149 students at its Commencement, held March 13.=A movement is on foot in New York City to found a hospital and clinic for the treatment of cancer cases exclusively. It is said that the sum of $250,000 is already furnished for building purposes.=During the past twelve months Dr. John Homans, of Boston, Mass., has performed ovariotomy twenty-seven times without a single death.=Dr. William T. Belfield, of Chicago, who delivered the Cartwright Lectures in 1883, has been appointed Lecturer on Surgery in Rush Medical College.=Dr. D. Webster Prentiss, of Washington, D. C., will deliver a lecture on "The Bird Life of the District of Columbia," on March 29th, under the auspices of the Anthropological Society and Biological Society of Washington.

CHANGES IN THE MEDICAL CORPS OF THE U. S. NAVY for the week ending March 22nd, 1884:

P. A. Surgeon T. H. Streets from museum of Hygiene, Washington, for duty in the coast survey service.

P. A. Surgeon C. H. H. Hall from the Naval Academy to the museum of Hygiene.

Surgeon Henry Stewart ordered before the retiring board.

CHANGES IN THE STATIONS AND DUTIES OF THE OFFICERS SERVING IN THE MEDICAL DEPARTMENT U. S. ARMY, from March 18th to March 24th, 1884:

Matthews, Washington, Capt. and Assistant Surgeon, to be relieved from duty in the Dept. of the Missouri, and to report in person to the Surgeon General of the Army for duty in his office.

Gibson, R. J., 1st Lieut. and Asst. Surgeon, relieved from duty at Fort Hays, Kansas, and ordered to Fort Wingate, N. H., for duty.

Gandy, Charles M., First Lieutenant and Assistant Surgeon, assigned to duty at Fort Brady, Mich., as post surgeon.

Crosby, Wm. D., First Lieutenant and Assistant Surgeon, relieved from duty at Fort Huachuca, Ariz. T., and ordered to Fort McDowell, A. T., for duty.

Edie, Guy L., First Lieutenant and Assistant Surgeon, assigned to duty at Fort McIntosh, Texas.

Robertson, Reuben L., First Lieutenant and Assistant Surgeon, assigned to duty at Fort Ringgold, Texas.

Original Papers.

THE BACILLUS TUBERCULOSIS AND THE ETIOLOGY OF TUBERCULOSIS. IS CONSUMPTION CONTAGIOUS?

THIRD COMMUNICATION.

BY H. F. FORMAD, B.M., M.D.,

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(*Continued from page* 848).

THE HABITAT OF THE TUBERCLE BACILLUS.—After reading most of the numerous compilations in reference to the present standing of the tuberculosis question, it would seem that Koch has established that his tubercle bacillus is always associated with tuberculosis, and with the diseased products and the various excreta in this disease—and in this disease alone. Since Koch's publication appeared, a number of observers, authoritatively and otherwise, assert the invariable presence of the bacillus in *all* tubercular products; and, further, it is claimed as a proven matter that the bacillus is found in the beginning of the disease, viz., in the youngest tubercle tissues.

This is, however, not in accordance with the facts. Neither in Koch's own publication nor in the records of any microscopist (when the original papers are examined) is the invariable presence of the bacillus in tuberculous lesions or excretions, and its absence in non-tuberculous matters, either clearly shown or proven. Moreover, the authors of nearly all the literary productions are in favor of the contagiousness of tuberculosis, and they disregard, as a rule, the negative evidence.

The question of the occurrence, and partly that of the significance, of the bacillus called by Koch the *tubercle bacillus* in tuberculous lesions divides itself into several parts and hinges upon the results of the following investigations:—

1. The examination of tissues affected by tubercular disease for the bacillus; and, if present the time of its occurrence.

2. The examination, *intra vitam*, of blood of tubercular patients.

3. The examination of the products discharged or eliminated with the excretions by individuals suffering from tubercular disease.

4. The examination of air, viz., of the breath of phthisical patients, and of the air of sick-rooms and hospitals generally.

5. Comparative studies in animal tuberculosis.

6. The occurrence of bacilli in lesions and substances other than tubercular.

I will state now, briefly, what so far have been the results of the investigations upon these points.

1. Tubercle bacilli have been detected quite often in the various forms of tubercles of lung, and in scrofulous and tuberculous lymphatic glands; and likewise, although not so frequently, in tubercles of the various serous cavities; and in tubercular ulcerations of the mucous membranes and the skin. But it must be noted that only a few microscopists have recorded examinations of tubercle tissues for bacilli, and among these there was *not one* who did not meet with a case, or a certain number of cases in which tubercle bacilli were either totally absent in the tissues or only present in some of the tubercles. The great bulk of bacillus work done comprises merely examinations of sputum.

The facts concerning bacilli in tissues are as follows:

Koch* found bacilli in the majority of tuberculous lesions he examined, but still not in all, as he states himself; he only *supposes* that his bacilli, even if they escape observation, are still present in all cases and in all tubercles. His proposition, however, that in some tuberculous lesions only unstained spores of tubercle bacilli are sometimes present, or that bacilli may be invisible, and not taking the staining when dead, or even may be absent if the tuberculous process comes to a "stand-still," is of course purely hypothetical. There is still another good reason for the assumption that the proportion of non-bacillary tubercles may be much larger in Koch's own examinations. As Koch says himself he pre-eminently recognizes only such structures as tubercular which contain his bacillus, regardless of their morphology otherwise; it is therefore possible that he may have innocently excluded a number of non-bacillary tubercles from the list of his tubercle records. Koch himself, however, says that he failed to detect bacilli in some scrofulous glands and in two cases of tuber-

*Berl. Klin. Wochen., No. 15, 1882.

cular synovitis, and further admits the prevalence of bacilli in degenerated tissues.

As far as examination of tubercle *tissues* for bacilli is concerned, only the following observations besides those of Koch are recorded (as far as is known to the writer), and with the following results:

Dr. Geo. M. Sternberg, U. S. A.,† who is a man recognized as a competent mycologist, here as well as in Europe, failed to find tubercle bacilli in the lesions of several cases of tuberculosis.

Heneage Gibbes‡ also failed to discover bacilli in a number of tubercles, particularly in the reticular form; in fact, he had met several times with non-bacillary tuberculosis. Gibbes states§ that "he had examined the lungs of guinea-pigs which had become tuberculous after being kept in the air-shafts of the Brompton Hospital for Consumptives, and had found no bacilli in them; and he knew of an instance in which a guinea-pig, inoculated with sputum from a case of phthisis, presented a glandular abscess in the thigh which abounded in bacilli, whereas the internal organs, although full of tubercles, did not yield a single bacillus."

I do not think it likely that Heneage Gibbes, by his large experience and unversally recognized skill in bacteria stainings, would fail to discover bacilli if they had been present.

Watson Cheyne,* whose anatomical conception of tubercle is inseparable from the bacillus, of course says that non-bacillary tubercles, like the above, are no tubercles at all. Hence his statement, that in all tuberculous structures (that is, in all structures which *he* calls tubercle) the bacilli are invariably present, is, from his standpoint, perfectly warrantable. He also confirms the fact that recently-formed tubercle nodules made up of young lymphoid cells, are, as a rule, without the bacilli, while the older tubercles, always containing epithelioid cells (on account of retrograde changes), usually do contain bacilli. Now, Watson Cheyne, in this connection, with great self-confidence propounds, "The bacilli being the cause of this disease (tuberculosis), only the nodules containing epithelioid cells are tubercle."* Still Watson Cheyne has expressed surprise† that "very extensive tuberculous processes may be found in animals with only very few bacilli."

T. M. Prudden, of New York,‡ who made extensive and excellent morphological studies in reference to the occurrence of the bacillus in tuberculous lesions, *failed to find bacilli in any part of the body in three cases of profuse tuberculosis*. In one case of Prudden's the tubercle bacilli were abundant in the walls and edges of a lung-cavity and its immediate vicinity, while no bacilli could be found in the diffuse and miliary tubercles of the rest of the body. Prudden further states: "In a large proportion of the cases in which bacilli were present they seemed to have a decided predilection for tubercle tissue in a degenerated and disintegrating condition, either cavities in the lungs, cheesy and breaking down areas, or tubercular ulcers; although present with great frequency in small numbers in well-formed, intact, tubercle tissue." * * "The bacilli were present in greater abundance in the respiratory organs and intestinal tract than in other parts of the body less directly in communication with the external world. It is further evident that in nearly every case there are many miliary tubercles of all forms, and in many cases much diffuse tubercle tissue from which the bacilli appear to be entirely absent."

Spina§ did not succeed in detecting the bacillus in a number of cases. Even if the number of Spina's failures to see the bacillus should be larger than in cases of other observers, Koch's favorite demolishing argument that Spina and all others who failed to detect the bacillus in any case do not know *what* that parasite of his looks like, is entirely unjustifiable. Moreover, Spina's work was controlled by no less an authority than Stricker, of Vienna, and the correctness of the results of the investigation in its essential parts is vouched for by Stricker.

Cornil and Babès‖ detected the bacillus in the lesions of a number of cases of tuberculosis; but they also showed that

†Phil. Med. News, 1882.
‡London Lancet, February 24, 1883.
§Lancet, February 12, 1883.
*Practitioner, April, 1883.

*See p. 309, loc. cit.
†P. 316.
‡ Med. Record, April 14, and ibid., June 16, 1883.
§ Studien ueber Tuberculose, Wien, 1883.
‖ Le Progrès Méd., 1883.

bacilli are totally absent in some cases, and not constant in otherwise typical tuberculous lesions.

Malassez and Vingal,† from the results of observations of their own, state that there seems to be no doubt that true tuberculous lesions occur which possess very few or even no tubercle bacilli.

Fräntzel,‡ in a discussion before the Berlin Medical Society, stated that he found a number of scrofulous (tuberculous) ulcers and lymph-glands not to be "bacillary."

C. Macnamara* reports a case of primary tuberculosis of bone and of the marrow of bone, in which no trace of tubercle bacilli could be discovered in any of the lesions.

George Bodamer, having succeeded in staining and demonstrating the bacillus in sputum and in tissues in the spring of 1882 (immediately after the announcement of its discovery and the method of its staining by Koch, and probably prior to any one else in America), and having worked with me nearly incessantly in bacillus stainings and cultures ever since (including also a certain time in the pathological institutes in Germany), also failed to detect the bacillus in a certain number of typical tuberculous lesions.

As will be seen from my report, I found tubercle bacilli to be absent (or I could not detect them, if this expression should be preferred) in four cases of primary peritoneal tuberculosis, in two cases of primary tubercular pericarditis, in one case of tubercular joint-disease, and in several cases of miliary tuberculosis; this does not include some cases of induced animal tuberculosis which did not show bacilli.§

Dr. Lawrason, of New Orleans, who worked with me last spring in the pathological laboratory of the University, and who had demonstrated his skill in staining bacilli in tissues before the Pathological Society of Philadelphia and elsewhere, also found tubercle bacilli wanting in some of the most typical tuberculous lesions.

Weigert, Bollinger, Baumgarten, Ziel, Councilman, Schuchart, and Krause, and Koch's own assistants, are yet to be mentioned as having recorded a few examinations of tuberculous tissues for bacilli with positive and varying results, but detailed statements of their investigations in this direction are not known to me.

The direct conclusion to be drawn from the total evidence relating to bacilli in *tissues* just quoted, is that tubercle bacilli are not invariably present in even typical tuberculous lesions; furthermore, that none of the investigators brought forward any proof or evidence that the bacilli are present or appear in the beginning of the disease. On the contrary, the results of the investigations of all observers, including those of the discoverer of the bacillus himself, point plainly towards establishing the fact that tubercle bacilli inhabit pre-eminently disintegrated tissues.

2. *Examinations of the blood and lymph intra vitam* of patients suffering from tubercular disease, which in my opinion would be quite an important matter in the study of tuberculosis, are not recorded by any observer. All attempts which we made in examining the blood of tuberculous patients during life, gave, as will be recorded later, negative results. It is true that we observed in specimens post-mortem some blood-vessels filled with thrombi containing a few bacilli. Further, there are records by Cornil, Weigert, Ponfick and Koch relating to bacilli observed post-mortem in the walls of veins, of large lymph-ducts, and of arteries in tuberculous cases. As to the route and manner by which the bacilli gained entrance to these places inferences might be drawn, but no definite conclusions can be arrived at until the bacilli have been observed during life in the blood or lymph. I will not touch upon this part of the question at present.

The blood from cases of hæmoptysis as expectorated, has been examined by Hiller* and Williams,† and bacilli discovered, but no inference from this can be made as to the bacilli in the circulating blood.

3. *Examination of products discharged or eliminated with the excretions* by individuals suffering from tuberculosis has been practiced quite extensively and by a number of

†Le Progrès Méd., No. 20, 1883, and in a second communication quoted by the Lancet, December 15, 1883.

‡Berliner Klin. Wochenschr., December, 1883.

*British Med. Journal, December 15, 1883.

§At this point I wish to correct an impression which a certain statement in one of my former communications on this subject seemed to convey, namely, that bacilli are invariably present in tuberculous products,

*Deutsche Med. Wochensch., No. 47, 1882.

†London Lancet, February 24, 1883.

observers and especially examination of phthisical sputum. To these sputum examinations I will return immediately.

There are a few investigations recorded in reference to tubercle bacilli in the fæces, in discharges from the ears and in those from the nose, and in urine voided by patients affected with local tuberculosis of the pertaining parts. Tubercle bacilli were often detected, and thus a diagnosis of tubercular enteritis, tubercular otitis, and tubercular meningitis (bacilli in nasal discharge), and tuberculosis of the urinary tract, was made.

The tuberculous nature of ulcers, of synovitis, and of surgical lesions of various locations, it is claimed to have been occasionally settled (?) in this way.* But, on the other hand, the discharges from some typical tuberculous lesions failed to show bacilli.

Damsch† claims that tuberculosis of the genito-urinary tract can be diagnosed by inoculating a drop of urine from such a case into the anterior chamber of the eye of a rabbit, the operation being followed promptly by iris tuberculosis in the animal. This latter observation, however, I believe, requires confirmation.

The examinations of sputum, practiced now probably by all microscopists in the world, proved to be of much more value. I will quote the observers who made and recorded more or less numerous examinations of sputum, and the results and conclusions they arrived at, to show that there are some points which are misinterpreted by some clinicians and others.

Koch‡ does not claim that sputum from every phthisical case contains bacilli; he met with cases without bacilli in sputum. He did not find, however, bacilli in cases said not to be tubercular.

Ehrlich§ records twenty-six cases of phthisis is which bacilli were invariably present in the sputum; in other lung affections similar bacilli were not found.

Balmer and Fräntzel‖ examined one hundred and twenty cases of phthisis for bacilli with positive results, and came to the conclusion that the quantity of bacilli was in direct proportion to the gravity of the disease, and that the bacilli were larger and often contained spores in acute cases, and were smaller in size and quantity in chronic cases. They never saw bacilli in the sputum of cases other than phthisis. They also quite properly conclude "that the sputum affords to bacilli a more favorable place of growth than does the still living lung tissue," because they found bacilli to be extremely scanty in the tuberculized lung tissue surrounding a cavity, while the contents of the latter and cheesy degenerated parts of the lung were crowded by them.

Heron§ records sixty-two cases of examination of phthisical sputum, in which bacilli were constantly present.

D'Espine‖ records examination of sputum from twenty-five cases, but could not confirm the correctness of the assumption that the bacilli stand in any relation of quantity to the gravity of the disease, although he affirms that they are constantly present.

Williams,¶ having examined the sputum of one hundred and thirty cases for bacilli, with only three negative results, concludes, however, that there was "no definite ratio between the activity of the disease and the number of bacilli, although there were few in cases where the disease was quiescent."

Kowalsky‡ claims to have examined the sputum of six hundred cases of phthisis, with bacilli nearly invariably present.

Chiari,§ in a number of cases examined, never failed to find bacilli.

Detweiler and Meissen¶ examined eighty-seven cases of phthisis, finding bacilli in all but two. Although bacilli were more numerous wherever there was great destruction of lung-tissue, they did not observe any definite ratio of bacilli in sputum to the gravity of the disease. The presence of elastic tissue in sputum they consider as significant for diagnosis and as constant as that of bacilli.

S. West† found bacilli present in every case of phthisis which he examined, though in some cases they were in such small numbers as only to be found after

*Schuchart and Krause in Volkmann's Clinic, Chirurg. Centralblatt, 1883.
†Deutsch. Arch. f. Klin. Med., 1882.
‡Loc. cit.
§Deutsche Med. Wochenschr., No. 19, 1882.
‖Berliner Klin. Wochenschr., No. 45, 1882.
§London Lancet, February 2, 1883.
‖London Lancet, January 13, 1883.
¶London Lancet, February 24, 1883.
‡Wien. Med. Presse, February 24, 1883.
§Wien. Med. Presse, No. 1, 1883.
¶Berlin. Klin. Wochenschr., N. 7 and 8, 1883.
†London Lancet, February 10, 1883.

repeated and very careful examination. He further adds: "The more cheesy matter or fluid from a cavity there was in the expectoration, the more bacilli we might expect to find; consequently, in a case of acute tuberculosis, before breaking down of the lung, we should expect to find none." He also states that there appeared to be but little variation in the size of the individual bacilli in different cases, although bacilli in acute cases appeared to contain spores.

R. S. Smith‡ records seventy-seven cases in which he had made examination of sputum; of these, forty-nine were from "tubercular phthisis," and invariably showed bacilli; the remaining twenty-eight, comprising various other affections of lungs, some of them closely simulating phthisis, did not show bacilli. The affections examined with negative results were such as "chronic bronchitis, bronchiectasis, chronic syphilitic pneumonia, slight hæmoptysis with no evidence of any disease, chronic pleuro-pneumonia with dullness on percussion and copious purulent expectoration, chronic pleurisy, apex pneumonia with subsequent breaking down from gangrene and with cavity (?), sarcoma of lung, gray hepatization, congestion from mitral disease, diabetes with bronchitis, two cases with strong family history of phthisis, cough with purulent expectoration, but with no evidence of local disease in lungs," etc. Bacilli were also wanting in "slight phthisical cases when the patients were rapidly recovering." I think, however, that errors in physical diagnosis can by no means be fully excluded here.

Heneage Gibbs,* from his extensive observations, states that the sputum did not show bacilli in some cases which upon the autopsy-table showed the lungs riddled with tubercular masses; he explains that the patient died before the destructive process had gone far enough to cause the bacilli to be ejected.

Whipham† records twenty cases which he studied in relation to bacilli in sputum, and made the observation that the bacilli disappear from sputum at times when the condition of the patient improved.

‡British Med. Chirurg. Journal, July, 1883.
*London Lancet, February 24, 1883.
†London Lancet, February 10, 1883.

Prudden* found bacilli in sputum in forty-six out of fifty-eight phthisical cases examined.

Guttmann† and Pfeiffer‡ met also with phthisical cases in which the absence of bacilli in sputum was proven.

*Med. Record, April 14, 1883.
†Berlin. Klin., Woch. N. 52, 1882.
‡Ibid. N. 3, 1883.

IODOFORM AS A PALLIATIVE FOR CANCER OF THE CERVIX UTERI.—M. Castrè (Thèse de Paris, July, 1883; "Bull. gen. de therap.," Feb. 29, 1884) recommends a special perfumed preparation of iodoform as a palliative application in cases of cancer of the neck of the uterus, being the method of treatment devised by M. Gillette. The mixture is composed as follows:

Iodoform..... ....18 grammes (about 270 grains);
Sulphate of quinine.. 3 " " 45 ");
Powdered charcoal...15 " " 225 ");
Essence of mint (? peppermint), 40 drops.

Thus prepared, the iodoform may be added to ordinary liquid excipients, but to avoid its coming in contact with the sound vaginal mucous membrane, the author recommends its use in the form of the powder, applied on tampons of cotton, which are introduced with the aid of a speculum. It is said to be important not to try to cleanse the ulcerated surface before making the application, as the iodoform will do that of itself. The period between the applications may vary from four to ten days.—*N. Y. Med. Journal.*

FATTY HEART.—The popular error that "fatty degeneration" of the heart is the same thing as an accumulation of fat around that organ is one which ought to be corrected, as every practitioner of course knows how to correct it. When muscular tissue degenerates, as it may do from any one of many morbid causes, fat is deposited interstitially in the place of the atrophied organic structure. As a matter of physiological or pathological fact, "fatty degeneration" is quite as likely to occur in a thin subject as in one that is obese, and voracious feeding has nothing to do with "fatty degeneration," though in a certain proportion of instances it may have something to do with the accumulations of deposits of fat around organs and in the interspaces of muscle fasciculi. We ought to keep the discrimination of matters which are likely to be confounded always clear. Many conditions besides large eating determine the presence of fat, and "fatty degeneration" is, as we have said, something altogether apart from and in no way to be confounded with fatness.—*Lancet.*

Society Reports.

PROCEEDINGS OF THE MEDICAL SOCIETY, DISTRICT OF COLUMBIA.

STATED MEETING, HELD FEB. 20TH, 1884.

(*Specially reported for the Maryland Medical Journal.*)

Dr. A. Y. P. GARNETT, President, in the chair, and Dr. T. E. McARDLE, Secretary.

The minutes of the meetings of February 6th, 13th and 16th were read.

Dr. J. F. Thompson, in correction of the minutes of February 6th, said that it might be inferred from his remarks as recorded that he disapproved of using the aspirator in all cases of hepatic abscess, and that he would always use the knife. This was not the idea which he wished to convey; for he would undoubtedly use the aspirator, where he saw the case early, and the amount of pus in the abscess was small, and the abscess deep-seated and not pointing; but where the abscess presented near the surface and the knife could properly be used, he would prefer the knife and free drainage to the aspirator. In the case of Dr. Palmer's patient, the right lobe of the liver was affected by the abscess, and the case was such that he did not anticipate any permanent benefit from any mode of treatment.

Dr. C. E. Hagner wished to state in amendment of the minutes of February 6th, that he was not positive in the diagnosis of the case, as to whether there was an hepatic abscess or empyema; all that he stated positively was that there was fluid at the point examined over the region of the liver, and that it was either a case of hepatic abscess or empyema, and that were an aspirating needle introduced at that point, he would expect to get pus.

No further corrections being made, the minutes were adopted as reported.

The President brought to the attention of the Society the circular issued by the Committee organized to raise funds for the erection of a suitable monument to the memory of Dr. J. Marion Sims; and stated that Dr. S. C. Busey was on the committee to represent the City of Washington; and that any contributions to the fund could be made through him.

A SPECIMEN OF ACUTE ŒDEMA OF THE GLOTTIS.—*Dr. D. S. Lamb* presented a pathological specimen of acute œdema of the epiglottis and epiglotto arytenoidean folds from a woman, aged 25 years, who died a few hours after the first symptoms of obstructed breathing. She was at the time of death eight months pregnant. At the autopsy there was found a general anasarcous condition; lungs partly collapsed; neck greatly swollen; the kidneys about normal in size, the cortical substance pale.

SPECIMEN OF FRACTURED CLAVICLE AND RIBS.—Left clavicle; first, fourth and fifth ribs of left side; third and fourth ribs of right side, showing fractures with a quantity of provisional callus; the fractures not yet healed. The cause not known. From a woman, aged 45 years, who had suffered from chorea for several years. An enlargement of the clavicle was noticed eight months before death. The woman was also somewhat eccentric in her ways, in addition to her choreic trouble. At the autopsy the arteries at the base of the brain were atheromatous, and there was some thickening of the aortic valves, and atheroma of aorta and branches. The spinal cord for a short distance above the lumbar enlargement was firmer than elsewhere; thyroid gland large; ulcers in the cæcum; myomatous tumors of womb, some of which had undergone calcareous degeneration.

The point of interest is the fact of symmetrical fractures in chorea, with no clinical history. The woman never made complaint.

SPECIMEN OF UNITED FRACTURE THRO' THE GREAT TROCHANTER IN A WOMAN 85 YEARS OF AGE—This woman, 85 years old, fell and fractured the femur, through great trochanter and neck of femur. She, however, recovered the use of the limb so as to move on it without support, and died nearly 3 years after from brain disease. The interest of the case is in the age of the patient and the solidity of the union.

Dr. J. Ford Thompson said he would like to make a few remarks on the specimens presented here to-night by Dr. Lamb. In the first case, that of œdema of the glottis, the doctor had not said any thing about the treatment adopted for the relief of the patient. Nothing appeared to have been done to avert death by apnœa. This seemed the more astonishing as the patient was in the hospital, where it was to be supposed every thing was at hand to operate when an emergency occurred.

Dr. Lamb, in reply to Dr. Thompson, said that he knew nothing in regard to the case before the autopsy; that as the woman was suffering from general dropsy he presumed the impeded respiration was ascribed to that condition, and the obstruction at the epiglottis overlooked.

Dr. C. E. Hagner thought it very remarkable that the cause of difficult respiration in this case should have been overlooked and consequently nothing done for the patient's relief Had seen several cases of this kind; they generally were brought on by cold—exposure to cold and damp when overheated. Had a case which occurred in a young man who took cold from sitting on the damp ground. He said at first the feeling in his

throat was as though he had pounded glass in his throat; then he suffered from obstruction to his breathing. Upon examination two bladders of water were seen on the epiglottis. He punctured these, and in five minutes the patient was entirely relieved and comfortable. Usually the hemorrhage is inconsiderable when you scarify in these cases, but occasionally it is abundant, requiring the patient to cough smartly to relieve the larynx from blood. This was the case with one patient that he operated on; the blood poured out in such quantity that the man had as much as he could do to cough it out and keep from suffocating.

Dr. E. Carroll Morgan said the specimen was a very beautiful one of œdema of the larynx and epiglottidean folds. Scarification of course was the proper treatment in these cases, but in this particular case it would have been of very little, if any, benefit, the general condition of the patient being described as such that she could not live long, no matter what was done. In reply to Dr. Thompson he said he did not wish to be understood as disapproving of operative interference in these cases though it only promised temporary relief, for he had repeatedly done so himself.

Dr. J. Ford Thompson, in regard to the specimen of united fracture of the neck of the femur exhibited, said the result was just what he would have expected in such a case. The fracture was evidently extra-capsular and in all probability an impacted fracture, and such fractures get well more readily than any other form of fracture. Intra-capsular fracture in an old person, with bony union would have been considered very rare.

Dr. Lamb thought such firm bony union as was shown in this case was not usual at such an advanced period of life.

Dr. Magruder related the case of an old lady who suffered from an intra-capsular fracture of the neck of the femur. In two days after the injury she lost her mind. There was no mental trouble before the accident. There was firm union of the fracture, and the patient lived two years, but her mind never regained its tone.

Dr. James E. Morgan thought the specimen exhibited a remarkable one, but probably more of these cases got well than we were inclined to think. He recollected the case of a very old lady, a Mrs. Burché, who had a fracture of the thigh. Dr. James Hall was called in and said there was an intra-capsular fracture. At first he (Dr. Morgan) did nothing but put the limb on an inclined plane with pillows, and made the patient as comfortable as possible; but finally at the solicitation of friends of the old lady's he put the leg up in an old fashioned splint, and kept it there for eight weeks. The fracture united perfectly and the patient went about as well as before the injury. He was not certain that this was a case of intra-capsular fracture, indeed he thought it very difficult in many cases to diagnose with any degree of certainty intra-capsular fraction of the neck of the femur.

Dr. J. F. Thompson agreed with Dr. J. E. Morgan that it was often difficult to tell positively whether the fracture was intra-capsular or not. The age of the individual and the manner in which the injury has been received, may lead to a diagnosis. If the injury is by indirect violence, say in the case of an old woman, he would expect the fracture to be intra-capsular, but where the fracture had occurred from direct violence, and, especially if it were impacted, it would be difficult to tell its exact nature, and it would be hardly proper to use the necessary force to ascertain with accuracy the character and full extent of the injury.

Dr. King thought Dr. Thompson in his last remark had made a point of great importance in the consideration of these cases—it was in effect to give the patient the benefit of the doubt as it were, and not to run the risk of doing an injury, merely for the satisfaction of making an accurate diagnosis, which in reality will not be of any practical value in the treatment of the case.

Dr. Garnett said that in arriving at a correct diagnosis we must take into consideration age, sex and displacement. In an old female with shortening he would say there was fracture of the neck. In some cases the fracture was both intra and extra-capsular. Had seen many cases over 70 years old make a good recovery.

Dr. Boarman related the case of a lady 80 years of age, who had an extra-capsular fracture of the neck of the femur. She was treated with a box-splint and made a good recovery, so as to be able to walk without the use of either crutch or cane.

Another case of intra-capsular fracture occurred in an old lady. In this case complete union did not take place, but the patient can go about with the aid of a stick; she is now 90 years old. A third case related by Dr. Boarman of fracture about the hip also occurred in a lady about 80 years old; she was also partially paralysed. Union did not take place and the patient died.

On motion of *Dr. T. C. Smith* the debate was closed.

The President, in acordance with a resolution passed at the last meeting of the Society, named Drs. Wm. G. Palmer, J. E. Morgan, J. M. Toner, J. W. H. Lovejoy and D. C. Patterson, a committee to look after the interests of the Society in Congress.

On motion, the Society adjourned.

STATED MEETING HELD MARCH 5TH, 1884.

The Society met with the President, DR. GARNETT, in the Chair, DR. T. E. MCARDLE, Secretary.

A CASE OF PUERPERAL ECLAMPSIA was reported by *Dr. P. J. Murphy:* Florence S., admitted Dec. 17th, 1883, primipara, colored, æt. 18 years; healthy and well developed; first menstruated at 14; last menstruation in April; morning sickness in May and continuing for two months, quickening at 4½ months. On admission temperature 98.4°, pulse 75, respiration 16 per minute.

Examination of urine ante-partum: Amount in 24 hours 124 fluid-ounces, specific gravity 1005, of light golden color, no albumen, no sugar. The microscope showed blood corpuscles, epithelium from the vagina and crystals of earthy phosphates. At other observations ante-partum it was found that she passed from 48 to 51 fluid-ounces in twenty-four hours.

January 17th, at 10 P. M., labor commenced with a severe convulsion which lasted about four minutes. Administered at once potass. bromide 3 i, and chloral hydrate gr xxx, which controlled her for a short time. Examination per vaginam showed the head presenting and os uteri dilated to size of silver dime; the convulsions commenced again with increased violence; repeated bromide and chloral mixture per rectum without effect, one convulsion following another in quick succession. Gave a stimulating enema and hypodermic injection of morphia sulph. gr. ¼ and atropia, but convulsions continued the same; os uteri dilated a little more. No change in the condition till 7.30 A. M., January 18th, when a hypodermic of apomorphia, gr. 1½, was administered, which at once influenced the character of the convulsions, decreasing their intensity very markedly and also their frequency. Os dilated to size of half-dollar; urine drawn with catheter; 10 fluid-ounces of very dark color; specific gravity 1020; reaction acid; albumen about 90 per cent.; microscope revealed blood corpuscles and hyaline casts in great numbers.

Hypodermics continued every hour, and frequency of convulsions decreasing. By 11 A. M. she had had twenty-four convulsions, and at this juncture chloroform was administered, forceps applied at superior strait and a living child delivered.

In about one hour post-partum had another convulsion, which was soon followed by others which were more severe than the first. Treatment continued, and pulv. jalapae co., gr. xxx, every four hours. 4 P. M. five large dry cups were put over loins; the improvement in the respiration was wonderful, reducing it from 59 to 18 per minute, and it looked as if she would have no more convulsions, but they soon returned with increased violence. By 7 P. M. she had twenty-one convulsions post-partum; temperature 104.4°; pulse 130; respiration 40. Urine drawn again; color the same as morning specimen; specific gravity 1030; amount 12 fluid-ounces; reaction acid. No trace of albumen, but marked excess of phosphates, about 75 per cent. Microscope showed blood corpuscles and hyaline casts in great numbers. By 10 P. M. had four more, making twenty-five post-partum, forty-nine in all.

January 19th, A. M., no convulsion since 10 o'clock last night, but wild delirium set in; patient very pugnacious and noisy; tries to get out of bed. About noon she passed into a semi-comatose condition with bowels moving constantly. Morning temperature 102°, pulse 135, respiration 36; evening temp. 100.2°, pulse 100, respiration 25

January 20th, A. M., unconscious all night, bowels moving frequently; noon, about the same, with jaws locked. P. M., 6.30, conjunctivae sensitive for the first time since first convulsion. Had no food, yet bowels continue to move; temperature, A. M., 98.6°, pulse 80, respiration 20. P. M., temperature 98.8°, pulse 70, respiration 25.

January 21st, A. M., not entirely conscious; urine contains excess of phosphates and hyaline casts. Noon—tossing from one side of bed to the other; very dull and stupid; bowels moving frequently; won't take nouishment. 6.30 P. M., conscious and asked for food and drink; beef-tea and milk given every two hours alternately. R. Basham's mixture, t. d. A. M. temperature 98.4°, pulse 70, respiration 16. P. M., temperature 99°, pulse 75, respiration 18.

January 22nd, A. M., a little delirious and talks at random. ℞. Sodii bromidi, ʒi; t. d. Noon, about the same. P. M., 6,30, wild delirium; jumps out of bed and wants to fight. A. M., temperature 98.4°, pulse 75, respiration 18. P. M., temperature 98.6°, pulse 75, respiration 16.

January 23, seems all right to-day, except is very weak, eats and drinks a great deal. Urine normal; pulse and temperature normal.

January 24th, doing well.

January 25th, feels quite well, and is sitting up in bed. Continued to do well till she left the hospital, February 5th, 1884. Result, cured.

Dr. H. R. Bigelow said, after receiving the announcement of the subject of Dr. Murphy's paper, he had jotted down some statistics on this point which he would read:

France, 457 cases of puerperal eclampsia occurred in 131,262 cases of labor.

England, 161 in 66,744 cases of labor.
Belgium, 13 in 1,750 " " "
Switzerland, 11 in 6,139 " " "
Sweeden, 3 in 502 " " "
Russia, 10 in 2,014 " " "
Germany, 76 in 50,558 " " "
Or in 258,969 cases, 731 eclampsias.

Charpentier says eclampsia appears most frequently in the following order: 1st. During labor; 2nd. during pregnancy; 3rd. following labor. Bailly gives: 1st. during pregnancy; 2nd. during labor; 3rd. following labor. Wieger analyzed 455 cases—109 before labor; 236 during labor; 110 after birth of the child. Eclampsia rare before 6th month of pregnancy. Bach reports a case at 6th week; Prestal at 12th week; Argentan at 4 months; Carville at 5 months, etc. Wieger, Mende and Mawsell claim an "epidemic eclampsia" supported by Charpentier. As to age, Wieger, out of 148 cases, found 37 between 15 and 20; 63 between 20 and 25; 26 between 25 and 30; 20 between 30 and 40; 2 between 40 and 46. Out of 683 cases, 522 occurred in primiparous patients and 161 in multiparous. Mad. Lachapelle gives the proportion as 7 to 1.

Pathology.—Why is it that eclampsia manifests itself in some cases and is absent in others? Bailly gave the following five divisions to which eclampsia is due: 1. An essential alteration of the nerve centres and of their envelopes. 2. Cerebro-spinal congestion. 3. A reflex nervous irritation of the spinal system, the point of departure being from the uterus. 4. General or cerebral anæmia. 5. A blood poison which renders the blood inadequate to the proper nourishment of the centres (uræmia, ammoniæmia, urinæmia). These divisions are also given by Depaul and d'Hypolitte. Scanzoni sought to prove that these convulsions might depend upon peripheral causes. Starting from the uterus, according to his division, eclampsia may manifest itself in three ways: 1st. Reflex, from peripheral irritation. 2nd. Spinal convulsions. 3rd. Cerebral convulsions. Cazeaux doubts this last form, and believes that the point of departure is always from spinal irritation. The 1st div. of Bailly is supported by Marchal de Calvi (1851). Traube explains his condition of cerebral anæmia upon the state of hydræmia present in pregnant women, and even to this day it seems to me that Traube's theory will explain some cases which cannot be accounted for in any other way. This Traube-Rosenstein theory of hydræmia and increase of aortic pressure is somewhat doubted by Lusk, but supported by Charpentier. Spiegelberg utterly ignores Traube's theory. Out of 19 post-mortems Löhlein found the characteristic alterations in but a single case, yet he *did* find them in one. MacDonald in 1878 believed the cerebral anæmia to be due to arterial contraction.

Bailly's 2nd div. is defended by Mauriceau, Levret, Broussais, Blot and Peter, and is disputed by Hypolitte, Lestut, Depaul, Lusk, and others. Of Bailly's 3rd div. we find Tersot, Cullen, Togel, Sydenham, Sennert, Jacquemier, Dubois, Scanzoni, Axenfeldt, Marshall Hall, Tyler Smith and Fleetwood Churchill defending it, and Depaul, Bailly, Hypolitte, etc., contesting it. Of the 4th div. Fournier, Traube, and Sée see in the eclampsia an analogue to the pathological process which takes place in epilepsy, which, owing to blood alteration, produces vaso-motor excitation in the cerebral arteries which contract.

The renal theory is well-known to all, but Charpentier tabulates 141 cases of eclampsia, in which there was no albuminuria. Now does eclampsia set up the kidney lesion, or does albuminuria set up the convulsions! Lusk, while willing to divide the subject of convulsion into 1st., centric causes; and, 2nd, peripheral causes (which is the old divison) asserts that in the majority of cases uræmia is the *fons et origo* of the mischief, but that peripheral irritation may sometimes occasion the eclampsia without uræmia. In those instances in which albumen is not present in the urine, he believes that the seat of the trouble will be found in renal insufficiency, and that this is usually the primary cause of the symptoms.

Depaul believes that eclampsia does not produce albuminuria, neither does albuminuria produce eclampsia, but that both depend upon an alteration in the composition of the blood incident to pregnancy. Of Bailly's 5th div. (blood-poison) the first condition is that of uræmia. In cholera we have an enormous amount of urea in the blood, but no eclampsia. Wilson, in 1833, gave birth to the uræmic theory, but Babbington, Bright, Rees, Christison, Frerichs, Schötten, Segalas, Hoppe, Gallois, Brown-Sequard, Cl. Bernard, Oppolzer, and others, prove that urea is inoffensive, and in order to disprove Wilson's theory, Cl. Bernard injected urea into the veins without producing eclampsia or any nervous action. Again it is known that 30 p. c. of all the nitrogenous matter taken as food is turned into urea, while 66 p. c. of complemental residuum is converted into force production. In uræmia, the temperature falls notably and surely, while in eclampsia it rises. A certain class of cases it is claimed, depend upon the conversion of urea into carbonate of ammonia. This theory was advanced by Frerichs, but Cl. Bernard has shown conclusively that human blood in health and disease almost always contains carbonate of ammonia, and that if urea is

ever found in the intestinal juices under the form of ammonia salts, it is because that at the very moment at which it comes into the intestinal tube it becomes dissolved by the fluids, which, by a process of fermentation, convert it into ammonia salts as fast as it arrives. The urinæmic theory supposes that certain extractive matters (creatine, creatinine, leucine, ect.,) act as septic matter in the blood. It is a fact of significance that usually during pregnancy the amount of urea is diminished instead of being increased. In the face of such an array of entirely divergent opinions what views can the student of to-day safely hold in regard to the pathology of eclampsia? Charpentier gives the three principal causes of albuminuria in pregnant women as follows: 1st, alteration of the blood; 2nd, excess of intra-vascular tension; 3d, acute or chronic disease of the kidney. Of these, the last division is the fecund source. Pregnancy predisposes to albuminuria. It is both, as Dumas says, a predisposing and an exciting cause. In the present condition of pathological science, we cannot say absolutely what is the cause of puerperal eclampsia. The recent publication of clinical observations of temperature, etc., in these cases of eclampsia, together with the experiments of Cl. Bernard. the results of urinary analysis, and the renal conditions made apparent by autopsies, have done much to weaken the autocracy of the uræmic hypothesis, and I should lean, at least, for the present, toward the opinion of Fournier, that we must look for the cause, generally, in an altered blood supply, but just in what way it is altered is not clearly settled.

Dr. Franzoni asked with regard to the urine. He thought it singular that no sugar was found owing to the high specific gravity, 1030, and would like to know what tests had been used.

Dr. Johnson replied sub. nit. of bismuth and copper tests had been tried, but not fermentation.

Dr. Franzoni regretted that fermetation had not been used, as he had known sugar to be found by its use when all other methods failed.

Dr. Taylor said in the case reported by Dr. Murphy there did not appear to be any very obvious cause for the convulsions, and he would like to know if there had been any previous history of convulsions occurring from any cause in this individual. He was rather inclined to take Dr. Palmer's view of the case that the convulsions might probably be of an hysterical origin. According to the statistics just read by Bigelow, we were not any better informed as to the etiology or pathology of puerperal eclampsia to-day than we were twenty or more years ago. Then it was the practice to bleed in puerperal convulsions, and he believed it was, in many cases, better treatment than to rely entirely upon the bromides and chloral. He reported a case to this Society a year or two ago, in which the convulsions came on twelve hours after delivery, and though they were controlled by bromide of potassium and chloral hydrate and the patient made a good recovery, he thought at the time and still thinks it would have been safer to bleed her. As to the cause of puerperal eclampsia we were not well informed, as just stated. In his opinion, it was in all probability due to some peculiar predisposition or nervous defect. He recollected a case which occurred some years ago in a lady residing near this city. He was informed that she had one hundred and sixty convulsions after delivery. She recovered and had a number of children afterwards, and he heard from the attending physician that she had convulsions of greater or less severity every time she was confined. This lady finally came under Dr. Taylor's care, suffering from an attack of apoplexy. She lingered a long time afterward with paralysis, and died in convulsions. The family of this patient were all more or less predisposed to convulsive attacks and nervous disorders.

Dr. Palmer was disposed to think the case reported by Dr. Murphy one of hysterical convulsions. There was scarcely enough trouble to warrant a diagnosis of puerperal eclampsia. The large amount of urine would favor hysteria.

Dr. J. M. Mackall differed from Dr. Palmer as to the hysterical character of the convulsions. The greater quantity of urine prevailed before the convulsions or birth of the child.

Dr. H. L. E. Johnson thought it scarcely right to bleed in this case, as the woman had lost considerable blood during the labor. The woman was not at all of an hysterical nature. Flint says the normal amount of urine passed in 24 hours is 52 oz., and the specific gravity 1015 to 1020. He saw a patient confined last week who passed only 12 oz. in 24 hours, yet had no trouble.

Dr. Garnett considered it singular that albumen should have been found only once. It does not appear that the convulsions came from albuminuria. If cause was not hysteria, the trouble was due to blood pressure on the nerve centres, and she should have been bled after the first convulsions and given a sedative.

Dr. Taylor could not understand how 90 per cent. of albumen was found, as the white of an egg only contains 12 per cent.

Dr. Mackall related a case which occurred in the hospital at Georgetown, where his father accomplished an instrumental delivery after a labor of six hours, during which convulsions

prevailed. He then bled her several times without avail, and the convulsions lasted almost continuously for three days.

Dr. Palmer agreed with Dr. Garnett as to bleeding, and the subsequent use of a sedative. He too had never lost a patient when he adopted that plan. Bleeding promotes dilatation of the uterus, and renders the application of forceps easy.

Dr. Fenwick did not wish the remarks of his friend, Dr. Taylor, to go on record uncontradicted. Statistics would show that the mortality in puerperal eclampsia was over 50 per cent. when they were students. Now, however, under a better mode of treatment the mortality was only 10 or 12 per cent. This, in his opinion, would conclusively show that the disease was better understood at this time and more successfully treated than when bleeding was the fashion.

On motion of Dr. Mackall the discussion was continued to allow Dr. Murphy to be present.

The Society then adjourned.

BALTIMORE ACADEMY OF MEDICINE.

STATED MEETING HELD DECEMBER 18TH, 1883.

(*Specially reported for Md. Med. Journal.*)

The Academy met at the usual hour, the President, DR. F. T. MILES, presiding.

INCISED WOUND OF THROAT.—*Dr. J. E. Michael* reported this case, (which was published in full in the JOURNAL, Jan. 5th).

Dr. Van Bibber alluded to a case occurring in the practice of the late Prof. N. R. Smith. A young man, a printer, had been on a tremendous frolic, and as it was supposed was suffering from delirium tremens. He imagined that he felt something like a cat or monkey hop on his shoulders, and say to him, "now's the time to do it!" With that he seized a razor and severed his windpipe. There was profuse bleeding. The œsophagus was also divided, so that he had to be fed by tube and syringe for two or three months. He recovered.

The President called attention to the protection afforded to vital parts by the sterno-cleido-mastoid muscles. In one case that he was cognizant of the neck was almost severed, yet the artery escaped.

NOMA SUCCESSFULLY TREATED BY SUBNITRATE OF BISMUTH.—*Dr. I. E. Atkinson* reported a case of this in a child, æt. 18 months, who was brought to the University Hospital Nov. 19th. She was of Irish parentage. She had had no recent attack of illness, but during the summer had numerous attacks of diarrhœa, and exhibited a condition of chronic atrophy. Three weeks before she was brought to the hospital, she had a little sore, like the excoration of a blistered surface, in the fold of mucous membrane between the cheek and gum. At the time of the first visit the entire lower lip was involved, exhibiting a brownish offensive slough, the ordinary appearance of spreading gangrene. She had no fever, although it was reputed to have existed previously. On the first day she was ordered a mild carbolic wash and opium, to which was added next day quinine and iron. By the 22nd the gangrene had extended, involving the whole lip, extending up on cheek. The subnitrate of bismuth was ordered to be applied, and kept applied constantly. There was now a slight increase of gangrene, then the slough ceased extending. By Dec. 6th every trace of slough had disappeared, and a perfectly healthy and granulating surface was presented. The patient is still doing well, and the wound continues to cicatrize. She nurses perfectly well, lapping the tongue around the nipple in lieu of the deficient lip. The treatment had been so encouraging in this case, that Dr. Atkinson would repeat it in a similar one. Within a few days the disease had been checked. Ordinary treatment—by hot iron, or strong caustics—does not give good results in gangrene. Modified caustics seem to answer better. A solution of the sulphate of copper (3 ss to ℥ i) is used by several writers with very good results.

Dr. W. C. Van Bibber had seen many cases of this disease, and had never seen but one die of it. His treatment has embraced biborate of sodium and sugar with Armenian bole.

Dr. Atkinson was surprised to hear this statement, as his impression was that the disease was very rare, and that the vast majority of those affected died.

Dr. Richard McSherry read a paper on THE ERRONEOUS POPULAR OPINION IN REGARD TO DISSECTING (which has already appeared in full in the JOURNAL).

Dr. Michæl said, until the excitement upon the subject of grave-robbing two years ago there was no law; the Legislature then passed two laws. One of these was aimed at the protection of graveyards and cemeteries, but Potter's field was expressly excepted from its provisions. The second, providing anatomical material, was mandatory. The attention of the Trustees of Bay View Asylum was called to this some time ago. Under the construction made of it by the City Solicitor the only persons who could legally have control of dead bodies were the City Health Commissioner and the Coroner. The Bay View Trustees adopting this opinion as their guide, not only

refused to give bodies, but set watchmen over the graveyard at Bay View, with orders to arrest any one trespassing. The matter is now in the hands of competent legal authority, and in a short time the act will be passed on by the courts.

Dr. Wm. Lee reported the following: A CASE OF ACUTE BRIGHT'S DISEASE RAPIDLY DEVELOPING WITHOUT ANY EVIDENCE EXCEPT URÆMIC CONVULSIONS.

On December 5th, 1883, 9½ A.M., John R., aged 14 years, residence Washington, D. C., came to my office in charge of an aunt (at whose house he was on a visit in this city) to consult me about pain in and around his left ankle-joint, stating at the same time that three nights before leaving home, which was December 4th, and while resting on a bench at a telegraph office where he was employed all night and part of the day, a fellow companion let fall a good size box on his left ankle, which was so swollen and painful that he applied to a physician, who ordered application of dilute Goulard's extract, and from this he had derived much relief.

Upon examining his ankle-joint I could detect only a slight œdema, but he complained of pain and a sore feeling of the parts when much pressure was made upon them. I enquired particularly into his previous condition as he was an unhealthy-looking boy, and found he did not suffer or complain in any other way, with exception of often being constipated and sometimes having a slight cold and chilly feeling when exposed in wet weather. His aunt also informed me that he had never been sick since quite young, then with the measles. He was ordered a mild purgative and requested to rest the injured parts for two or three days.

That night about 11 P. M. I was hurriedly summoned to see him. He was found to be just passing out of a convulsive attack, and had had in the past half-hour three convulsions, being taken with the first while drinking and just before going to bed. These paroxysms continuing with a few minutes interval during which it was almost impossible to arouse him, made any attempt at giving remedies by the mouth useless, and owing to there not being proper facilities for applying hot water its use was out of the question. Further, having seen but little good if any from inhalations of chloroform in cases of convulsions, where there was much drowsiness, I determined at once upon the use of muriate of pilocarpin hypodermically, a solution of which was obtained 1 gr. to 60 m. water. I began with ¼ gr., having first a suitable dose of stimulants administered, as is my custom (it being given in this case by the rectum). Time of first injection of pilocarpin was 11.50 P. M. At 12.05 A. M. the diaphoretic action of the drug began; sweating first a little on each side of his nose and cheeks, and at 12.25 A. M. was sweating all over, but not very much.

After waiting one hour and seeing that the sweating did not relieve his circulation enough to influence entire control over the convulsions, there being great danger of inflicting serious injury to his already injured tongue, to say nothing of other consequences that might arise from the character of the seizures, I again injected more pilocarpin; this time, 1.25 A.M., using ⅛th of a grain. Half an hour after this dose profuse sweating set in and the convulsions ceased, he now becoming somewhat conscious.

I procured a small quantity of his urine, which was tested for albumen, and found it not only contained a large portion, but became almost a solid mass.

My patient being now in a condition for me to leave, I ordered nourishment to be given, consisting of milk twice until I should return, and left him for the night.

Dec. 6th, 9 A. M.—Found he had rested quite well up to this time, but was sweating still profusely, and fearing if it was allowed to continue longer, there would be too much depression, administered $\frac{1}{100}$ gr. of atropia hypodermically, which in the course of an hour lessened the sweating somewhat.

A fresh specimen of urine being now gotten, was again tested, and although it still contained albumen, there was nothing like such a quantity as before. The urine was also examined later during the day, under a microscope, when tube-casts were beautifully shown, some being transparent, others granular with blood and epithelium.

In this case both of the injections were well borne, with the exception of a severe headache there being entire absence of the bad symptoms, such as nausea, hiccough, faintness, etc., ascribed to this drug. To my surprise, also, there was no evidence of salivation, particularly as the doses used were quite large; indeed they may possibly be considered unwarrantably so; but I felt justified in administering them for two reasons—first, from the urgency of the case; and secondly, because from experience I have found the young are far less easily affected by pilocarpin than adults. I may add in passing that Professor R. Demme, Physician at Berne,* Switzerland, states he has used according to circumstances from $\frac{1}{5}$ to $\frac{1}{3}$ of a grain at one time. From this date my patient continued to do as well as could be expected, and, under careful treatment, the albumen and casts became less each week. Although not allowed to leave for his

*Boston Medical and Surgical Journal, Jan. 17, 1878.

home, he goes about the house, digests his food well, and at this time seems in a fair way to recover his health entirely.

My object in bringing this case to your notice has been two-fold, the one being to show how acute Bright's disease may develop without the usual premonitory symptoms; the other, to offer my experience in this and many other cases as in favor of the more general use of muriate of pilocarpin; at the same time to say, if, when it is used, Prof. Demme's advice of giving brandy beforehand be observed, many, if not all, of the injurious effects spoken of by Dr. Sydney Ringer and others will be overcome.

PTYALISM PRODUCED BY BROMIDE OF POTASSIUM.—*Dr. J. Carey Thomas* reported a case of mental derangement, in which along with a bromide rash there appeared after the use of the bromide an uncontrollable ptyalism. Saliva ran in streams from the mouth. No iodide or mercury had been taken.

Dr. Owings, of Ellicott City, remembered 5 or 6 cases in which the same result was noticed in very marked degree. Stopping the remedy led to arrest of the trouble.

The President had never noticed such an occurrence, but had observed spontaneous salivation in the insane.

POISONING BY ILLUMINATING GAS.—*Dr. Van Bibber* reported a case. The extremities were cold and blue, and the respirations were reduced to four per minute. Ammonia and warmth were resorted to, under which the respirations increased to fifteen.

The President said something more than the mere absence of oxygen was concerned in this condition. We don't know the exact condition, and hence are ignorant of correct methods of treatment.

Dr. Tiffany referred to cases reported, in which great relief had been obtained by profuse bleeding and transfusion; also to the inhalation of oxygen.

ANURIA IN A CHILD.—*Dr. McKew* reported a case of anuria in a child lasting three days. It was absolute, yet there was no uræmia or other alarming symptoms. Treatment consisted of warm baths and co. jalap powder continued until the urinary secretion was restored. The patient is now convalescing.

FREQUENT MICTURITION-GALVANISM.—Frequent micturition, where no special cause appears, is best treated by passing a weak galvanic current from the lumber region to the region of the bladder.—*Br. Med. Jl.*

Editorial.

OVERCROWDING THE PROFESSION—HOW REMEDIED.—The frequent announcements at this season of the year, calling attention to College commencements, invite the usual comments on the defects of medical education in this country. The large number of students annually graduated in medicine from American schools has almost ceased to be a matter of professional regret, and has become chiefly a subject for ridicule. The profession has learned to acquiesce in the result, and to view the constant additions to its ranks in the light of a farce. The question of the "survival of the fittest," or the law of "supply and demand," are brought to bear upon the subject, and consequently the movement goes on. Colleges multiply and students keep pace with the colleges, until there seems to be no limit to the demand for medical schools nor to the supply of medical students. This condition of things, however, is believed by some members of the profession to have assumed a serious aspect. It is evident to them that a remedy must be found to limit this surplus of medical graduates, or the market will become overstocked with unmarketable material. We believe that one remedy, at least, is within reach. In spite of the immense advance in the facilities for instructing students, in spite of the increase of well-qualified teachers and of clinical advantages for making practitioners, the medical education of students, in the vast majority of the best medical schools in this country, falls short of the ideal standard. The best prepared graduates of the present classes, as a rule, are poorly equipped in practical medicine to enter at once upon a successful medical career. The requirements which have been found sufficient for the college degree are not such, as a rule, which will entitle the holder of the degree at once to public confidence. Hence it must happen that the young graduate finds himself early in his practice handicapped by a deficient clinical experience and training. It is beyond the scope of the average medical school to perfect its students in the special divisions of clinical practice. Those diseases observed in the clinical amphitheatre offer a slender selection for clinical study. The student who has only come in contact with disease in the out-door clinic of the college lecture-

room has but a feeble grasp upon general medicine and surgery, and no conception of the refinements of special practice. Whatever knowledge he possesses it must be mainly theoretical, and has a small place in that system which alone can perfect him for his fight with disease. A few of the best schools are able to offer a limited number of their students positions as internes in hospitals. The advantages which these men enjoy in the race for position and practice is too well understood to be commented on.

Thus it happens that the profession is, in a measure, protected from this army of annual recruits by the very conditions which surround the present system of medical education in this country. Whilst the medical colleges have the power of creating doctors, their power of making practitioners is to a certain extent limited. Of late years this fact has come to be recognized more than formerly. The large number of men competing for practice must bring to the front those best prepared for the work. Men are forced early to realize their deficiencies, their want of experience and of special training. The college diploma does not meet the issue presented to them. They see the necessity for a greater familiarity with disease, for practical instruction in the details of medical and surgical technique, hence to their theoretical training must be supperadded the dispensary and hospital course. The growth of the specialties has likewise weakened the chances of the recent graduate, and made the conditions which surround him more difficult to overcome. A specialty implies a special knowledge of a department of medical science. It is no part of a college curriculum to make a specialist out of a student, hence, those who would excel in a given line of practice must seek instruction under different conditions after they have secured an education in general medicine. The conditions mentioned, which must necessarily hedge in the recent addition to the medical ranks, have called into existence the new department of post-graduate medical instruction. Men formerly were forced to go to European schools to fully equip themselves for the practical duties of their profession. That this course gave them immense advantages in the race for practice has never been questioned. To have studied in Edinburgh, Dublin, London, Vienna, Berlin or Paris, was at one time the sure path to useful and honorable distinction in professional work. The number of American students abroad has annually increased, but this number has not kept pace with the swelling flood of new graduates. It is only possible for a comparatively small number of American students to attend the polyclinics in Vienna, so the polyclinic from Vienna has been brought to America. The introduction of this feature of clinical instruction into the leading cities of the United States is the latest attempt to solve the question of over production. The immense advantages which are offered for clinical teaching, the skilfull utilization of the material to be found in every large city, the personal element in the study of disease are additional factors which enter into the regulation of the law of supply and demand, and insure to the profession partial protection, at least, against an overproduction of raw material.

Over-Production Met by Division and Multiplication of Labor.—The great advance in the different departments of medical science is another factor in the solution of the problem of over-production. Formerly the profession was too fully occupied with the management of acute diseases and with acute surgery to consider the long list of chronic ailments now classed among the curable diseases. New and lucrative avenues of trade have been opened up to the specialists by recent methods of study and practice. Diseases have multiplied as the means of combatting them have been reached. Many physicians find employment in new fields, which only a few years back yielded sparse crops. Hence a new demand has arisen for an increased production of medical men. Out of the growing ranks of new recruits not a few wander into special channels. The ambitious, energetic and enterprising find employment in lines of practice which have had only a modern existence. Within the last decade the number of specialists in the various departments of medicine has so rapidly increased that new and distinct fields of medical practice have called into existence numbers of medical workers in every large city. These men are beginning to multiply in the smaller cities, and will, sooner or later, find their way into the villages and

rural districts. The result is they find patients from whom the general practitioner would gladly escape; they find employment and a livelihood in communities supposed to be over-crowded with physicians.

It has not been many years back since one dentist was sufficient to meet the wants of a single congressional district in an adjoining State. Now every village has its dentist as well as its doctor. The reason for this is plain. People give attention to their teeth. The same rule applies to the physician. There is an increased demand for medical service, and this demand can best be met by an increased number of medical men.

Looking at this question of over-production from the standpoint here presented we seriously doubt whether the profession is at present endangered by the large additions annually made to its ranks, to the extent generally feared. We would be glad to see a statement showing that the profession of the present generation is more impoverished by sharp competition in its ranks than it was in generations back by its inability to combat disease with the same success which now attends its methods of practice.

Reviews, Books and Pamphlets.

A Year-Book of Surgery for 1883. Edited by CHARLES H. KNIGHT, M. D. G. P. Putnam's Sons, New York, 27 and 29 West Twenty-Third Street.

This is one of a series of year-books of medical progress issued by G. P. Putnam's Sons.

The object of the present volume is to present in a condensed form abstracts of the most important contributions to surgical literature during the past year. The first section relates to the ligation of arteries and veins. In reference to the ligation of the femoral artery for the cure of popliteal aneurism, Mr. T. Holmes "expresses the opinion that all large, all rapidly-growing, and all thin walled popliteal aneurisms should be treated by ligation of the femoral, and by methods which least disturb the artery. * * * As a rule, compression as a means of cure, by genuflexion, by Esmarch's bandage, or even by the finger or by instruments, should not be long continued."

Considerable space is given to the recent discussions in England in regard to the wiring of the patella for transvere fracture. Mr. Lister holds to the opinion that it is a safe procedure in all fractures, recent as well as old, when strict antisepticism is carried out. Other surgeons corroborated his views, but Mr. Bryant "expressed the opinion that the majority of cases of simple fracture of the patella do well under ordinary treatment. He should, therefore, hesitate to recommend the operation as a primary mode of treatment." This opinion of Bryant's will doubtless be commended by the vast bulk of physicians and surgeons. There can be no doubt that good results have been secured in the hands of Lister and others; but is wiring of the patella an operation which can be placed in the hands of those who have neither the skill nor the opportunities to apply this rigid antiseptic method? In old cases with marked impairment of function of the limb, the operation will find its greatest applicability.

An interesting paper on resection of the knee, by L. Ollier, is reported at some length. Referring to the high mortality of this operation, 75 to 80 per cent., after the old methods, he declares that antiseptic surgery has reduced the death rate to 14 per cent.; hence in suitable cases this operation should be preferred to amputation.

"The year has witnessed great activity in the surgery of the neck." Removal of the thyroid gland is now established as a justifiable operation, and Kocher alone has operated 103 times. The reviewer was fortunate enough to witness many operations of thyroidectomy in the clinic of Prof. Billroth during the summer of 1883, and was struck by the comparative ease with which the gland was removed, the slight bleeding and the good results following the operation.

In the surgery of the chest and abdomen brilliant results have been obtained, but nothing especially new has been presented, with the exception of "digital divulsion of the pylorus," devised and successfully performed by Prof. Pietro Lorretta, of Bologna, for non-malignant stenosis of the pylorus.

Supra-pubic lithotomy is again advocated by the French surgeons, and digital exploration of the bladder through an incision in the perineum, is brought forward by Sir H. Thompson.

As the little book before us is only intended to present brief abstracts of the most important surgical contributions during 1883, there is but little room left for literary excellence upon the part of the editor. He has, however, succeeded in condensing into a small space a great deal of interesting and valuable matter, and a perusal of the volume will amply repay those who have not had the opportunity of reading the original papers in the current pediodicals. It is valuable also as a repository to which reference may be made without the expenditure of much time. R. W.

Miscellany.

Tetanus Treated with Quinine and Chloral.—Dr. James H. Tebbetts, of Chicago, Ill., relates the history of a child, two months old, who had pushed a carpet tack, with a leather head, up its nose. Several days later Dr. Tebbetts was called in, and found the child in tetanic convulsions. It had had trismus for two days already. The tack was found wedged against the inferior turbinated bone and was extracted, when about a drachm of sanious pus and broken-down tissue was discharged. The convulsions continued, the temperature was 106° F., and pulse 170. Eight grains of chloral hydrate and five grains of quinine were given per rectum, when the general convulsions ceased, but not the trismus. Next morning the temperature was 104°. Ordered three grains of chloral hydrate every three hours for twenty-four hours, and five grains of quinine every six hours per rectum. This last medicine was continued for three days; at the end of that time the temperature was normal and there was only a slight trismus. Dr. Tebbetts adds: "It would seem that in quinine we are to look for great assistance in these cases, and that, when given in full doses, even in children, the convulsions lessen in severity and may cease altogether. Toy-pistol tetanus, in the practice of Dr. Hosmer Johnson, has been cured by large doses of quinine, and Dr. Jones, of New Orleans, also reports recoveries of cases of tetanus after large doses of quinine. In conjunction with chloral hydrate during and after the severer paroxysms, quinine seemed to hold the disease in check until the system had recovered its tone. Cinchonism did not appear." —*N. Y. Med. Record.*

Floating Cartilage in the Knee-Joint; Removal.—At a recent meeting of the New York Surgical Society, Dr. Little presented a specimen of floating cartilage which he had removed from the knee-joint of a patient who had come under observation three weeks ago, having suffered from slight pain in the knee for ten years. About six weeks ago he noticed symptoms for the first time indicating the presence of a loose cartilage, and, on examination, a movable body was discovered, which was quite prominent. On the 28th of February last Dr. Little removed it under strict antiseptic precautions. The operation was performed as follows; A bandage was applied from the leg to a point just above the patella, so as to keep the loose cartilage in the upper part of the joint. It was then "fixed" at a point on the other side of the joint by a strong acupressure needle passed through the tissues. An incision was made, and the cartilage was removed by a pair of bullet forceps. The edges of the wound were brought together by two catgut sutures, the wound of the synovial membrane not being included in the sutures. A compress of iodoform gauze and a full Lister dressing were applied. The patient did well until the morning of the fourth day, when he had a chill and a sudden rise in temperature (to 102° F.). On removing the sutures, about half an ounce of pus escaped from the wound. The synovial cavity was found to be slightly distended, but no fluid could be pressed from the joint through the wound. Believing that the collection of pus was external to the joint, Dr. Little reapplied the dressing; in a few hours the temperature subsided, and in forty-eight hours the effusion disappeared from the joint and the patient made a rapid recovery.

Ulceration of Bowels, with Copious Hæmorrhage, Cured by Castor Oil.—Hildyard Rogers, M. R. C. S., in the *Br. Med. Jour.* (Feb. 16th) reports the following case: Miss G., aged 28, had been suffering since the beginning of March, 1883, from diarrhœa, accompanied by hæmorrhage. She was looking plump and well nourished, and had no pain. The tongue was clean, but red Nothing abnormal could be made out on abdominal palpation. The heart and lungs were sound. There was no cough. The urine was normal. The rectum was slightly dilated. She had internal piles, which had bled occasionally, but not to any extent. She had always been regular and healthy. She had, since the beginning of March, been passing daily two or three loose motions, containing shreds of mucus and dark clots of blood. Temperature (morning) 101.3°Fahr.; pulse 120. Between March 22nd and May 9th the diarrhœa steadily increased in severity, and the blood changed from dark clots to a bright arterial color. At the latter date the motions consisted apparently of little else than blood and mucus, and the bowels were acting ten or twelve times in the twenty-four hours. There was at times troublesome vomiting and steady loss of flesh, but never

during the course of the illness any pain, other than that arising from bed-sores and from the patient's general weakness. The most careful examination, as well as the character of the motions, showed that the blood did not come from the internal piles, or from the lower part of the bowel.

The patient was seen in consultation by three or four physicians, all of whom concurred in the diagnosis. Opium, belladonna, bismuth, cerium, logwood, nitrate of silver, etc., were found utterly useless. Suppositories and injections of various kinds were tried without avail By May 9th she was reduced to a very emaciated condition, and was too weak to turn in bed. Her condition appeared almost hopeless At the suggestion of Dr. Gibson, of Newcastle, drachm doses of castor-oil each day were tried. Within twenty-four hours after taking the first dose, she passed a fæculent motion. The castor oil was repeated eight times up to May 20th, and after this only occasionally. The temperature fell in forty-eight hours from 103° F. to 99° F., and never rose again above 100° F. The diarrhœa rapidly abated, the stools becoming fæculent and healthy. No blood was passed after May 18th. The patient rapidly regained flesh and strength, and finally recovered.

On Affections of the Eye-Muscles in Diseases of the Brain and Spinal Cord. —Disturbance in the function of the eye-muscles is observed in many forms of brain disease. This condition, as pointed out by Dr. Henry G. Cornwell, in an interesting clinical study in the April issue of *The American Journal of the Medical Sciences*, is brought about by intra-cranial diseases, which affect the innervation of one or all of the three motor nerves distributed to the eye, viz., the third, or *motor oculi*, which supplies the levator palpebrarum and all the muscles of the globe of the eye except the superior oblique and the external rectus; the fourth, or *patheticus*, which supplies the superior oblique; and the sixth, or *abducens*, which supplies the external rectus The *facialis* is also to be included in the group of motor eye-nerves, as some of its filaments are distributed to the orbicularis palpebrarum.

Tonic spasm may affect the eye-muscles in some intra-cranial conditions, giving rise to strabismus. This is occasionally observed in the first or irritative stage of acute inflammatory affections of the brain, as, for example, in basilar meningitis. It may also be seen in epilepsy, at times in hysterical convulsions, and also in the convulsions of infancy due to teething, worms, etc. This form of spasm, in the greater number of instances, affects the internal rectus, the irritation giving rise to it being doubtless at the root of the third nerve in the floor of the fourth ventricle. The pupils are in most instances contracted, proving that the squint is the result of nerve irritation.

Clonic spasm of the eye-muscles is a rare condition, which is seen in some cases of brain tumors, cerebral sclerosis, and tubercular meningitis.

Strabismus, on the other hand, may be the result of paralysis of one of the recti muscles due to a disturbance in the innervation of the nerves supplying them.

Instead of a complete paralysis of an eye-muscle due to intra-cranial disease, there may be only a paresis of the muscle, no deviation in its relation with its fellow being noticeable to an observer further than, in marked cases, a halting or jerking in the movements of the eye toward the affected side. The subjective symptom of this condition is diplopia, or double vision, the distances of the images from each other being dependent upon the extent to which the affected muscle is enfeebled, and also upon the direction in which the eyes are turned.

Paralysis or paresis of the eye-muscles, Dr. Cornwell points out, may be periodical in character, as has been observed in some cases of basilar tubercular meningitis, cerebral syphilis, tumors, abscesses of the brain, and in the early stages of tabes dorsalis.

The Climatic Treatment of Phthisis.– In a paper on this subject, read before the Ulster Medical Society, Dr. James Alex. Lindsay says there are several cases in which the climatic treatment is plainly inadmissible.

1. In acute tuberculosis. Here no treatment is of even temporary avail, and the rapid prostration of the patient makes a resort to travel quite out of the question.

2. During acute exacerbations of the chronic malady. Here the wise treatment is to avoid all causes of excitement and irritation, to soothe the patient, and to wait until the disease shall again resume its chronic character.

3. Where the patient's means are insufficient to enable him to travel with reasonable comfort, or where there is an idiosyncracy which renders travel peculiarly distasteful and irritating.

In regard to favorable cases:

1. Those which approach the remittent type are peculiarly favorable for climatic treatment.

2. The milder constitutional symptoms are, in proportion to the local pulmonary mischief, the more hopeful is the climatic treatment, and *vice versa*.

3. It is important to inquire whether resort has ever before been had to travel, and with what results. Patients who are braced and

stimulated by change of scene, and who possess much mental elasticity, are more likely to gain advantage than those who are depressed and disheartened by absence from home and the association of friends.—*Dublin Journal of Med. Sci.*, February, 1884.

Intravenous Injection of Milk.—Dr. Miglioranza gives the results of a serics of experiments on dogs in the *Arch. Italiennes de Biologie*, which are referred to in an editorial by the *Lancet*. He takes the ground that milk must be first digested to be properly prepared for the blood, and if it be injected as milk it will simply give up its albuminoid and fatty matters to the kidney, to pass out by the urine. He says that transfused sugar of milk passes in part into the saliva, as dogs afterwards lick their lips on account of the sweet taste. The butyric element of milk, transfused without a previous digestion, produces fatty infiltration of the kidneys and chyluria. In the treatment of cholera the serum of milk may be used to advantage, but not pure milk. The sudden introduction of a large quantity of milk into the circulation produces great diminution of blood pressure, due to collapse of the force of the cardiac systole, and unless the milk be filtered to prevent corpuscles larger than those of the blood from entering, obstruction may ensue in the pulmonary and cerebral circulation. As to the injection of the serum of milk, Albertoni has injected from 9 to 100 grammes into the veins of dogs without observing any ill effects. Casein, after being digested, if introduced directly into the blood is more apt to be transformed into urea than into nutrient material. Fresh urine may be directly injected into the blood without causing poisonous symptoms, but if decomposition has commenced serious symptoms immediately follow. Carbonate of ammonia introduced into the blood, notwithstanding the opposite statement of Ritter and Feltz, produces symptoms that precisely resemble those of uræmic fever, viz.: tetanic convulsions, dyspnœa, excitement of the circulation, hyperæsthesia, and coma.—*Journ. of Am. Med. Ass'n., March 29.*

Bromide of Ethyl and Nitro-Glycerine.—Professor O. Berger has found bromide of ethyl useful (1) in neuralgic conditions of the nerves of the face and head, in megrim, and in nervous headache and heaviness. The inhalation of twenty to forty drops of the remedy several times a day has lessened headache in cases where quinine, salicylic acid, caffein, and guarana had all proved useless; and in three cases of headache, connected with cirrhosis of the kidney, it was better than any other remedy. (2) In neurasthenia; it is here given in doses of from one to three grammes twice or thrice a day if necessary. (3) In epilepsy; here it is of very little use, although Bourneville and D'Ollier considered it useful. They narcotised their patients daily for ten to twenty minutes with it, but when given in doses of one gramme daily by inhalation it is useless. It is, besides, expensive, and causes much depression. When inhaled before or during the epileptic attack it only prevents or cuts it short in exceptional cases. (4) In hysteria it is of more use. The attack of hystero-epilepsy may sometimes be cut short by narcotising with it for ten or fifteen minutes, eight to twelve grammes of the drug being required. When given in doses of a half gramme to two grammes by inhalation once or twice a day, it may avert a threatened attack of hystero-epilepsy. (5) In several cases of physical excitation the bromide of ethyl has proved serviceable. The author finds nitro-glycerine also useful in headache.—*Breslauer Arztl. Zeitschrift, No. 8, 1883.*—*London Practioner.*

Locomotor Ataxia and Syphilis.—In a paper on this subject, read before the New York Academy of Medicine (*N. Y. Med. Journ.*), Dr. Leonard Weber, the author, drew the following conclusions:

1. There was not sufficient evidence to show that syphilis might be the direct cause of a typical form of locomotor ataxia, in other words, of posterior sclerosis of the cord.

2. There was proof, and plenty of it, that syphilis produced certain lesions in the cord and its meninges as surely, if not as frequently, as in the brain, that these lesions might be, and often were, followed by symptoms of tabes, and that they were generally relieved by prompt and energetic specific treatment, but rarely cured.

3. Experience had shown him that the tendency of the syphilitic virus to produce lesions in the nervous centres occurred the sooner the less its course was interfered with by judicious and long-continued anti-syphilitic treatment. Older cases were more apt to develop neuroses than those of recent date.

4. As shown by all observers, after syphilitic lesions of the cerebral nervous system were once established, they might often be relieved, but seldom if ever cured, by specific measures. Thus we had reasons in cases of syphilis for insisting upon long-continued and timely treatment, for keeping accurate and judicious watch over the

patient, and for attending to specific symptoms as early as possible.

5. The inunction treatment with mercury in fresh cases of syphilis was the best means of reducing the disease to an early and harmless latency.

A Notice to Subscribers.—If any subscriber to this journal has paid his subscription to a canvasser, we request a notice to that effect should he receive a bill from our office. A man employed to canvass for this journal has taken conditional subscriptions, collected money and abused our confidence by various methods. In order to set ourselves right with those who want the Journal and with those who subscribed conditionally, we again request the latter to notify us of their wish to have the Journal discontinued, otherwise we will consider them *bona fide* subscribers. We request our patrons to pay money to no party without a written authority to collect for us.

Menstruation a Cause of Puerperal Fever.—At a recent meeting of the Obstetrical Society of Edinburgh (*Boston Med. and Surg Jl.*), one of the speakers referred to the danger which, in his opinion, existed in the lying-in room from menstruation, saying that he believed he could trace certain cases of puerperal fever to want of proper cleanliness on the part of the nurse who happened to be menstruating at the time.

Pelletierine, a New Tænifuge.—Dr. John L. Dickey, of Wheeling, W. Va., calls attention (*Med. News*, March 28th,) to this drug as a valuable addition to the remedies used against tænia. Pelletierine is an alkaloid derived from the root-bark and stem-bark of granatum. It was discovered in 1878 by Tanret, and was named in honor of another eminent French chemist, Pelletier. The powder is greyish-yellow in color. The dose is given by one authority as two and a half grains; by another, fifteen. The preparation most largely used is gotten up in a proprietary form by Tanret, under the name of "Tanret's Pelletierine." It is of the color and consistency of maple syrup, and has a sweet and pleasant, but slightly astringent taste. Each bottle contains an ounce, which is the adult dose.

Dr. Dickey has employed this drug in one case very successfully. He claims that the advantages of this preparation of pelletierine over other tænifuges are its quick action, and its pleasant taste and easy administration. After giving the drug it is necessary to administer a brisk cathartic and an enema to secure the prompt expulsion of the worm. The drug costs three dollars an ounce.

Lupus and its Relation to Tuberculosis.—The controversy over the nature of lupus has been enlivened and infused with a new interest since Koch's discovery of the tubercle bacillus. The disease is a comparatively rare one in this country, and therefore its diagnosis from diseases similar to it has frequently not been accurately differentiated. It is still an open question, and at present a much mooted one, whether lupus is not a local tuberculosis. Friedländer, Volkmann, and many other authorities state decidedly that it is, while Virchow, with many others agreeing, thinks that it is not. Both parties argue from microscopical investigation, and arrive at their respective conclusions in an apparently convincing manner.

Koch's discovery of the tubercle bacillus is now being used as a factor in the determination of the nature of these two diseases, and in an important paper on this subject in the April number of *The American Journal of the Medical Sciences*, Dr. Robert B. Morison gives the results of his investigations in this direction, from which he concludes that the presence of tubercle bacilli in lupus has not been satisfactorily proven.

Medical Items.

A patent of nobility has just been granted to Prof. Frerichs in Berlin in recognition of his distinguished services to medical science.=Arrangements have been made for the publication of a monthly periodical, dealing with Laryngology and all its allied sciences. The work will be published in the German language, under the editorship of Dr. Felix Semon. The title of this journal will be the *Internationales Centralblatt fuer Laryngologie, Rhinologie und Verwandte Wissenschaften.*=Dr. Widenhofer

has been appointed Ordinary Prof. of the Diseases of Children in the Vienna Medical Faculty.=It is said that bromide of ammonium when taken in small doses will absorb fat and diminish the weight of the body with greater certainty than any other known remedy.=The Alabama State Medical Association will meet in Selma, on April 8th and continue four days.=Dr. Morris Longstreth, of Philadelphia, is delivering a course of lectures at the Lowell Institute, Boston, on the Germ Theory of Disease.=Prof. W. T. Howard, of this city, has collected and forwarded some seven hundred dollars as a donation to the Sims' Memorial Fund. Professor Howard, as a member of the Memorial Committee, has been untiring in his efforts to swell the Memorial Fund. It is said that this is the largest return made by a single member of the committee.=Our contemporary, the *Medical Record*, makes several unfortunate errors in publishing the list of subscribers to the Sims' Memorial Fund from Baltimore. We have never heard of such an Institution as the Faculty of Physicians of the University of Baltitimore. This is evidently intended for the Faculty of Physic of the University of Maryland. The initials of several physicians are improperly given. These errors are misleading, and should be corrected in justice to the contributors.=Yellow Fever is on the increase at Rio.=Fifteen hundred new doctors have so far been created this spring, with some fifty colleges yet to be heard from.—*Medical Record*.=A correspondent from Macon, Ga., to the *Medical Record* says: "The new code sentiment is fast gaining ground in Georgia."=In the United States Circuit Court in Maryland, it was, on the 10th of March, 1884, adjudged and decreed that a perpetual injunction be issued against L. E. Wells and eighteen others, restraining them from imitating the labels of the Rumford Chemical Works, manufacturers of Rumford's Yeast Powder, and also from using their old bottles.=A movement is on foot in England to raise one thousand pounds as a testimonial to Weston, the pedestrian, as a substantial recognition of the extraordinary pluck and endurance exhibited by him in his recent five-thousand mile walk. Weston's walk was undertaken in the interest of the temperance cause.=The Medical Society of the State of Arkansas will hold its 9th Annual Session at Little Rock, Wednesday, April 30th; the session will last three days.=The Legislature of Connecticut has passed a bill making the sale of ice taken from polluted waters punishable by a fine of fifty dollars.=Dr. R. Dorsey Coale has been elected Professor of Chemistry in the University of Maryland. Dr. Coale was a lecturer in this branch during the past session. Dr. W. B. Platt has been elected Demonstrator of Surgery in the same institution.=The City Council of Baltimore, by a recent ordinance, has increased the number of vaccine physicians to twenty.=The Legislature of Maryland has adjourned without making an appropriation to the medical schools in the State which asked its aid. The annual appropriation to the State Board of Health was reduced instead of increased. The Nursery and Child's Hospital received an appropriation of $5,000, and the Woman's Hospital of Maryland $2,000.=The City Council has increased the number of city beds in the University and City Hospitals from twenty-five to forty.=We understand that a movement is on foot by which the Universiry of Maryland, and the College of Physicians and Surgeons of this city, will obtain the control of Bayview Asylum for clinical purposes. The Asylum averages some 1,000 patients in its wards, and is a vast storehouse of clinical material which should be utilized to a better advantage than in years past.=Dr. Jas. C. Green, a prominent physician of Danville, Va., died on April 1st.=Dr. H. B. Gantt, of Anne Arundel county, a young physician and a member of the House of Delegates of Maryland, was married to Miss Sue Adreon of this city, on April 2nd.

CHANGES IN THE MEDICAL CORPS OF THE U. S. NAVY for the week ending March 29th, 1884:

P. A. Surgeon E. H. Green to the Greely Relief Steamer "Thetis."

P. A. Surgeon E. H. Marsteller to the Receiving Ship "Colorado," at New York.

P. A. Surgeon J. H. Bryan resigned to take effect April 10, 1885, with leave of absence till that time and permission to leave the United States.

P. A. Surgeon C. W. Rush to the Naval Academy.

CHANGES IN THE STATIONS AND DUTIES OF THE OFFICERS SERVING IN THE MEDICAL DEPARTMENT U. S. ARMY, from March 26th to March 31st, 1884:

Hammond, John F., Colonel and Surgeon, now in New York city on sick leave of absence, will, after the expiration of his sick leave, await orders in that city.

Mearns, Edgar A., First Lieutenant and Assistant Surgeon ,assigned to duty at Fort Verde, A. T.

Original Papers.

THE BACILLUS TUBERCULOSIS AND THE ETIOLOGY OF TUBERCULOSIS. IS CONSUMPTION CONTAGIOUS?

FOURTH COMMUNICATION.

BY H. F. FORMAD, B.M., M.D.,

Lecturer on Experimental Pathology and Demonstrator of Morbid Anatomy in the University of Pennsylvania; Mütter Lecturer in the College of Physicians of Philadelphia.

(*Continued from page* 869).

The report upon the examinations of sputum for bacilli from the pathological laboratory of the University of Pennsylvania will embrace the results from nearly two hundred cases of pulmonary diseases observed. These show that bacilli in sputum are diagnostic, but not prognostic, in phthisis; that the old-fashioned test, the presence of pulmonary elastic tissue in sputum, is a very reliable one (gangrene and abscess being so easily excluded); and, further, that the absence of tubercle bacilli in sputum proves nothing.

Spina and Stricker* met tubercle bacilli in simple bronchiectasis, bronchitis, croupous pneumonia, etc.

Sattler, in the translation of Spina's book,† page 164, adds the record of an autopsy of a case of similar nature mistaken for phthisis on account of bacilli in sputum.

Kundrat‡ related a case which occurred in the spring in Nothnagel's clinic, where a diagnosis of tuberculosis was based upon the detection of bacilli; but, post-mortem, the case proved to be one of chronic catarrh with bronchiectasis. He also mentioned a case, under Prof. Schrötter, where bacilli were repeatedly found by himself and others, and the necropsy showed only bronchitis and emphysema. Hence he was not disposed to admit that the discovery of bacilli in the sputum was absolutely diagnostic of tubercle.

Riegel, of Giessen, and others, failed to find bacilli in the sputum of cases of diabetic phthisis. But I think the diabetes had nothing to do with keeping the bacilli out, as I have detected multitudes of bacilli in the sputum from a case of diabetic phthisis observed and confirmed by autopsy by Dr. Charles H. Reed, of this city.

Levinsky* and Koryanyi† both detected tubercle bacilli in the sputum of patients with syphilitic lesions of lung.

It is very probable that many of the cases of pulmonary disease in which bacilli were not discovered might nevertheless have been phthisical; in fact, the character of the control cases, as given by R. S. Smith (quoted above), fully justifies such assumption. From the autopsy experience of clinicians and pathologists whom I consulted, and from observations of my own, I can testify that the only sure way to decide the nature of doubtful cases, such as, for instance, are recorded by Smith, is the autopsy; otherwise the negative evidence in relation to bacilli goes for naught. This is also substantiated by the observations of Gibbs, Whipham, and West, quoted above—viz., that bacilli may fail to appear in sputum where there are no cavities and no ulceration in the lung.

I have seen autopsies to reveal phthisis in cases where no bacilli were found during life, after careful examination over and over again repeated; and I also happened to witness the autopsies of three cases of non-tubercular lung disease which during life had been diagnosed as phthisis on account of bacilli found in the sputum.

The examination of sputum may thus, in doubtful cases, be quite misleading; for, if in any given case bacilli are not found, it should be taken in consideration, *first*, that the bacilli may be enclosed in the tubercle tissue, as in miliary tubercle, which rarely produce destruction of the lungs, and consequently may fail to appear in the sputum; and, *second*, that the examiner may fail occasionally in any case to succeed in preparing a successful preparation of stained bacilli. On the other hand, if bacilli are present, they sometimes may not be pertaining to the case, but be accidentally introduced through use of a vessel uncleansed and used by another patient, or otherwise; and, finally, it may be inferred, but it is by no means proved under rules of scientific scrutiny, that similar bacilli do not occur in the sputum of cases other than tubercular.

*Loc. cit.
†Cincinnati, 1883.
‡Discussion before the Vienna Medical Society, Wiener Med, Presse, 1883.

*Deutsche Med. Wochenschr., No. 11, 1883.
†London Med. Record, March 15, 1883.

From our present knowledge of the occurrence of Koch's bacillus in sputum, we must therefore conclude:

1. That the presence of bacilli is a valuable *diagnostic sign* of tubercular disease of the lung.

2. That the quantity of bacilli found does not, as a rule, indicate the degree of the disease, and hence is *not a prognostic sign.*

3. That the absence of tubercle bacilli is *no proof whatsoever of the absence* of tubercular disease.

4. *The examination of air*—viz., *of the breath of patients* suffering with pulmonary tuberculosis, and of the air of sick rooms and hospitals generally—has given some positive but no definite results.

C. Theodore Williams* "recently selected one of the ventilation shafts at the Brompton Hospital for consumptives, in which the flues of several wards converge, and in which extraction takes place at the rate of three hundred to four hundred feet a minute. In this current he suspended glass plates smeared with glycerine for a period of five days. The plates were then washed with distilled water, the fluid mixed with a little mucilage and evaporated down to half, and the residue tested for bacilli, which were found in fair abundance."

R. Ch. Smith† "succeeded in demonstrating bacilli in the breath of the consumptive patients by making them breathe through two thin sheets of gun-cotton placed in the outer compartment of an ordinary respirator. This layer of cotton is then converted into collodion, run in thin films on slides, and stained for bacilli."

A. Ransome‡ states that "on examining the breath of several advanced cases of phthisis, specimens of bacillus were found in two cases, while in several other cases the organism was not found, and it was not found in the aqueous vapor condensed in the waiting-room of the Manchester Consumption Hospital." The collections had been made by exposing cover-glasses smeared with fresh white of eggs or a little mucus for a certain length of time. Gibbs' method was used in staining.

Celli and Guarneiri§ made similar examinations with quite different results. They were unable, after the most careful search, to find tubercle bacilli in the air of an unventilated room in which phthisical patients had been sleeping. The expired breath of those patients was likewise found to be entirely free from bacterial contamination. Nor could the tubercle bacilli be discovered in air which had been passed through the sputa of tuberculous patients, although in every case the expectorations were found to contain them in large numbers. (They were also unsuccessful in attempts at inoculation with fluids impregnated with this presumably vitiated atmosphere).

Prof. Sarmoni and Marchiafava (Annali Univ. di. Med., Sept., 1883) examined the breath of a number of phthisical patients for bacilli, with absolutely negative results. (They conclude that phthisis is not directly contagious, but might be indirectly so by means of dried powdered sputa which floats as dust in the air).

V. Wehde* made, under direction of Bollinger, in Munich, the following experiments in relation to examination of air. Plates smeared with glycerine were exposed for forty-eight hours in closed rooms in which there were a number of advanced acute cases of phthisis. No bacilli could be found after in appropriate manner applying the usual tests. (He further testifies that after injecting the material collected, as above stated, into the peritoneal cavity of eleven rabbits and guinea-pigs, no tuberculosis was produced.)

5 *Comparative studies of animal tuberculosis.*—Spontaneous animal tuberculosis is unquestionably identical with human tuberculosis. There are a few morphological specializations, which I mentioned in a former chapter—*e. g.*, in tuberculosis of birds and in bovine tuberculosis or pearl-disease; but the essential, peculiar histological features are the same in all. Tubercle bacilli appear also to be present in nearly all cases of spontaneous animal tuberculosis. I detected bacilli in a tuberculous bronchial lymph gland from a phthisical tiger, which I had kept in alcohol for eight years; in one from a monkey of more recent date; and several times I found bacilli in spontaneous bovine, chicken, rabbit, and guinea-pig-tuberculosis. I also

*Quoted after the Lancet, July 28, 1883.
†British Med. Journal, January 20, 1883.
‡British Med. Journal, December 16, 1882.
§Quoted by the New York Record from the Gazette degli Ospitali, No. 56, 1883.

*Prager Med. Wochenschr., January 1884.

studied tuberculosis in the bear, lion, leopard, and in a large variety of apes (dead of typical consumption, from the Zoological Garden of Philadelphia), with results identical with those obtained from studies in man. But this was long before the "outbreak" of the "bacillary campaign," and consequently Koch's parasite was not looked for in these latter cases.

Bollinger* found bacilli in the udder of a cow affected by pearl-disease (bovine tuberculosis).

There are no observations on record concerning the occurrence of tubercle bacilli in the excretions and the manure of animals affected by tuberculosis—sputum is not produced by animals—not even any reliable observation of bacilli in the milk.

Artificial or induced tuberculosis will be considered in connection with the experiments further on.

6. *The occurrence of bacilli in lesions and substances other than tubercular.*—Bacilli not distinguishable from tubercle bacilli are met with in lupus and leprosy. The bacillus met with in lupus is unquestionably identical with the tubercle bacillus, as is evident from the investigations of Max Schüller, Pfeiffer,† Dontrelpont,‡ and Babès and Cornil.§ Yet the dermatologists are hardly inclined to recognize lupus and tubercle as inseparable, there being already a defined tuberculous lesion, the scrofuloderm, on the dermatological list; and, further, they refuse to identify the two lesions on clinical and anatomical grounds.

The bacillus of leprosy, in specimens which I had the opportunity to examine, appears to me also perfectly identical with the small forms of tubercle bacilli, although the lepra bacillus may perhaps look more sharp-pointed to the eyes of others and may fail to take the brown stain. There is nothing surprising in the fact that the same species of bacillus inhabiting soils of different character and different chemical composition, perhaps, may acquire varying micro-chemical properties and slight modification in shape.

The experiments and evidence of Damsch,* Kaposi,† and of Hansen,‡ further suggest the identity of leprous and tubercle bacilli in their effects. There is no reason to believe that leprosy is a variety of tuberculosis, yet we must either declare lupus, leprosy and tubercle as identical lesions, or else declare the tubercle bacillus as not peculiar to tuberculosis.

I observed bacilli not distinguishable by the shape and micro-chemical tests from tubercle bacilli in the false membranes in two cases of diphtheria and in one case of scarlet fever with extensive pseudo-membranous angina. Two of these cases proved fatal; the autopsies did not reveal tuberculosis in any part of the body. The false membrane was prepared by crushing it between two cover-glasses, and treated like sputum.

In syphilis of the lung the cheesy material and the sputum (as above stated) were found to contain tubercle bacilli by Levinsky§ and also by Koryanyi.‖

Lichtheim[1] and Craemer[2] may also be mentioned in this connection as having each found the tubercle bacilli, or bacilli like them in every respect, in the fæces of a number of non-tuberculous patients, as well as in the tuberculous. This is, however, energetically contradicted by Gaffky, of Koch's laboratory, on the ground that he (Gaffky) failed to discover in fæces of normal persons in Berlin any bacilli which reacted to micro-chemical tests like tubercle bacilli.

The discovery of Professor Balogh[3] that bacilli similar to tubercle bacilli are found in the marshes around Pesth, Koch also tries to demolish by the statement that such bacilli were not detected in the mud of a Berlin city canal.

In sections of phthisical lungs I often observed masses of bacilli in those portions which were without tubercles, but which were affected secondarily by simple acute inflammatory changes and the air-vesicles merely stuffed with exudate undergoing rapid disintegration (coagulation necrosis); while the real tubercle tissue contained no

*Centralblatt, f. d. Med. Wiss., August 18, 1883.
†Deutsche Med. Wochensch., No. 19, 1883.
‡Monatshrft f. Practische Dermatologie, No. 6, 1883.
§Loc. cit.

*Centralblatt f. d. Med. Wiss., July 21, 1883.
†Wiener Med. Woch., No. 2, 1883.
‡Hospitals Tidndee, No. 32, 1883.
§Loc. cit.
‖Loc cit.
1. Fortschrite der Med., vol. i., 1883.
2. Sitzungsbericht der Societat in Erlangen, December 11, 1882.
3. Wiener Med. Wochenschr., No. 51, 1882.

bacilli, or sometimes only a few in the giant cells. I think Prudden* also noted this.

Surveying now the whole question of the habitat of the bacillus tuberculosis, it becomes evident that Koch's dogma—that only that is tuberculosis, and everything is tuberculosis, where his bacillus is found—is overdrawn and cannot bear criticism. It would be much safer to reverse this proposition, and to *consider that bacillus alone a tubercle bacillus which inhabits evident tubercular lesions* or their products—*e. g.*, sputum, and nothing else. For we have no difficulty in diagnosing under the microscope a tubercle without the bacillus; but *a dilemma arises at once if we see questionable bacilli without the tubercle or outside of sputum.*

VI.—Experiments and Evidence, "Pro" and "Contra."

It has been shown that the clinical evidence in reference to the contagiousness of phthisis is so meagre that assertions as to its parasitic origin are unwarranted (see chap. iv). Moreover, statistics negative such theory. This being the case, it would seem as if experimenters are trying to prove that which is not the reality.

Tha testimony of the defenders of this theory, however, appears strengthened since the publication of the discovery of the bacillus and of the experiments of Koch. This is to be in a measure explained by the impression which Koch's well-constructed article made upon the minds of some of our leading clinical teachers, who involuntarily felt themselves induced to teach and to write about the doctrine of the contagiousness of phthisis. The profession at large does not care for Koch's discovery, whatever its value may be; but the opinion of the leading clinicians endorsing such discovery forms a guide, and may prove one of the most efficacious means of influencing the profession in regard to the question of the contagiousness of phthisis.

Having arrived from my own experiments at conclusions different from those of Koch, I thought it at present timely to announce at least the results of my observations, as my detailed report cannot appear yet for some months to come. It is my personal observations, together with my conclusions obtained from a careful perusal of the control experiments and of the records of the observations of others which have determined my present attitude on the question of the etiology of tuberculosis.

The total evidence "*pro*" and "*contra*" gives me the impression that the doctrine of the contagious character and parasitic causation of tuberculosis cannot be sustained.

I will now submit a brief analysis and summary of experiments made and evidence offered in relation to the question of the parasitic origin and specific nature of tuberculosis.

For the establishment of a theory in regard to a parasitic origin of a disease by means of experiments on animals, etc., the following propositions must be affirmatively decided.

1. The disease produced experimentally in animals by means of inoculation with products of the human disease must be proven to be identical with the disease occurring spontaneously in man.

2. There should be some evidence showing that inoculation in man is followed by the same results as follow the inoculation of the same material in animals, and that the disease is really contagious.

3. There must be found a definite parasite at the beginning of the diseased process in all cases and in all tissues involved by the disease, and in sufficient quantity to account for the changes.

4. Given a parasite that is the cause of the disease, its action should be specific, *i. e.*, it alone should be the causative factor, and should, when isolated and inoculated into an animal liable to the disease, always produce that disease.

5. The lesions of a disease resulting from the inoculation of a specific parasite must also contain that parasite and the specific properties of reproducing the same disease when re-inoculated.

6. Finally, a given parasite and no other substance should, the conditions remaining the same, be capable of producing the disease.

Koch makes an effort to answer all the above propositions in the affirmative in reference to tuberculosis. As a thorough and experienced mycologist, he knew well that this is unavoidably necessary in order to establish the etiological relation of his bacillus to tuberculosis.

* Loc. cit.

Tuberculosis was known before Koch to be inoculable, and was, upon popular notions and traditionally, known and regarded by some as a contagious disease. Taking such theory for granted, it was necessary to find the parasite. In fact, Klebs, Toussaint, Max Schüller and Aufrecht made excellent investigations, which even suggested the parasitic nature of tuberculosis, although the proofs offered by these investigators were not sufficient.

Koch's investigations, with his superior advantages, methods, and diligence, have been crowned with better success, and have brought forward facts of standing and permanent value to mycology, botany, and partly to medicine. His evidence in the question of the parasitic nature of tuberculosis is strong, but his conclusions from this evidence were overdrawn and too hasty. They are, so far, not as much justified as he and his followers think they are. There is great lack of that absolute proof that is necessary for the settlement of a question of such magnitude and social importance.

Koch has, in relation to tuberculosis, brought forward definite affirmative proof for only some of the above-stated propositions, and this, again, *only partial.* Valuable contributions to this end have been also made by others. But we must have *full proof for each and all* of those propositions, and these must be really applicable to tuberculosis, before we can accept the theory of a parasitic character and of the contagiousness of this disease.

Submitting, now, a brief criticism of the bacillus theory of Koch and his followers, I will take up separately each of the above-stated propositions, all of which it is necessary to prove in the affirmative before there is any reason for the establishment of such a theory in regard to tuberculosis.

1. The disease produced experimentally in animals by means of inoculation with products of human disease must be proved to be identical with the disease occurring spontaneously in man.

In favor of the identity of human tuberculosis with that produced experimentally in animals there has been brought forward the fact that the products in both contain identical bacilli. But this surely does not prove the identity, because similar bacilli may be found in the lesions of various kinds of processes, resulting in cheesy products. (See bacillus chapter.) Besides, there are many spontaneous and artificially-induced tubercular lesions in which bacilli could not be demonstrated. Hence we cannot rely upon the bacilli as a proof for the identity of lesions.

Koch and those who imitated his experiments diagnosticate and declare all those artificially-induced lesions as tubercular which occur in nodes and in which they found the tubercle-bacillus, without taking (so far as I know) into consideration any structural peculiarities or other conditions. Now, tubercle-bacilli will surely be found in the lesions, whatever these may be, as they were introduced into the animal in those experiments. Further, in the opinion of those gentlemen nothing is tubercle where there are no tubercle-bacilli. Therefore, how can we rely upon their statements as to what the lesions they induced in animals really were?

It is hardly within the province of the mycologist to teach us what is tubercle and what is not tubercle.

Tuberculous lesions with extensive cheesy changes and tissue-destruction, cavities, etc., such as occur spontaneously and often quite speedily in man or animals, cannot be induced experimentally by means of inoculation, unless very large quantities of some purulent tuberculous materials are used, and abscesses result. When an animal dies several or many months after the operation of natural tuberculosis, extensive caseation of the organs may occur.* The only kind of induced or artificial tuberculosis in animals which may be ascribed to the effects of inoculation is one that corresponds in naked-eye appearance to secondary miliary eruption of tubercle as occurring in man,—the acute miliary tuberculosis. This acute miliary tuberculosis in man, which I observed in animals as a spontaneous disease, occurs only in wasting diseases accompanied by various grave symptoms, anæmia, and great emaciation; while the induced disease in animals occurs suddenly, and induces no symptoms, no blood-changes, no emaciation, etc.

In many instances where the experimenters have produced, by means of tuberculous materials, within two to eight days after the operation, a miliary eruption, it is not probable that these miliary nodes were tubercles, and were due to the effects of bacillli, which are known to grow extremely slowly, and it is not certain that the experimenters took pains to distinguish them from true tubercle, or were competent in all instances to do so. This is eminently true of the inhalation tuberculosis.

Tappeiner's induced inhalation tuberculosis of dogs,† so much relied upon by Koch and

* I was much surprised last summer to see in Berlin, at the Hygienic Exhibition, in Koch's pavilion, specimens of the character just stated exhibited as inoculation-tuberculosis, and still more to hear the demonstrator explain (surely without being authorized by Koch) that these specimens were to demonstrate the rapid effects of the bacillus.

† Virchow's Arch., lxxiv, 1878, and ibid., lxxxii, 1880.

others for the establishment of the mode of the spreading of phthisis, and partly of the bacillus doctrine itself, has been proved to be a fiction. Tappeiner, as so often quoted, subjected dogs to an atmosphere heavily charged with phthisical sputum, so that the dogs were nearly bathed in the latter (known to contain bacilli) for weeks. But, in spite of this, the animals grew fat, if anything, and, after the lapse of a certain time, acquired local pulmonary affections in the form of nodules, not likely to have been tubercular in nature, of which only in one case were some observed in the liver and kidney.

The experiments of Schottelius,* Wargunin and Rajewsky,† Weichselbaum,‡ and of others,§ and my own experiments also (to be reported subsequently), make Tappeiner's assertions perfectly untenable. Tappeiner's own account of his experiments and the microscopical description of the structure of Tappeiner's "tubercles" by Grawitz and Friedländer in Virchow's institute clearly indicate that he had nodular broncho-pneumonic foci, and not tubercles. (See explanation of these formations in the first chapter of this paper.)

I will, however, show later that pulmonary tuberculosis may occasionally be produced in rabbits by these means.

Furthermore, the bacillus theorists assert that inoculation-experiments, and these alone, can prove the tubercular nature of the nodular eruptions obtained artificially in animals. The identity with human tubercle is considered established because inoculation nodes from the animal and tubercles of man act alike. They claim that whatever can produce tubercle on inoculation contains the tubercular virus, and is tubercle. Under such conception, finely-powdered sterilized glass should be classed with tubercle, because it, as I can reaffirm now, is capable of inducing tuberculosis when introduced into the tissues of healthy animals.

The following deserves a passing mention. According to Orth‖ and Bollinger,¶ there is some doubt as to the identity of human and animal tuberculosis. The results of the experiments of both these observers show that tuberculosis could only be induced by feeding animals with materials from animal tuberculosis; while tuberculous materials taken from man had no effect upon animals when given as food. On the other hand, the Würzburg feeding experiments upon man** prove that animal tuberculous materials have no effect on man.

Although, judging from my own experiments, there is to my mind no doubt that some forms of artificially-induced tuberculosis in animals acquire gradually characters which make them identical with the spontaneous tuberculosis in man or beast, yet I do not think it is at all proved that the lesions so rapidly arising from the effects of the inoculation with the bacillus of Koch are identical with tuberculosis in man. The proof, then, upon this point, the supreme one for the settlement of the question of the nature of tuberculosis, is yet to be furnished.

2. There should be some evidence showing that inoculation in men is followed by the same result as follows the inoculation of the same materials in animals, and that the disease is really contagious.

In favor of the direct inoculability of tuberculosis in man the following is presented:

At a recent meeting of the Académie de Médecine, M. Verneuil related the following history: In July, 1877, a house surgeon (*interne*) at the Ste. Eugénie Hospital, who performed all the post-mortem examinations, one day noticed a papule at the base of the nail of his third finger. The apex presented a white spot, and a few drops of pus escaped from it. It was frequently cauterized, but the phalanges became attacked, and a cold abscess spread over the back of the hand. After three years' treatment, having failed to produce any improvement, M. Vernenil amputated the finger. The house surgeon was believed to be cured, and practised in the provinces. Quite recently he has been again attacked by cold abcesses in the lumbar region, causing intense pain; during violent attacks of pain the arms exhibit clonic convulsive movements. M. Verneuil has operated a second time. He is convinced that his patient became inoculated with tuberculosis when performing a necropsy. A similar misfortune happened to Lænnec. One day, when operating on a tuberculous patient, he slightly cut himself with a saw. A swelling appeared on the wounded part. Lænnec cauterized it with antimony chloride. The swelling disappeared, but twenty years subsequently he died from tuberculosis*

We have seen that clinical evidence and statistics do not elucidate a contagion for tuberculosis, and that the few isolated instances of apparent contagion offered cannot stand the test of scientific scrutiny. An infectious or contagious disease can have only one cause, and cannot be at one time due to a contagion and at other times arise from a variety of

* Virchow's Arch., lxxii, 1878, and ibid, xci, 1883.
† Vratsch, No. 6, 1882.
‡ Centralblatt, No. 19, 1882.
§ To the same conclusion, I hope, will also come my esteemed friend Prof. Brose, if he repeats his experiments published in the Medical Record, Jan., 1884.
‖ Virchow's Archives, vol. lxxvi.
¶ Arch. f. Exper. Path., vol. i.
** Shottelius, loc. cit.

*Paris Correspondence of the British Medical Journal, quoted by Boston Med. and Surg. Journal, No. 10.

causes; hence the latter part of the proposition must be answered in the negative.

This being the case, the *parasitic* origin must also be denied it, as a necessary consequence.

As to the first part of the proposition, too little is known of scientific observation upon this point in regard to tuberculosis. According to the exhaustive investigation of Dr. Law,† there is no evidence that tuberculosis has ever been conveyed through vaccination.

I must mention, though, an actual inoculation-experiment upon man, not so much on account of its inherent value, as because it has been quoted with great reliance in support of the infectiousness of tuberculosis. Demet, Paraskeve, and Zallonis, in Syra, Greece,‡ "inoculated a man of 55 with tubercle. He was suffering from gangrene of the left great toe, due to the obliteration of the femoral artery, and his death was inevitable, as he had refused to submit to amputation. His lungs were carefully examined and found to be sound. They inoculated the upper portion of the right leg with sputa from a man who had abscesses in his lung. Three weeks later there were signs of commencing induration at the summit of the right lung. The patient died on the thirty-eighth day after the inoculation, from gangrene. At the necropsy there were found at the apex of the right lung seventeen small tubercles, varying in size from that of a mustard-seed to that of a lentil. Two similar tubercles were found in the left apex, and two others in the liver. The experimenters concluded that the embryonic state of the tubercles and their limited number were due to the short time since the inoculation."

This isolated experiment, as well as any of the experiments on animals, is valid only when we take it for granted that the experimenters are able to differentiate spontaneous from artificially-induced tuberculosis. This is not probable in the case just quoted. We are told that the man experimented upon was suffering from an exhausting disease, and it is well-known that at least one third of the autopsies in such cases reveal tubercular disease.

Directly bearing upon the proposition under consideration are again those Würzburg feeding-experiments, in which material known to be infested by tubercle-bacilli was used, often raw, for years as food, under strictly scientific supervision, with absolutely negative results, and which tended to show that man does not react at all upon the tubercle-bacillus.

† National Board of Health Bulletin No. 40, 1882.

‡ Quoted by Med. Chir. Review, October, 1874, from Gazette Médicale, 1872, page 192.

Society Reports.

PROCEEDINGS OF THE MEDICAL SOCIETY, DISTRICT OF COLUMBIA.

STATED MEETING, HELD MARCH 12TH, 1884

(*Specially reported for the Maryland Medical Journal.*)

The Society met with the President, DR. GARNETT, in the chair, Dr. MCARDLE, Secretary.

Dr. Lamb presented two pathological specimens from a still-born child. The pelvis of the mother, he said, was much contracted. Long forceps had been tried without success. Turning was then resorted to, and after much exertion delivery was effected. In examining the child he had found a partial disjointing of the left sacro-iliac articulation, and a separation of the fifth and sixth cervical vertebræ and hemorrhage between them and into the spinal canal

The second specimen, from the same subject, was a hydronephrosis of the left kidney and ureter. They were about twice the size of the same organs on the right side. The cortical substance was diminished.

An attempt to find the cause was not successful. There was no growth. The probe met with an obstruction in passing into the bladder from the left ureter.

Hydronephrosis occurs congenitally at times; but it is hard to tell with what frequency. If it be unilateral it does not militate against the child's life.

In this case the right kidney would perhaps have hypertrophied sufficiently to supply all deficiencies. Diagnosis would have been difficult, and catheterization of the ureter the only treatment promising success.

Dr. Kleinschmidt said Simon had catheterized the ureter in the female.

Dr. King said this case reminded him of one reported some years ago by Dr. Lee, and as that gentleman was present perhaps he would refresh our memory.

Dr. Lee said the case mentioned by Dr. King occurred twenty years ago and the report to the Clinico-Pathological Society was printed in the current medical literature.

The child was born at full term, after a not very difficult labor. It died, however, six hours afterwards There had been a free action from its bowels, it nursed and did not seem to suffer pain. But it passed no water at all and was in a comatose condition before death. Upon opening the abdominal cavity, the colon was thought to be distended, but upon closer examination an enlargement of both ureters was discovered. Both kidneys were greatly enlarged, and the supra-renal capsules seemed to be caps surmounting huge

cysts. The muscular fibres of the bladder were thickened. There was no obstruction along the ureters; but one was found at the junction of the bladder and urethra. The caput gallinaceum was so enlarged as to close the urethra.

Dr. Taylor said a case had been reported of an adult whose bladder had contracted on account of a urethral obstruction.

Dr. King saw nothing singular in this. Owing to the accumulation of urine the vesical walls would thicken and contract whilst the ureters would be paralyzed and enlarged.

Dr. Garnett expressed a desire to hear Dr. Thompson on catherization of the ureter.

Dr. Thompson had no experience in this matter. In a child it would be impossible, in an adult, rare. In the female, it had been done. The subject was of no importance in urethral surgery. He had seen a number of cases of double hydronephrosis, most of them post-mortem.

In all of them he found a contracted bladder. Some years ago he saw a case of supposed distended bladder. He tapped through the rectum and drew off the water. At the post-mortem it was found that he had punctured a dilatation of the ureter at its junction with the bladder. The ureters were greatly enlarged, and the kidneys were like huge cysts. In cases of stricture where a suprapubic puncture was made, it was quite easy to pass a catheter from the bladder down the urethra.

The Fallopian tubes have been catheterized, and he himself had seen Paulic do it in the dead subject.

Dr. Schaeffer thought it would be interesting in such cases as Dr. Lamb has reported to see if there was any connection between the bladder and the rectum. There is a case on record where a child lived several months, passing its urine through the rectum. This might be due to a congenital malformation, and, if recognized early enough, would point out the line of treatment.

Dr. Thompson thought the difficulty in Dr. Lamb's case would be to make a proper diagnosis. If that could be done he would advise nephectomy.

Dr. Morgan related a case seen by him, where the autopsy revealed a ureter obstructed by a large calculus. The ureter was mistaken at first for the intestine. It was filled with very acrid offensive urine. Calculi were also found in the pelvis of the kidney, which organ was enclosed in an immense sac.

Dr. Lamb said in regard to nephrectomy, he considered it unnecessary in such a case when the trouble was unilateral, as gradual atrophy of the cortical substance would ensue and compensatory hypertrophy of the other kidney would take place. If, however, accumulation of urine would imperil life, then such an operation would be proper.

With regard to the rectal communication, such cases could be explained by embryological development. In the fetus there is for some time a want of separation, if it might be so expressed, between the uro-genital and rectal canal, and these might remain in such condition. Any material of this kind would be acceptable to the Medical Museum and due credit would be given to exhibitors.

Dr. Thompson doubted if such a kidney would become harmless by atrophy. Experience proved that the patients died before such a desirable event occurred. The kidney becomes converted into an enormous sac, the fluid degenerates, and we have to deal with what might well be termed a cystic tumor. In every case of hydronephrosis where the obstruction is above the bladder, an operation is justifiable.

Dr. King said the other specimen might be of interest as indicating that many other such cases might pass unobserved. He asked if there were any evidences of the accident before the autopsy revealed its presence.

Dr. Lamb said no such evidence was discoverable before the post-mortem.

On motion the discussion was closed and the Society adjourned.

NEW YORK NEUROLOGICAL SOCIETY.

STATED MEETING HELD MARCH 4TH, 1884.

(*Specially reported for Maryland Medical Journal.*)

W. J. MORTON, President, in the chair.

1st paper.—Dr. C. L. Dana read a paper upon "MORBID SOMNOLENCE," relating a number of histories illustrating different forms of this affection. These forms are classified as follows:

1. EPILEPTOID SLEEPING-STATES.
2. HYSTEROID SLEEPING-STATES, INCLUDING (*a*) SPONTANEOUS OR "MESMERIC" SLEEP, (*b*) TRANCE AND LETHARGIC STATES.
3. MORBID SOMNOLENCE, THE EXPRESSION OF A DISTINCT NEUROSIS. (NARCOLEPSY.)
4. UNCLASSIFIED FORMS.

The speaker's first case (illustrating class 3) was that of a young man of wealthy family and personal history who would go to bed at the ordinary hour and could not be roused till noon, or afternoon or evening of the next day. This would continue for a week or two, when the symptoms would remit.

A second case (illustrating class 2) was that of a young lady who had short attacks of catalepsy, cataleptic *petit-mal*, alternating

with sudden attacks of sleep. These came on several times daily.

Three other cases (illustrating class 3) were of neurasthenic persons who for several months had persistent drowsiness, not attributable to any nutritive or organic disorder.

Dr. Dana also reported a case furnished by Dr. L. Putzel, illustrating the epileptoid sleeping-states.

DISCUSSION ON DR. DANA'S PAPER.*

Dr. Wm. M. Leszynsky—"I know of two cases which might be termed a mild form of morbid somnolence, where the patient would fall asleep at almost any hour of the day while reading or conversing, the sleep lasting at times for an hour or more. The cause of this somnolence seemed to me to be undoubtedly due to faulty assimilation of food, and was cured by the use of nitro-muriatic acid, etc."

Dr. Weber—I have seen but a few cases. In diabetes, morbid somnolence is believed to be a prominent symptom. I have seen twenty or thirty of such cases, well pronounced, but have not seen one case where morbid somnolence prevailed; on the contrary, the patients did not sleep as much as normal.

I remember two cases of locomotor ataxia, in which there was a great tendency to prolonged sleep; in one of these cases the man would sleep often fifteen hours at a time.

I have observed sopor in chronic endarteritis in a number of cases, especially in cases where the condition of cerebral arteries tends to apoplexy. There was one man who would fall asleep during dinner, be taken up to bed, and there sleep till the next day.

Drs. Roberts and *C. E. Nelson* made remarks, giving cases, as to making up sleep-time after prolonged vigil. Dr. Roberts remarked that sopor was met with in his case of myxœdema, read previously before this Society, and already published; in such cases sopor is recognized as a symptom of disease.

Dr. Shaw (of Brooklyn) related the case of a man who would fall asleep in the clinic.

Dr. R. B. Prescott said—I have one case bearing on this subject, Mr. President, which came into my mind while Mr. Dana was reading his paper, and which, as it may not be altogether without interest, I will relate. It is that of a farmer, unmarried, forty years of age or more, living in a small village in Massachusetts, who, some ten years ago, began without any apparent cause to be troubled with excessive drowsiness. It manifested itself first in a disposition to sleep unseasonably long in the morning. He would remain in bed until long after the breakfast hour, and complain at intervals during the day of still feeling sleepy. Gradually he came to neglect the work of his farm, and remained about the house dozing away a considerable portion of the time. His social nature, too, underwent a decided change. He became reserved and silent. He shunned all intercourse with friends and acquaintances, was with difficulty made even to answer ordinary questions and was easily moved to tears. On one occasion I was told that he fell asleep on his wagon while taking a load of produce to the nearest market town, and slept soundly for many hours, his horse having of his own will taken an unfrequented road and finally stopped at the place where he was discovered, the driver still fast asleep.

His condition at present is that of a gradually deepening mental lethargy. He passes a large portion of his time in bed, and takes little interest in what takes place around him, though at times he partially arouses and will read the newspapers or carry on a brief conversation, mainly in monosyllabic replies to questions. His bodily functions are all normal, and there is no evidence of any physical disease. His general health was good up to the time of the appearance of this morbid somnolency, and he is not the subject of any hereditary taint, so far as known. He is now regarded by those who know him as mildly insane, and his recovery is not expected.

The President said—I have seen and treated but one of these very peculiar cases which I should be willing, following Dr. Dana's lines of diagnosis, to classify as true morbid somnolence. Of course those who sleep after prolonged forced wakefulness do not fall within the author's categories.

As an instance of simple sleep of this nature, I well remember of sleeping twenty-four hours without a moment of recollected consciousness, after two days and two nights in the saddle during a time of great danger. This may be said to be simply normal somnolence. The case of morbid somnolence I refer to was that of a physician in this city who had suffered from this condition for fifteen years. He was habitually overcome by an uncontrollable desire to sleep during the day-time no matter how *malapropos* the time or place; this desire he would fight against with all his power of control, but would finally yield to sopor. Even in the dentist's chair, while a sensitive tooth was being "scraped," he had fallen asleep. Often in the rounds of daily practice he would feel this lethargy creeping over him at critical moments, as, for instance, when his services were most needed at confinements, and would be forced to yield to it and sleep. It was impossible, for the same reason, for him to read

*This paper will appear in full in the April number of the *Journal of Nervous and Mental Disease.*

or study. In fact, life was becoming to him a soporific blank.

Other symptoms were forgetfulness, frontal and occipital headache, a general *malaise*, great sense of weariness, palpitation of the heart on active exercise, and prostatic irritation. He had been examined time and time again by friends of eminence in the medical profession for organic disease, and none existed. The urine especially had been the subject of careful tests. I repeated these examinations with no better results. Malaria was out of the question. I treated this patient on the basis of a profound anæmia, gave him large and increasing doses of iron (Bland's pills) until he was taking 30 grains three times daily, and gave him, additionally, glonoin. Under this treatment he improved wonderfully, and at his last visit, several months ago, he reported that he seldom fell asleep during the day.

Dr. Dana, in closing the discussion, gave a similar case to the English farmer; this case would have periods of remission for several years. These cases are supposed to end in insanity. There is persistent drowsiness in diabetes, and in syphilis; also, previous to attacks of epilepsy. There is recognized a "sleeping sickness" in Africa; the French authority, Ballet, mentions these conditions.

Second paper.—TREATMENT OF WRY-NECK BY SULPHATE OF ATROPIA. *By W. M. Leszynsky, M.D.*—The reader related the history in the case of a young woman, whose occupation being that of a book-folder, she was obliged to turn her head very frequently toward the left side. The right sterno-cleido-mastoid and trapezius muscles became affected with a very severe form of clonic spasm, which almost exhausted the strength of the patient. The treatment adopted was the daily injection of sulphate of atropia into the contracting muscles, beginning with gr. $\frac{1}{80}$ and gradually increasing to gr. $\frac{1}{8}$, which maximum dose was continued for four days, when recovery supervened.

In addition to the atropia, galvanism was used, and the faradic current was applied to the opposite side.

DISCUSSION.

Dr. J. C. Shaw—I have been called three times in consultation in these cases where atropine was used; there was a great deal of pain, and marked neuropathic tendency; insanity in the family, in one case. There is one difficulty in the treatment by atropine, that it sometimes causes disagreeable symptoms, especially in delicate women. In one case, where the drug was pushed it caused such distress that the patient, a woman, refused to take it longer. Atropine in large doses cannot be used in all cases therefore.

Dr. C. L. Dana said that Dr. Leszinsky was entitled to great credit, in employing atropia against such physiological odds. He believed that the cure was due to the employment of atropia. One point must be borne in mind, and that is that we must select our cases. In those cases where the disease is plainly neurosis, atropine may answer. In many cases, however, the disease appears to be of a peripheral and rheumatic character. Here, anti-rheumatic remedies answer better.

Dr. Gibney—In view of the fact that Dr. Leszynsky administered electricity and other agents, as his report shows, some doubt might be expressed as to the curative effects of the atropine injections. The relationship of cause and effect does not seem sharply enough defined. I have had no personal experience with this drug in torticollis. A few years ago, in a case of rotary spasm of the head, I had very prompt and excellent result in the use of the fluid extract of gelseminum carried to toxic doses. Dr. Leszynsky certainly deserves credit for the heroic dosage of atropine in this case.

Dr. Birdsall related the history of a case of torticollis treated at the Manhattan Hospital by his assistant, Dr. Merriberry, in a child about eight years of age, by the application of as strong a galvanic current as could be endured, from twenty to thirty minutes, on the affected muscles three times a week for several weeks, with gradual improvement, which finally terminated in complete recovery. Tincture of belladonna was administered in drop doses until slight physiological effects were produced. Dr. Birdsall was inclined to credit the curative effect in this case mainly to the galvanism, though he thought that a combination of the method with atropia and that of galvanism would, in general, be far more serviceable than either alone.

Dr. Weber—Was a traumatic effect produced by the hypodermic injections?

Dr. Leszinksy.—The injections were made into the substance of the muscle, and no traumatic effect was produced. The preparation of atropia used was Merck's, and the solution was freshly prepared every two or three days.

Remarks of Dr. David Webster.—Mr. President, I have listened to Dr. Leszynsky's paper with much interest. Although I have seen but few cases of wry-neck I have had a good deal of experience with atropine, and I beg leave to question whether the same results might not have been accomplished by smaller doses applied locally. For the purpose of relaxing the sphincter pupillæ and the ciliary muscle, we never give atropia by the mouth or hypodermically, but always apply it locally—to the surface of the eyeball. Less

than one-twenty-thousandth of a grain applied to the conjunctiva will paralyze the muscles I have named, while it would require a many times larger dose to produce the same effect if given hypodermically.

It is remarkable that Dr. Leszynsky's patient tolerated so large a dose as one-sixth of a grain. There is a wide difference in the quantity required to produce the physiological effects of the drug in different persons. I have frequently seen a drop of a four-grain solution applied to the eye produce the peculiar scarlet flushing of the face, especially in infants. I also know of a case in which a single drop in the eye caused marked delirium in a young lady, so that she had to be taken home in a carriage. I have had some personal experience with the physiological effects of atropia. I once swallowed what I supposed to be ten drops of Magendie's solution of morphia to check a diarrhœa while I went to Brooklyn to assist in an enucleation. On the way I noticed that I felt very strangely, going off into curious dreams, entering into imaginary conversations, etc. When I got to the place of operation, I found, on attempting to talk, that I could scarcely speak above a whisper, my mouth and throat were so dry. Dr. Agnew noticed that my face was flushed and my pupils dilated. I went home and went to bed and slept soundly until the next morning. As soon as I awoke it dawned upon me that I must have taken atropine instead of morphine. As soon as I saw Dr. Agnew he told me he had arrived at the same conclusion. I found the atropine and morphine bottles side by side on my table. The mystery was explained.

I once saw a case in the practice of a brother-practitioner, where one-sixteenth of a grain of sulphate of atropia, given with half a grain of morphia, subcutaneously, produced delirium, lasting for half a day and more. This was a hysterical lady who was used to hypodermics of morphia without atropia.

Dr. Leszynsky's method of giving the drug was a perfectly safe one, however, as he cautiously felt his way from smaller to larger doses.

Dr. G. W. Jacoby said—It was not my intention to make any remarks upon this subject, as the objection which I intended to raise to the indiscriminate employment of galvanism and atropine in the treatment of Dr. L's case has already been made by some of the preceding speakers; but Dr. Gibney's remarks in reference to the facility of producing the physiological effects of atropine, in some cases, by very minute doses, recall to my mind very vividly a case in which this was also very noticeable. The patient, a girl, aged twelve years, came to me with a left-sided tonic torticollis, probably of rheumatic origin. My results with electricity upon other cases having been unsatisfactory, I determined to treat this case by the hypodermic injection of sulphate of atropia. I therefore injected $\frac{1}{50}$ of a grain of the drug.

This one injection produced all the symptoms of atropine poisoning ending in a violent delirium which lasted for ten hours.

When the patient had recovered from the effects of the atropine I naturally felt reluctant to continue its use, and began treatment of the torticollis by galvanism. After two weeks the child was discharged from treatment entirely recovered.

The points that I wish to mark are firstly the small amount of atropine necessary in this case to produce delirium, and secondly the fact of a cure by self-limitation or possibly through the action of the galvanic current. Had no ill effects resulted from the use of the atropia, I would probably have continued its use, and my patient recovering, it would have been only natural to attribute this recovery to the use of the atropine.

Therefore we cannot be too cautious in drawing conclusions from a single case, no matter how well observed, and we should be very careful not to use two potent remedies such as galvanism and atropine simultaneously, as our scepticism in regard to the efficiency of either one will not be considered scientific proof of the beneficial action of the other.

Dr. Leszynsky, in closing the discussion, said:

"As Dr. Dana saw the patient referred to in my paper I am pleased to hear that he agrees with me in stating that recovery was due to the employment of the atropia.

In reporting the history of this case I expected that the question would arise as to which of the remedies employed had effected the cure, therefore I was not surprised to hear the criticism of Drs. Gibney and Jacoby, and in reply I will state that the number of cells used in applying the galvanic current was from ten to twenty of a Stöhrer portable battery. The patient could not tolerate a stronger application and this was continued for nearly fifteen minutes daily. After the removal of the electrodes I found that the spasm invariably became more vigorous than ever and I always allowed about ten minutes to elapse before injecting the atropia.

I would again direct the attention of the society to the fact that notwithstanding the daily application of galvanism in conjunction with the use of atropia, *no improvement was shown until the twentieth day soon after a rapid increase of the atropia from gr.* $\frac{1}{20}$ *to nearly gr.* $\frac{1}{8}$. Then the improvement became so evident that it can hardly be doubted that the

atropia was the important element which effected the successful result. In regard to the use of the bromide of sodium I can safely say that bromism was not produced. The faucial reflex was frequently tested and remained well marked throughout the entire course of treatment.

Dr. Webster's suggestion may be a very good one if we accept it from an opthalmological standpoint, but in this class of cases I cannot see what advantage could be gained by the inunction of the oleate of atropia.

The object in using this sulphate of atropia was to produce paralysis of the trunk and branches of the spinal accessory nerve, therefore it was injected into the substance of the muscle for the purpose of producing its *local effects* on the motor nerve, although eminent authorities like Ringer and Fraser have concluded, after an elaborate series of experiments upon living animals, that atropia paralyzes the motor nerves through its action upon the spinal cord, and not by its action through the circulation. I believe that the oleate if applied locally would produce more rapid constitutional symptoms on account of its speedy absorption; and another objection is that the dose cannot be so accurately determined.

In conclusion I will state that the patient remains well and that no sign nor symptom of spasm has since been shown."

Nomination of officers for ensuing year: President—Birdsall, Gray, Morton, W. A. Hammond; First Vice-President—C. L. Dana; Second Vice-President—G. W. Jacoby; Recording Secretary—E C. Wendt; Corresponding Secretary—W. M. Leszynsky; Treasurer—E. C. Harwood; Councillors (five)—Weber, Seguin, Jacobi, Morton, W. A. Hammond, McBride.

The society then adjourned.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

STATED MEETING HELD APRIL 3RD, 1884.

(*Specially reported for Md. Med. Journal.*)

The President, R. A. Cleeman, M. D., in the Chair.

Dr. Cleeman made some remarks on the subject of Digital Dilatation of the Os Uteri During Labor.—He had been taught not to dilate or stretch the os uteri with the finger, and for years this early teaching deterred him from making any attempt to supplement the contractile powers of the uterus by assisting in the process of dilating the os. Some time since he was called to attend a primipara; the waters had been discharged the previous day, the pains had continued but the os uteri was very small and the cervical rim hard and unyielding. He felt called upon to interfere actively and tried to dilate the os with his finger; it softened rapidly and in half an hour was sufficiently dilated to allow the head to pass and delivery rapidly followed. Since that occasion he has tried the same procedure on several cases, and always with gratifying results, the labors being brought to rapid terminations where previously hours had been wasted in weary and painful waiting.

The irritable condition of the os which had been lectured upon as the consequence of such interference has not been experienced; no injury has resulted in any case. The soft finger can do no more harm, if clean, than a Barnes' or other form of dilator, and there is no danger, as in the case of the latter, of pushing the head aside and converting a vertex into a shoulder or other faulty presentation.

Dr. W. T. Taylor since he had dared to deviate from the teaching of Professor Hodge, had used his finger to assist the dilatation of the os; he did not do so if the cervix was irritable or its edge wiry.

Dr. Githens had practiced digital dilatation of the os uteri throughout his obstetrical practice, a period of eighteen years. He does not confine it to any class of cases, nor does he wait until after the membranes are ruptured. In any or all cases he finds that a "pain" is accompanied by a contraction of the circular muscular fibres of the cervix as well as by a contraction of the longitudinal fibres of the body of the uterus. The contraction of the circular fibres retards the progress of the labor. The intention of the digital distension is to paralyze these circular fibres and thus favor the dilatation of the os. In practice this effect is rapidly produced. One or two fingers are swept around the inside of the cervix, the pulp of the finger being next the cervix, and the latter is pulled away from the head. This operation is kept up during the interval between pains; when the pain occurs the finger is withdrawn; the operation is repeated in the next interval. The membranes are not ruptured by this process. The irritable condition of the os, if such exists, is subdued. If the rim of the cervix is wiry and thin or hard and thick it softens and yields; the cervix and vagina if hot and unyielding at first become cool and pliant; cervical tears are almost entirely avoided, and the time, pain and exhaustion of the labor are reduced to a minimum. The process is useful in every case of labor throughout the first stage.

Dr. Philip M. Schiedt practices digital dilatation largely; his patients say they recognize the assistance it gives them, and in subsequent labors ask the doctor to help them. By the

great shortening of the first stage of labor resulting from this method the use of the forceps is frequently avoided.

Dr. Parvin would be sorry to see digital dilatation adopted as a rule for all cases. He thinks it shortens labor by increasing the uterine contractions, and not by dilating the os. Voluntary efforts at bearing down are not needed during the first stage, they are dangerous rather than helpful. The method may be useful in some cases after the rupture of the membranes which is the natural dilating agent. There is also danger of septicemia from germs on the fingers. He does not think the fingers so good a dilator as Barnes' dilator, because they do not press equally on all sides of the os, but only on one point at a time, and thus cause an unequal thinning with danger of laceration. He thought the danger of a change of presentation by the use of Barnes' dilator very slight. He would prefer a mechanical dilator to the finger whenever dilatation was necessary, but thought something ought to be left to nature. Any sort of interference carries a possibility of danger.

Dr. Elliott Richardson thought there was a possible danger of rupturing the membranes. Our authorities caution us about the introduction of the finger into the uterus and the too early rupture of the membranes.

Dr. Harris remarked that one point had been overlooked. Why does the os not dilate easily when the head is the dilating agent? It is because it is a round surface over which the cervix does not slide easily. On the contrary the finger is applied at successive points. One benefit of the method is that any change or danger is at once detected. The method should not be used indiscriminately and we should not interfere unnecessarily.

Dr. Cleeman would not recommend the method in every case of labor. He has resorted to it in cases where there has been early rupture of the membranes and the assistance of the bag of waters has been lost. In a recent case he saved a patient hours of suffering and the os was not bruised or injured in any way. The sight of any instrument causes the patient much anxiety and the exhibition of the Barnes' dilator and the water, syringe, etc., cause nervous excitement. The bags sometimes burst and thus give the patient a terrible shock with the added discomfort of the escaping water or air. He has always carried them but does not like to use them.

Exanthematous Disorders in the Puerperal State.—*Dr. Parvin* had recently an experience of the invasion of measles and scarlet fever in the Obstetric ward of the Philadelphia Hospital. In the first case in which measles occurred he did not think that the full term of pregnancy had been reached. Authorites state that premature labor is usually a result of the high temperature of the exanthematous fever. One patient had septicæmia in addition but recovered. The infants were not affected. In one case, soon after labor the temperature rose to 103° and the patient was sent to the fever ward; at the second visit a slight rash was observed which subsequently proved to be scarlatina. Desquamation was very abundant. Albuminuria was very marked on the tenth day, rheumatic pains were also felt; the patient recovered. The child remained well. Children have been born with measles but he did not know of such an experience with scarlet fever.

Dr. W. T. Taylor some fifteen or twenty years ago had reported in *Amer. Jour. Med. Science*, 1853, a case of congenital small-pox. The mother had some febrile symptoms and pain in the back, and the child had the disease, being marked with pits. He had a case of scarlet fever in a mother two days after labor; it proved fatal in two days; the child lived.

Dr. Harris remarked that in the reports of the Rotunda Maternity Hospital in Dublin, are a number of interesting reports on complications of the puerperal period by exanthematous fevers. Their mortality has been very materially influenced by these epidemics. Erysipelas is the most interesting and most fatal of these complications; in some cases it resembles septic poisoning.

W. H. H. Githens,
Secretary.

Medicine in Edinburgh.—Among the natural sciences, medicine has been the one most encouraged in Edinburgh, although it must be remembered that much of the medical reputation of the city is due to the peculiar arrangements by which medical men not connected with the University give instruction, and prepare young men for medical graduation. "Extra-mural" instruction is the term employed. Nevertheless, the roll of university professors includes the name of Charles Bell, of whom the story is told, that, when he visited the class-room of Roux in Paris, Roux dismissed the class, saying, "sufficient, gentlemen; you have seen Charles Bell." Another university professor was Sir James Y. Simpson, whose bold introduction of chloroform as an anæsthetic is world-renowned. When a Scotchman was presented at the Court of Denmark, the King said: "You came from Edinburgh? Ah! Sir Simpson was of Edinburgh." Simpson himself said he was more interested in having delivered a woman without pain, than in having been made physician to the Queen.—*Science*, March 28th, 1884.

Editorial.

Ill-Fated Medical Legislation.—The recent attempt to secure a law for the regulation of medical practice in this State from which we were led to anticipate such beneficial results for the profession and public, miscarried miserably. Based as it was upon the law now in force in West Virginia—indeed almost a verbatim copy of the greater part of that—the proposed measure was no untried experiment, for it had proven highly satisfactory in that State, and indeed is regarded by its friends there as a model law. It was secured there, however, only by the persistent and enthusiastic efforts of its advocates. Had our law been pressed with the same zeal it would doubtless have met with the same success. But with us there seems to have been almost no personal effort made to secure its passage. And by a most unfortunate oversight, the character of the examining board was left undetermined—a fact which we take this occasion to say we were ignorant of at the time of our former notice of the bill, being misinformed by those having the matter in charge, to whom we applied for information. An effort it seems was made at the last hour, but without success, to fill the blank with the words: "Examining Board of the Medical and Chirurgical Faculty of Maryland," which would have made our State society the executor of the law. This omission, although, notwithstanding the Clinical Society gave its official sanction to the law—together with the absence of personal effort in its behalf—proved fatal to it. When the subject was under discussion in the Academy of Medicine objection was not only made to the omission of the nature of the Examining Board, but also to the tax imposed upon "itinerant" physicians–$50 per month–which it was claimed was entirely inadequate to prevent the ingress of quacks and irregular practitioners into the State. The fate of this medical bill only seems to strengthen a conviction that has long been growing in our minds of the importance of a more concerted effort in matters of this character. We cannot safely trust to the desultory attempts of individuals. We should either have a legislative committee in the Medical and Chirurgical Faculty to whom all such matters should be referred, and who should take cognizance of all proposed legislation affecting the profession in the State and make report upon it to the Faculty, or if this be not practicable we should organize a Legislative Association as the dentists have done with such success as to secure the passage of their law for the regulation of dental practice. Whatever we do should be done in an organized manner, and with due deliberation, so that all interests may be duly considered and protected, and the combined wisdom of the profession may be brought to bear. We cannot safely and should not ignore matters of such vital importance to our welfare.

Modifications Made in the Waring System of Sewerage at Memphis.—It would seem from a series of questions and answers, published in the *Memphis Appeal* and copied by the *Sanitary Engineer*, that the Waring system of sewerage in operation in that city has undergone some important modifications since its introduction by its inventor. These queries were propounded by the Engineer of the State of California, and with the answers given by Mr. Niles Meriwether, City Engineer of Memphis, are given for the information of the public. The following facts appear from this publication: The main sewers, of which there are two, have been overtaxed at times, and one of them has had to be relieved by tapping into the Bayou (a sort of Jones' Falls) at five different points. This difficulty promises to be greater in the future with the increasing service required of them. The original omission of man-holes by Col. Waring caused much embarrassment on account of the inability to ascertain the condition of the pipes and clean them out, consequently thirty-six have been introduced in the mains and eight in the laterals. In addition to this it has been found necessary for purposes of inspection to introduce hand-holes in the laterals to the number of about three hundred and fifty. With the exception of "the man-holes, observation and hand-holes, and cleaning-out tools, brushes, balls, ropes, etc., the system is the same as that designed by Waring, and with the changes and appliances mentioned has been rendered entirely successful." It has thus far given entire satisfaction, and "only larger outflow-mains or auxiliary-mains and settled clear water to prevent corrosion of

small pipes" are needed "to make it perfect as a separate system."

It must be confessed that this picture does not accord quite with the rosy landscape we have had so constantly presented to us of the workings of the Memphis sewerage, but then it must be remembered that everything must have its period of growth and development and nothing springs perfect from the human brain. And there is nothing in the above facts incompatible with a belief that the separate system as illustrated at Memphis may be the best yet devised.

THE SIXTH REPORT OF THE GERMAN CHOLERA COMMISSION.—The full text of Dr. Koch's report on Cholera in India, a translation of which occurs in the *Medical Times and Gaz.*, (March 22), is an extremely interesting and instructive document. The main points of this report we are able to present. The first question settled by the commission is that the bacilli found in the bowels of cholera patients are parasites and belong exclusively to this disease. This fact was extraordinarily difficult to determine and it was not until a number of uncomplicated cases were examined and comparisons were made with cases recently attacked that a true insight into the pathological relations of cholera was obtained. The peculiar character of the bacilli tenanting the cholera bowel may with certainty be distinguished from other bacteria. Of the features which they possess the following are given by the report as the most characteristic: "The bacilli are not quite like a straight line as other bacilli, but a little curved like a comma. This curving may even be so marked that the bacilli assume almost a semi-circular outline." They possess very active movements and may be best observed in a drop of the cultivation solution suspended from a covering glass. Their behavior in gelatine cultivations is peculiarly characteristic, and enables them to be distinguished from other colonies of bacteria with great certainty and they can be isolated from the latter with ease. When cultivated on concave slides they betake themselves to the margin of the drop of cultivation liquid and there can be recognized by their peculiar movements, and, after staining with aniline, by their comma-like shape.

Twenty-two cholera cadavers and seventeen cholera patients came under the examination of the Commission in Calcutta. In all these cases the comma-like bacilli were found. This result taken together with that obtained in Egypt enabled the commission to conclude that this kind of bacterium uniformly occurs in the cholera bowel.

Twenty-eight other cadavers, including eleven dead from dysentery, and also the evacuation of a case of simple diarrhœa, of dysentery, and of a healthy patient who had recovered from cholera, besides various animals both healthy ones and others, which had died of ulceration of the bowel and pneumonia, as also water contaminated with putrid masses were all examined, and in not a single case were cholera bacilli found, though other bacteria were observed. From these results the further conclusion was drawn that the comma-like bacilli are altogether peculiar to cholera.

The commission asserts that the growth of these bacteria in the bowel cannot be produced by cholera, and therefore these are the cause of cholera. A number of facts attest this; above all their behaviour during the disease process. They confine themselves to the organ which is the seat of the disease, the bowel, and conduct themselves as follows. As long as the evacuations retain their fæcal character only very few cholera bacilli are found; the subsequent watery, inodorous evacuations, however, contain them in great numbers, all the other forms of bacteria almost completely disappearing. As the cholera attack subsides the comma-like bacteria gradually disappear, and when the disease has completely passed away no more are to be found. In cholera cadavers exactly similar conditions take place. No cholera bacilli are met with in the stomach, but the bowels contain them in varying numbers according as death has occurred during the cholera attack or after it. The distribution of the bacilli corresponds quite accurately to the degree and extension of the inflammatory irritation of the mucous membrane.

The cholera bacteria behave exactly like all other pathogenic bacteria. They appear exclusively in their own peculiar illness with the commencement of the disease, increase as the disease advances, and disappear with its decline. In the language of the report, "Their seat corresponds with the extension of the disease process, and their number is, at the height of the disease, so considerable as to be quite sufficient to explain their destructive influence upon the mucous membrane of the bowel."

Attempts were made by the Commission to produce in animals, artificially, with these bacteria a disease analogous to cholera. In this they have not as yet succeeded, nevertheless they claim that the demonstrative force of the facts given is not weakened by the failure of the experiments on animals. This same phenomenon is met in other infective diseases.

In enteric fever and in leprosy, two diseases in which specific bacteria occur, no one has succeeded in conveying them to animals.

The further study of the cholera bacteria has enabled the commission to recognise other important facts. They observed that when the linen of cholera patients, after being soiled by their dejections, has been kept for twenty-four hours in a moist state, the cholera bacilli are found to have multiplied in a most extraordinary manner. This accounts for the well-known fact that the linen of cholera patients has so often infected those persons who have to do with it.

It was observed that cholera bacteria die off after drying more quickly than almost any other form of bacteria. "As a rule, after three hour's drying every vestige of life has disappeared." Another peculiarity is that they will only grow in alkaline cultivation-fluids. They likewise perish in the healthy stomach, which explains why infection so seldom follows upon direct contact with cholera patients or their ejecta. Other conditions must be present, they think, in order that the bacilli may be placed in a position to pass through the stomach and then to produce the cholera process in the bowel. This is in accord with what has been already noted in India, that those men are especially liable to cholera who are suffering from indigestion.

Annual Meeting of Medical and Chirurgical Faculty.—We desire to call attention to the fact that the annual meeting of the Medical and Chirurgical Faculty of Maryland, the leading medical organization in this State, will be held on the 22nd inst. and subsequent days, and to urge the profession to prepare for it. Owing to the nearness to the meeting of the American Medical Association there is a danger that our own society will be overshadowed and neglected. This should not be. For some years our annual transactions have been increasing in value and reputation and now the reputation of our society is one, both at home and abroad, of which we need not feel ashamed. Let us see to it that the standard is not lowered this year. Much of our work must of course be in the shape of reports of sections and recapitulations of what has been done throughout the year. But that which does most to enhance our reputation and give credit and value to our volume of Transactions is original observations and discoveries. Let every one who has anything of real value in this department prepare to present it at the forthcoming meeting of the "Faculty."

Miscellany.

The Therapeutic Value of Jequirity.—At the meeting of the Ophthalmological Society of the United Kingdom, held March 13th, 1884, Mr. Arthur Benson (Dublin) gave the results of a clinical investigation into the mode and manner of action of jequirity. He had found that the ophthalmia could be produced by (1) the fresh powdered seeds; (2) the freshly made infusion; (3) the infusion after bacilli had grown in it; (4) the infusion six weeks old, and swarming with micro-organisms of most varied types; (5) the infusion after these bacilli had ceased all motion, and had sunk to the bottom of the liquid, apparently dead. He had examined at all stages of the disease the discharges and membranes from eyes affected with jequirity ophthalmia, without ever seeing the typical bacillus. The inoculations of the discharges and membranes were entirely devoid of infective qualities. He was thus able to confirm Dr. Klein's researches. Mr. Benson used the fresh infusion made from the seeds not decorticated, but passed through a coffee-mill. He had a high opinion of the value of the treatment in granular lids, and had never seen any serious injury result from its use. In one case there was a short attack of iritis after each application, and in others some infiltration of the cornea occurred.

Some Recent Advances in Pelvic Surgery.—At a meeting of the Harveian Society of London, held March 6th, 1884, (*Med. Times and Gaz.*, Mar. 22) Mr. Lawson Tait, after a brief allusion to the history of abdominal section, said that during the last seven years great innovation had taken place, the most marked of all being the increased frequency of the operation, and its employment for purposes of diagnosis. In the author's series of operations, however, mere exploration did not exceed three per cent., exploration generally leading up to operation. The chief objection urged against such operations as removal of the appendages was to the effect that they sterilised and unsexed the patient. But matting together of the pelvic organs would produce sterility, and sexual intercourse could not be tolerated where abscess of the ovary existed. Passing to the subject of suppuration, the author dwelt upon the advantages of the treatment "from above"

by free opening and drainage, in contrast with the method of aspiration per vaginam, which allowed matter to collect again and again. A consecutive series of 50 cases of abdominal sections, performed between March 30th, 1879, and June 13th, 1881, was submitted to the meeting. Three deaths had occurred in the series, one due to the infection of scarlet fever, the two others occasioned by severe hemorrhage from myomata. The cases operated on were grouped as follows: (1) Ovarian epilepsy, (2) pyo-salpinx, (3) hydro-salpinx, (4) menorrhagia, (5) myoma, (6) chronic adhesions, (7) pelvic abscesses. In hydro-salpinx somewhat troublesome adhesions had usually been encountered. In a case of intractable menorrhagia the ovary was studded with numerous small cysts. The author adverted to the occasional development of insanity after the removal of appendages. Relief from the pain and from the nervous symptoms in chronic ovarian affections had generally followed immediately after the operation, but in one case complete relief was not obtained until eight months had elapsed. Immediate stoppage of the menses was the usual result; this was not, however, invariably the case.

Pasteur's Laboratory.—M. Pasteur's son-in-law has written a work descriptive of the great man's scientific life, entitled "L' Histoire d' un Savant par un Ignorant," from which we quote the following:

"All the animals in the laboratory, from the little white mice hiding under a bundle of cotton wool to the dogs barking furiously from behind their iron-railed kennels, are doomed to death. These inhabitants of the laboratory, which are marched out day after day in order to be subjected to operations or other experiments, share the space with still more ghastly objects. From all parts of France hampers arrive containing fowls which have died of the cholera or some other disease. Here is an enormous basket bound with straw; it contains the body of a pig which has died of fever. A fragment of lung, forwarded in a tin box, is from a cow dying of pneumonia. Other goods are still more precious. Since M. Pasteur, two years ago, went to Pauillac to await the arrival of a boat which brought yellow fever patients, he receives now and then from far-off countries a bottle of *vomito negro*. Tubes filled with blood are lying about, and small plates containing drops of blood may be seen everywhere on the work-tables. In special stores bottle-like bladders are ranged resembling small liquor bottles. The prick of a pin into one of these bladders would bring death to any man. Inclosed in glass prisons millions and millions of microbes live and multiply.—*Med. and Surg. Reporter.*

Sulphate of Copper as an Antiseptic in Midwifery.—M. Charpentier ("Gaz. hebdom. de méd. et de chir.," March 7, 1884) recently reported to the French Académie de Médecine a series of experiments that he had made with sulphate of copper as a preventive of putrefaction, the results of which had convinced him that, in a solution of one part of the salt in one hundred parts of water, the agent was a trustworthy and harmless antiseptic. He had therefore used it as a vaginal and uterine injection at the *clinique d'accouchement*, where there had been no deaths since the 15th of June, whereas for the preceding six months, in the service of the late Professor Depaul, there had been twelve deaths from septicæmia in three hundred and ninety-seven cases of confinement. This happy change M. Charpentier imputes to the use of the sulphate of copper. He urges in favor of this agent that it is perfectly safe, very cheap, easily managed, and an instaneous disinfectant as well as a powerful antiseptic; also, that its astringent and coagulating properties are such that it may perhaps in the future take the place of perchloride of iron as a hæmostatic, over which it has the advantage of not clogging wounds. The solution should be used warm, of the strength of one part to one hundred. In a number of cases of large thrombus of the vulva the use of this antiseptic was followed by recovery without the formation of a drop of pus, and in a case of foul abscess of the urethro-vaginal septum it overcame both the fœtor and the symptoms of putrid infection at once, after carbolic acid had failed.—*N. Y. Med. Journal.*

The Diagnosis of Typhus Fever.—Dr. A. Randolph Mott, in the April number of *The American Journal of the Medical Sciences*, in a very interesting clinical paper gives an analysis of 108 cases which were mistaken for typhus fever and sent as such to the Riverside Hospital, New York, during a period in which 771 cases of typhus fever were treated there.

These patients had been seen by one or more physicians, and in certainly half the

number the unqualified diagnosis of typhus fever was made; the rest were considered to present symptoms sufficiently suspicious of this disease to warrant isolation for further development, and were, therefore, admitted to the quarantine wards of the hospital. The revised diagnosis showed nearly every disease which writers mention as liable to be confounded with typhus fever; and the frequency with which any disease was mistaken does not indicate the comparative closeness of its resemblance to typhus. Thus, there were three cases of erythema, and but one of measles, yet all writers declare that the latter is sometimes distinguished from typhus fever with much difficulty.

Dr. Mott makes a very instructive analysis of the symptoms which led to the errors of diagnosis, which in the case of smallpox, for instance, caused eight cases to be sent to the hospital as typhus and thirteen cases of typhus to be sent as smallpox; and in the case of typhoid fever, two cases proved to be typhus, while twelve cases of supposed typhus turned out to be typhoid.

THE TERCENTENARY OF THE EDINBURGH UNIVERSITY.—The programme of the forthcoming Tercentenary of the Edinburgh University, recently issued, shows that this will be an affair of more than ordinary interest. The British and foreign Universities will be represented by eighty delegates, seventeen of whom will receive Honorary degrees; sixty-two Honorary degrees will be conferred on unofficial guests, of whom two hundred and thirty-two have been invited. Medals will be struck to commemorate the occasion. There will be a dinner to which 1,000 will sit down, and a torch-light procession of students with 1,000 torches. The proceedings will open on Tuesday, April 15th. The following are amongst those who will receive the Honorary degree of LL.D.; Dr. Fordyce Barker, of New York; Dr. J. S. Billings, United States Army; Sir William Bowman, Bart.; Professor Chauveau, Lyons; Sir Andrew Clark, Bart.; Professor Erichsen; Professor H. Von Helmholtz, Berlin; Sir William Jenner, Bart.; Dr. Thomas Keith; Dr. H. Maudsley; Sir James Paget, Bart.; Prof. Virchow, Berlin.

THE CHOLERA EPIDEMIC IN EGYPT.—Surgeon-General Hunter in his report on the cholera epidemic in Egypt, takes strong ground against the idea that the disease originated by importation from India. He thinks it originated in Damietta, and was the result of the unsanitary condition of the Delta of the Nile. He opposes the contagiousness of the disease and the germ theory.

THE ASSOCIATION OF AMERICAN MEDICAL EDITORS.—The Annual Meeting of the Association of American Medical Editors will be held in Washington, May 5th, at 8 P. M., in Medical Hall, Southeast corner of Sixth and F Streets.

The Annual Address will be delivered by President LEARTUS CONNOR, M.D., on "*The American Medical Journal of the Future, as Indicated by the History of American Medical Journals in the Past.*"

Dr. N. S. Davis will open the discussion on "*How far can Legislation Aid in Elevating the Standard of Medical Education in this Country?*"

All members of the profession, especially journalists and authors, are invited to be present and take part in the meeting.

NEW YORK NEUROLOGICAL SOCIETY.—At the Annual Meeting of the New York Neurological Society, held April 1st, 1884, the following officers were elected for the ensuing year:

President—WILLIAM J. MORTON, M.D.
1st Vice President—C. L. Dana, M.D.
2nd Vice President—Geo. W. Jacoby, M.D.
Recording Secretary—E. C. Wendt, M.D.
Corresponding Secretary—W. M. Leszynsky, M.D.
Treasurer—E. C. Harwood, M.D.
Councillors—E. C. Seguin, M.D., L. Weber, M.D., T. A. McBride, M.D., W. R. Birdsall, M.D., Græme M. Hammond, M.D.

JEFFERSON MEDICAL COLLEGE ALUMNI.—The Alumni Association of Jefferson Medical College held its Fourteenth Annual Meeting at the College, March 28, and elected the following officers:

President—Professor S. D. Gross.
Vice Presidents—Drs. A. Hewson, Ellwood Wilson, R. J. Levis, Roberts Bartholow.
Treasurer—Dr. Nathan Hatfield.
Secretaries—Drs. T. H. Andrews and R. J. Dunglison.

FEMALE MEDICAL STUDENTS IN RUSSIA.—The studies of female medical students in Russia are not prosecuted under the most favorable conditions. A telegram states that all those now in St. Petersburg have been compelled to take up their residence in a large boarding establishment provided by the authorities, instead of being free as heretofore, to live where they please. They are to be at home before 9 o'clock in the evening, under penalty of exclusion from the medical course. The dread of Nihilism permeates every rank and condition of life in Russia.—*Medical Press.*

A Case of Erysipelas Complicating Pregnancy.—The question of the relationship between erysipelas and puerperal fever has always been an interesting one, and the case reported by Dr. William L. Wardwell, in the April number of *The American Journal of the Medical Sciences*, in which erysipelas produced abortion, will be read with interest. Dr. Wardwell has carefully studied the literature of the subject, and has been able to find but twenty-five similar cases reported, thus showing that the coincidence of pregnancy and erysipelas must be a rare one. From a review of these cases he finds that—

1. Erysipelas may attack a pregnant woman at any period of pregnancy, especially during its later stages.

2. The erysipelas is most often sporadic.

3 The situation of the erysipelas may be on any portion of the body, usually upon the face.

4. The variety of the erysipelas may be either cutaneous or phlegmonous, usually the former.

5. Premature labor takes place almost invariably, and usually within forty-eight hours after the initial chill.

6 The tendency of such cases is to recover without uterine inflammation.

7. It is impossible to base a prognosis upon either the position or the variety of the erysipelas.

The Time Required by the Blood for Making one Complete Circuit of the Body.—Dr. Robert Meade Smith, in an article in *The American Journal of the Medical Sciences* for April, criticizes Hering's infusion method for determining the time required by the blood to make one complete circuit of the body, and points out that the element of diffusion of the salt employed forms a considerable factor in the calculation. Dr. Smith substituted for the salt pigeon's blood, with proper precautions, and he demonstrated by experiment the unreliability of the diffusion method.

Medical Items.

The N.Y. County Medical Society has refused to endorse the bill introduced into the Legislature of New York to establish a College of Midwifery.=The moment a strange man asks for money because he is a suffering doctor, that moment he should be looked upon as a pretender, a fraud, and a swindler.—*Medical Record.*=The latest trick in professional advertising in New York City is to write, or have written, a biographical sketch of one's-self for some obscure family paper, pay for an extra edition, and have specimen copies of the same distributed upon the thoroughfares.=The German Cholera Commission will soon go to Goalpara and Darjeeling, in India, to prosecute further studies.=The Philadelphia County Med. Society at its meeting, held April 2nd, refused to admit female physicians to membership. The vote stood 79 yeas and 48 nays, it requiring a two-thirds vote to change the amendment to the constitution.=There are eleven Medical Schools in London for men, and the London School of Medicine for Women. It is said that less than 7 per cent. of London students succeed in graduating at the London University.=Dr. W. J. Gautier, of Tuskegee, Alabama, says he has delivered 500 women and has never used the obstetric forceps.=At the Fifty-ninth Commencement of the Jefferson Medical College, held March 29, the degree of M.D. was conferred upon 215 students. A prize of $100 by Henry C. Lea's Son & Co. for the best thesis was awarded to John A. Buffington, of Maryland.=Professor William Pepper, of Philadelphia, will deliver the Annual Oration before the coming meeting of the Medical and Chiurgical Faculty of Maryland on Wednesday, April 23rd, at 1 o'clock. Subject—"Some Practical Views on Dietetics in Disease."=Dr. Wm. J. Jones and Dr. W. Page McIntosh have been appointed Resident Physicians to Bay View Asylum at a salary of $500 each. Dr. Jones will take charge of the department of the Asylum under the management of the University of Maryland, and Dr. McIntosh that assigned to the College of Physicians and Surgeons. This new arrangement will afford an abundance of clinical material to these two institutions, and offer additional attractions to students. We understand regular clinics will be held at Bay View by these schools.=The Spring Course of Lectures at the National Medical College, Washington, D. C., was opened on the 7th. Dr. W. W. Godding delivered the introductory lecture on the subject "Of What Use are Lectures on Insanity to the General Practitioner?"=Chicago has, all told, thirteen hospitals with a capacity of 1,191 beds. Baltimore has some sixteen hospitals, all told, with a capacity of about 3,000 beds, not including the Johns Hopkins University in process of erection.=Dr. E. B. Stevens has been forced by the growth of other interests to retire from the editorial management of the *Obstetric Gazette.* Dr. J. C. Culbertson becomes the editor of this publication.=Dr. J. R. Quinan has removed his office to the S. W. corner of Harlem Avenue and Carey Streets.=A bill to prohibit vivisection has recently been introduced into the English Parliament by Mr. Reid.=The Medical Society of London, the oldest Medical

Society in England, if not in the world, has recently celebrated the 111th year of its existence by its Anniversary Dinner. Professor Huxley, who was present, made a speech. Sir Joseph Fayer, the President, in alluding to Prof. Huxley, termed him the "uncrowned king of science."=Dr. Shelly, in the *Practitioner*, advocates the use of peroxide of hydrogen as a local antiseptic and astringent. He says it possesses "powerful antiseptic properties, and, moreover, is colorless, odorless, cleansing and stimulating, does not stain or corrode, destroys pus, causes no pain in its application, and is not poisonous."=The Paris Municipal Council have decided to erect a statue to Broca, in the neighborhood of the École de Médicine.=In the University of Moscow in 1883 there were altogether 2,799 students, 1,316 of these being medical. The number of Professors amounted to 81, 32 belonging to the medical faculty.=The following changes have recently been made in the Faculty of the University of Louisville. Professor J. W. Holland has been transferred to the chair of Theory and Practice, made vacant by the death of Prof. L. P. Yandell. Dr. H. A. Cottell has been elected to the Professorship of Medical Chemistry and Microscopy, and Professor Turner Anderson has been offered the chair of Materia Medica and Therapeutics.

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE UNITED STATES MARINE HOSPITAL SERVICE. JAN. 1, 1884, TO MARCH 31, 1884:

Fessenden, C. S. D., Surgeon. To proceed to Cairo, Illinois, and Memphis, Tennessee, as inspector. March 5, 1884.

Purviance, George, Surgeon. Granted leave of absence for thirty days. February 16, 1884.

Smith, Henry, Surgeon. To rejoin his station at Norfolk, Va. March 7, 1884.

Irwin, Fairfax, Passed Assistant Surgeon. Relieved from duty at Norfolk, Va.; to assume charge of Cape Charles Quarantine Station. March 7, 1884.

Carmichael, D. A., Assistant Surgeon. To report to Surgeon Purviance for examination for promotion. March 5, 1884.

Armstrong, S. T., Assistant Surgeon. To report to Surgeon Fessenden for examination for promotion. March 5, 1884.

Bennett, P. H., Assistant Surgeon. Leave of absence extended ten days. January 18, 1884.

Ames, R. P. M., Assistant Surgeon. Detailed for temporary duty on relief boat—Ohio River Flood Sufferers. February 16, and March 1, 1884.

Devan, S. C., Assistant Surgeon. Upon expiration of leave of absence to proceed to St. Louis, Missouri, for temporary duty. February 6, 1884.

Kalloch, P. C., Assistant Surgeon. To proceed to Charleston, South Carolina, for temporary duty. February 1, 1884.

Bevan, A. D., Assistant Surgeon. Granted leave of absence for seven days. March 13, 1884.

Wasdin, Eugene, Assistant Surgeon. Granted leave of absence for fifteen days. March 4, 1884.

Battle, K. P., Assistant Surgeon. To proceed to New York, N. Y., for temporary duty. February 4, 1884.

Resignation.—Cooke, H. B., Passed Assistant Surgeon. Resignation accepted by the Secretary of the Treasury to take effect February 5, 1884. January 31, 1884.

Appointment.—Battle, Kemp P., M. D., of North Carolina, having passed the examination required by the Regulations, was appointed an Assistant Surgeon by the Secretary of the Treasury. February 2, 1884.

Promotions.—Carmichæl, D. A., Passed Assistant Surgeon. Promoted and appointed Passed Assistant Surgeon by the Secretary of the Treasury, from March 1, 1884. March 18, 1884.

Armstrong, S. T., Passed Assistant Surgeon. Promoted and appointed Passed Assistant Surgeon, by the Secretary of the Treasury, from April 1, 1884. March 28, 1884.

CHANGES IN THE MEDICAL CORPS OF THE U. S. NAVY for the week ending April 5, 1884:

Wales, P. S., Medical Director. Granted one year's leave of absence, from March 28, with permission to leave the United States.

Bates, N. L., Medical Inspector. Ordered to Washington to attend sick officers.

Bradley, M., Medical Inspector. Ordered to continue duty at League Island Navy Yard.

Whitaker, H. W., Assistant Surgeon. Ordered to Naval Rendezvous at Philadelphia, Pa.

Gunnell, F. M., Surgeon-General. Appointed Chief of Bureau of Medicine and Surgery and Surgeon-General of the Navy, with the relative rank of Commodore from March 27.

Rush, C. W., Passed Assistant Surgeon. Ordered to Naval Academy.

McMurtrie, D., Surgeon. Detached from Naval Rendevous, Philadelphia, and to await orders for duty at Navy Yard, Washington, D. C.

Nelson, H. C., Medical Inspector. Ordered before Retiring Board.

Gorgas, A. C., Medical Inspector. To be Medical Director from the 4th of March on the Active List.

CHANGES IN THE STATIONS AND DUTIES OF THE OFFICERS SERVING IN THE MEDICAL DEPARTMENT U. S. ARMY, from April 1st to April 7th, 1884:

Baily, Elisha J., Colonel and Surgeon. Ordered to report to the Commanding General Division of the Pacific for duty as Medical Director of that division and of Department of California.

Sutherland, Charles, Colonel and Surgeon. To be relieved from duty in Division of the Pacific and to report to the Commanding General of the Atlantic for duty as Medical Director of that division and of the Department of the East.

Woodhull, Alfred A., Major and Surgeon. Granted leave of absence for twenty-two days, to take effect about April 6, 1884,

Sternberg, George M., Major and Surgeon. Ordered to be relieved from duty in California and to report to Commanding General Department of the East for assignment to duty.

Moseley, Edward B., Captain and Assistant Surgeon. Ordered to be relieved from duty in Department of the East and to report to the Commanding General Department of the Columbia for assignment to duty.

Wilcox, Timothy E., Captain and Assistant Surgeon. Ordered to be relieved from duty in Department of the Columbia and to report to the Commanding General Department of the East for assignment to duty.

White, Robert H., Captain and Assistant Surgeon. To be relieved from duty at U. S. Military Academy, West Point, N. Y., August 28, 1884.

Original Papers.

THE BACILLUS TUBERCULOSIS AND THE ETIOLOGY OF TUBERCULOSIS. IS CONSUMPTION CONTAGIOUS?

FIFTH COMMUNICATION.

BY H. F. FORMAD, B.M., M.D.,

Lecturer on Experimental Pathology and Demonstrator of Morbid Anatomy in the University of Pennsylvania; Mütter Lecturer in the College of Physicians of Philadelphia.

(*Continued from page* 891).

3. There should be found a definite parasite at the beginning of the diseased process, and in sufficient quantity to account for the changes in all cases and in all tissues involved by the disease.

In relation to tuberculosis this proposition cannot be answered in the affirmative; and it is by no means as definitely settled as some high clinical authorities hold with Koch, that there is but one "specific parasite" in tuberculosis.

Klebs,* Toussaint, and Schüller† have observed *micrococci* to be constantly present in tuberculous lesions and products (and have induced artificially the disease with the isolated micrococci), and no one has *proved* anything to the contrary; while Koch and Baumgarten‡ discovered *bacilli* in the same lesions. Koch claims for his bacillus more than is consistent with the laws of physiological and pathological life and sound argumentation, and more than is in correspondence with the actual proofs offered in relation to the pathogenetic properties of this bacillus.

The reports of some competent microscopists and pathologists (when the originals are examined) show that the tubercle-bacillus is not invariably present in all cases and all products of tuberculosis; and, if present, it is often not seen in sufficient quantity to ascribe to it the claimed significance; and, furthermore, it is, as a rule, not present in the beginning of the disease. On grounds of personal investigation, I can offer similar testimony.

The bacilli should be present in every lesion and in all cases and in the beginning of tubercular disease, and not chiefly in its degenerated products, if tuberculosis is to be called a parasitic disease, in accordance with the laws of pathology. In all well-established parasitic diseases the parasite is a necessary factor and is invariably present—unless there should be established for the "tubercle parasite" an exceptional, new, and mysterious mode of action.

The truth of the matter appears to be, and, indeed, from my daily observations in the laboratory upon a large quantity of material, I regard it as a fact, that the tubercle-bacillus of Koch is a mere concomitant of cheesy disintegrated materials, even if it be pre-eminently of tuberculous cheesy materials.

4. Given a parasite that is the cause of a disease, it should, when isolated and inoculated into an animal liable to that disease, always reproduce that disease; but its action should be specific—i.e., it (the parasite) alone should be the causative factor.

There is no doubt that Koch's tubercle-bacillus when isolated and cultivated for many generations and then inoculated into certain animals is capable of inducing tuberculosis, or a nodular eruption not distinguishable from it, more readily than other irritants, so far as tried. Success in inoculating is particularly frequent in rabbits and guinea-pigs (although not so common as Koch claims), but only conditional and rare in other animals.

Thus it appears that the above proposition could be answered for tuberculosis and the bacillus in the affirmative if only the following points were proved:

1st. That the nodular lesion thus induced is really tuberculosis, identical with the human disease.

2nd. That this bacillus is the only bacterium or the only irritant capable of inducing tuberculosis; and,

3rd. That its action is specific—*i.e.*, that the bacillus is the only agency or factor at work, the sole cause of the disease.

The first point is not proved, as probable as it may appear. The other points are open to the following considerations and objections:

It has been proved that in tuberculosis micrococci, as well as bacilli, are causal, the evidence being "strong" for either "parasite;" whereas the bacillus alone should be the causal factor. As long as not *disproved*, Klebs's, Toussaint's, and

*Klebs now admits the bacilli, but denies that they are invariably present, and denies on grounds of experiments their exclusive pathogenetic properties, although he admits that they are a not unimportant admixture to his micrococci.

†Loc. cit. ‡Loc. cit.

Schüller's investigations (in relation to the micrococci as causal factors) have as much claim as Koch's. The method of cultivating those tubercle-micrococci, as practised by those investigators, was not one favorable for the development of the tubercle-bacilli. Further, Watson Cheyne's assertion that bacilli *must have been* present in the cultured materials with which those investigators inoculated successfully, is altogether a gratuitous assumption, and his few and imperfect control experiments with Toussaint's micrococci were not satisfactory, and, in fact, neither prove nor disprove anything.* Koch did not try the effects of any other fungus than that of his bacillus in relation to tuberculosis.

Koch further claims that the specific character of his bacillus is supported by the rapidity of its effects, and brings forward the inhalation experiments of Tappeiner and the experiments upon the eye. The former I have shown to be valueless, as those nodules produced in the lung, especially if rapidly formed, are not tubercles. I have also reason to believe that the same is the case with many of the experiments on the eye, especially in those cases in which an apparently acute miliary tuberculosis of the lung rapidly followed the inoculation; in fact, in some instances this eruption occurred in a much shorter time than is at all possible for tubercles to develop.

Koch has not proved that his bacillus is the only agency at work in the production of tuberculosis. Although he undoubtedly inoculated the pure bacillus, he ignored the specific reaction of the soil; and it is the latter which I hold plays the most important *role* in determining the formation of tubercle. In introducing the bacillus into the animal organism, another factor—the injury inflicted, and its effects upon the living cells of the body—must be taken into consideration.

In some animals all the tissues of the body react equally upon the introduction of irritants; in others only some one of the tissues responds, such as the serous membranes. This surely demonstrates the specific action of the soil.

I must again call attention to the fact that in making his experiments Koch injected the bacilli into any part indiscriminately in scrofulous animals, while in non-scrofulous animals (dogs, rats, cats), he injected them only into the peritoneum or the anterior chamber of the eye, where, we know from experience and from repeated experiments, any irritant of sufficient intensity may create tuberculosis.

This cannot be explained by the assumption of Koch that the bacillus must merely be enclosed in something so as not to be eliminated before it can exert its effect.

To me it appears that the reason why we must inoculate in serous cavities to produce tuberculosis in the dog or cat, is, because we want not so much the specific action of the irritant (say of the bacilli) as the properties of the serous membranes. It is now well known that any chronic inflammation of serous membranes may lead to primary tuberculosis. It is proved that we do have a primary tubercular synovitis or a primary tuberculous pericarditis; and that bacilli could be instrumental in its production is highly improbable.

In surface tuberculosis like that of the lung the bacilli, in my opinion, also play only a secondary *role*.

Koch himself admits that it is not likely that the bacillus when inhaled by man could get a foothold in a normal lung. He says distinctly in his original articles that the lung must be predisposed for the reception and the action of the bacilli. Under such predisposition he understands and enumerates the following lesions: "*desquamation of the epithelial lining of the respiratory tract, stagnating exudates and secretions in the lung, adhesions, anomalies of respiration*," etc. Now, here is a matter of mere interpretation of these lesions. Koch innocently calls them "predispositions," while every pathologist will designate some of these lesions as suggesting already-existing pulmonary phthisis. In fact, at present standing of our knowledge of pulmonary phthisis we can have no desquamation of the vesicular epithelium without preceding tubercular infiltration.

Watson Cheyne is also considerate enough to say,* ". . . it seems to me that the lung must in addition be prepared for the reception of the bacillus, as may be the case if congestion or slight inflammation be present at the time of the inhalation of the organism."

*See Watson Cheyne's report, Practitioner, April, 1883. pp. 272–276.

*Loc. cit., p. 314.

That in inoculations into serous cavities the latter do not act merely in preventing the bacillus from escaping or being eliminated, and that the stagnating secretions in the lung do not act merely as glue to retain the bacillus in order to allow the accomplishment of its effects, is, to my mind, proved by the following experiments of Bollinger. Bollinger,* in order to show that tuberculosis could not be transplanted by vaccination, made superficial *cutaneous* inoculations in rabbits with tuberculous materials with negative, and deep *subcutaneous* inoculations with the same material, followed by intense inflammation, with positive results. In both cases the wounds were covered by a layer of collodion to prevent the "elimination" of the bacillus.

Thus it appears that the bacilli by themselves have no effect upon the healthy organism or the normal tissues. A predisposed soil is the chief factor and is preeminently necessary for the production of tuberculosis; while, on the other hand, it is not proved at all that the bacillus is invariably necessary for the production of tuberculous lesions. Although the tubercle-bacillus is more liable to excite tuberculosis in an already inflamed and ill-nourished soil than all other simple irritants so far tested, it (the bacillus) might be readily substituted by other irritants.

The matter must unquestionably be tested further, but from the above evidence it is clear that a general fear of the bacillus tuberculosis as a contagion is unjustifiable, and that the ordinary dust suspended in the air is to certain persons as dangerous as the bacillus.

5. The specific lesions of a disease resulting from the inoculation of a specific parasite must also contain that parasite, and have the specific properties of reproducing the same disease when re-inoculated in other animals.

Koch claims that the products obtained in animals by inoculation with bacilli are capable of producing tuberculosis when inoculated into a second animal, while the products obtained by inoculation with innocuous substances do not have this effect. The former proposition is true, but the latter, I hold, is not in accordance with facts. In my own experiments, to be detailed in my forthcoming report, tubercles produced by inoculation with innocuous material under antiseptic precautions were likewise capable of producing tubercles when inoculated into other animals, having thus the same action as the innocuous material primarily used.

I have also shown above (see bacillus chapter) that in secondary tuberculous products bacilli may be absent.

The experiments of Martin,* which tend to show even the progressive virulence of products obtained from re-inoculation with tuberculous material in a series of animals, have been substantiated by no one.

Martin's assertion also, that inoculations with products obtained by the introduction of innocuous substances never produce true tuberculosis, and that after a series of re-inoculations these products lose their power of acting even as local irritants, is, according to control experiments, positively wrong. On the other hand, views have been expressed, based upon experiments (I think also by Martin), that products obtained by inoculation with non-tuberculous substances when re-inoculated may gradually become specific, and increase in virulence in producing tuberculosis.

6. Finally, a given parasite and no other substance should, the conditions remaining the same, be capable of producing a parasitic disease.

In my previous studies, judging from the literature alone, I was fully impressed with the idea that tuberculosis had a specific exciting cause, and that it could be induced by inoculation with tuberculous materials. Moreover, having made numerous inoculations with tuberculous matters, I convinced myself of this fact. Hence I accepted the view that tuberculosis is inoculable in certain animals.

But, at the same time, after repeating, under various modifications, the well-known control experiments, I found that, beyond doubt, even true tuberculosis could be induced by substances other than tubercular, and that failures to induce tuberculosis with tuberculous materials were in certain animals nearly as common as successful inoculations with innocuous substances.

To these experiments I will return in my forthcoming report.

It will also be necessary to first consider the evidence of those observers who, from the re-

*Zur Aetiologie der Tuberculose, Prager Med. Wochenschrift, Nos. 4 and 5, 1884.

*Journal d'Anatomie et de Physiologie, April, 1881.

sults of their own exhaustive experiments, negatived the exclusive or specific infectious properties of tuberculous materials. This negative evidence is by far more voluminous and strong than the admirers of the hypothesis of the contagiousness of tuberculosis suppose; excited admirers having especially arisen since the ingenious article of Koch appeared.

It is, however, remarkable that some of the writers on tuberculosis fail to understand that the pivot of the question of the etiology of tuberculosis does not rest upon the fact alone whether or not the bacillus induces lesions analogous to tuberculosis, but pre-eminently upon the fact whether innocuous substances have or have not the same effects.

Thus, above all, the negative evidence must be carefully inquired into, not by relying upon the crippled and sometimes misrepresenting and meagre quotations of some of the compiling writers, but by submitting the original communications of the authors and experimenters to a careful perusal.

Together with the accounts of the much quoted experiments of investigators who succeeded in inducing tuberculosis in animals with tuberculous substances only, the reading and thorough examination of the records and results of experiments of the observers to be mentioned below are unavoidably necessary.

The following observers all refer to many or few experiments of their own in which tuberculosis resulted from the inoculation with either innocuous substances or with specific matters other than tuberculous:

Lebert, *Allgem. Med. Central-Zeitung*, 1866.
Lebert and Wyss, *Virchow's Archiv*, xl. 1867.
Empis, *Report of the Paris Internat. Medical Congress*, 1867.
Burdon Sanderson, *British Med. Journal*, 1868.
Wilson Fox. " " " "
Langhans, *Habilitationschrift*. Marburg, 1867.
Clark, *The Medical Times*, 1867.
Waldenburg, *Die Tuberculose*, etc., Berlin, 1869.
Papillon, Nicol, and Leveran, *Gaz. des Hop.*, 1871.
Bernhardt. *Deutsch. Arch. f. Klin. Med.*, 1869.
Gerlach, *Virchow's Archiv*, vol. li., 1870.
Foulis, *Glasgow Med. Journal*, 1875.
Perls, *Allgemeine Pathologie*, 1877.
Grohe, *Berliner Klin. Wochenschr.*, No. 1, 1870.
Cohnheim and Fränkel, *Virchow's Archiv*, vol. xlv., 1869.
Knauff, 41*te Versamml. Deutsch. Naturforscher*, Frankfort.
Ins, *Arch. f. Experim. Pathologie*, vol. v., 1876.
Wolff, *Virchow's Archiv*, vol. lxvii , 1867.
Ruppert, " " " lxxii., 1878.
Schottelius, " " " lxxiii., " ; *ibid.*, xci., 1883.
Virchow, " " " lxxxii, 1880.
Stricker, *Vorlesungen uber Exp. Pathologie*, Wien, 1879.
Martin, *Med. Centralblatt*, 1880, No. 42.
Wood and Formad, *National Board of Health Bulletin*, Supplement, No. 7, 1880.
Robinson, *Philadelphia Med. Times*, 1881.
Weichselbaum, *Med. Centralblatt*, No. 19, 1882, and *Med. Jahrbuecher*, 1883.
Balough, *Wiener Mediz. Blætter*, No. 49, 1882.
Wargunin, *Allg. Med. Centralblatt*, April 8, 1882.
Hænsell,* *Arch. f. Ophthalmologie*, vol. xxv.

Some of the observers enumerated did not consider the miliary eruptions obtained experimentally as true tubercles, but the majority did so, and, as I will show later, presented excellent and reliable experiments and sound reasoning in support of their views.

Shall all the above evidence go for naught merely because Koch has discovered a bacillus which is capable of inducing in animals lesions resembling tuberculosis?

I trust it will not. Koch, has so far, no authority to claim *exclusive* pathogenetic properties for his bacillus, as he made himself no satisfactory control experience other than tuberculous. The few control experiments he offers, viz., that *sterilized* blood-serum (!), tuberculous material soaked in alcohol, and fresh scrofulous glands, or pus from tuberculous lesions, did not induce tuberculosis, prove little or nothing in favor of his bacillus.

Watson Cheyne, in his excellent report, displayed great care, diligence, and skill in his experiments and observations intended to corroborate Koch, but in making his control experiments he likewise was not very particular. So in relation to inoculations with non-tuberculous substances he came to the conclusion that "not one of the twenty animals (inoculated with innocuous substances) became tuberculous!" But when the detailed account of Watson Cheyne's experiments is read over, it is amusing to learn that only nine out of the twenty-five negative experiments were really known to be negative, because eleven of the rabbits experimented upon had been stolen before Cheyne had a chance to examine them,

*Hænsell, who inoculated animals with gummous growths and syphilitic pus, obtained an exquisite miliary tuberculosis from the effects of these substances. In this connection may also be mentioned the following:

Damsch (*Centralb. f. Med. Wissen.*, July 21, 1883), who obtained tubercular eruptions and nodes in the brain in rabbits through inoculation into the eye with the cultivated bacilli of leprosy. Similar inoculation with leprous material led to a perfect miliary tuberculosis in rabbits in the hands of Kaposi, of Vienna (*Wiener. Med. Presse*, January 21, 188).

Pfeiffer, Dontrelpont, Cornil and Babès (loc cit.) had the same experience with lupous material.

Bodamer (Inaugural Thesis, Univ. of Penn., 1884) had, as the result of inoculating with the pure cultivated actinomyces fungus, a striking general miliary tuberculosis in rabbits.

Inoculation with materials from glanders gives also rise to tubercles in the lungs, etc., not distinguishable under the microscope from true miliary tuberculosis. But Löffler, who kindly demonstrated to me this fact in Koch's laboratory, and who also gave me a specimen demonstrating it, explained that the nodules in the lungs were not tubercle, because the bacilli found therein behave differently in staining.

†Loc. cit.

two rabbits died within a few days, or long before tubercle could develop, and in three rabbits the experimenter really records lesions that might have been tuberculous, in spite of the absence of bacilli in them, which latter circumstance, however, induced him to call the result a negative one.

These are instances of the way in which experimenters with preconceived and peculiar ideas upon a subject may unconsciously be misled in forming conclusions from their own experiments.

Further, it is interesting to note that in the "classical" experiments of Solomonson,* Baumgarten,† Tappeiner,‡ etc., among other substances the following materials were used extensively for control: "caseous glands from scrofulous child," "caseous material from various sources," "muscle, testicle, and kidney from tuberculous guinea-pig," "cheesy pus from man and animals, cheesy infarcts, caseous tumors," etc. All these substances, which are known usually to contain the bacillus, were inoculated while fresh into animals, and are recorded by the experimenters above stated as having failed to produce tuberculosis. This is surely not consistent with the doctrine of Koch.

Wherever inoculation with innocuous substances was followed by positive results, the over-zealous germ-theorists call it "*accidental tuberculosis.*" They say that at the time of former experiments the communicability of tubercle by a mediate contagion was not recognized, and as the precautions necessary for thorough disinfection of instruments, surroundings, etc., were probably not observed, the channels for the introduction of the *bacillus* were in all previous experiments left unguarded; hence, they argue, *it must have been* this ubiquitous bacillus which induced the tubercle.§

Further admitting, however, that innocuous substances may induce tubercle-like bodies, they claim that these bodies are not infectious, *i. e.*, they are *false* tubercles.

All these objections would be very plausible if they were based upon actual observations and facts; but, unfortunately for the bacillus theory, they are not; they are *mere unfounded assumptions.*

The fact established by experiments, that a true tuberculosis can be induced in animals by inoculation with innocuous and various other substances, and the significance of this fact, can surely not be overthrown by the imperfect evidence that the bacillus is more liable to do so, and still less by the mere unauthorized opinions of some of the writers.

Erroneous conclusions and views may easily be formed through the misconception of the significance of experiments.

At the meeting of the Pathological Society of London (December 4, 1883, quoted from the *Lancet*, December 8, 1883), Dr. Wilson Fox announced the following: "He was unwilling that his former observations* should still be quoted as opposed to the doctrines of Koch and those who had been more recently working at the subject; and therefore he had felt bound to come forward and make known the modification which his views had undergone. At the same time," Dr. Fox, however added, "there was perhaps some danger of phthisiophobia or phthisiomania. During the past thirty years there had been many changes in the doctrine of phthisis, and hardly any doctrine has lasted more than five years."

But what had happened to induce Dr. Fox to lose faith in his own honest and excellent former work? So far as I could learn, it was the following: Dr. Fox had requested a Dr. Dawson Williams to repeat his former experiments. This bacillus-excited gentleman introduced *carefully* some "*putrid fluids*" and some *setons* into a few guinea-pigs and—did not obtain tuberculosis! Now, they think, it

*Aftryk fra Nord. Med. Arkiv, vol. xi, 1879.

†Loc. cit. ‡Loc. cit.

§In this connection the following incident is interesting, particularly on account of the high authority of the observer:

Some experiments were made under the supervision of Virchow (*Berlin Klin. Woch.*, 1880), principally with the view of testing whether the milk of animals affected with pearl-disease" or bovine tuberculosis could reproduce the disease when fed to other animals. Virchow's own objection to experiments of this kind is that the various chronic inflammatory processes which occur spontaneously in animals are not sufciently well known even to veterinary specialists. Further, in pigs, which he used in considerable numbers, scrofulous glands occur so frequently, from their alliance to man through their omnivorous habits, and their detection during life is a matter of such great difficulty, that results founded upon their presence must be acccepted with great caution. The possibility of coincidence was also well illustrated by two cases in which several animals were found to be tuberculous after having taken the milk for some time from a cow which was diagnosticated during life as affected with bovine tuberculosis, but whose lungs were found at the autopsy filled with echinococcus cysts, and with no trace of tuberculosis.

The milk of another animal which subsequently was found to be profusely affected by bovine tuberculosis had, on the other hand, no effect when given as food to a number of healthy animals.

The only result that Virchow thinks is perhaps justifi d from these experiments, is that more animals were found to be tuberculous among a certain number which had been fed upon the "pearly" milk than among the same number which had been fed upon healthy milk.

(The above statements, first quoted by Dr. Whitney, of Boston, Professor Virchow corroborated in a conversation with me upon this subject last summer.

H. F.)

*Loc. cit.

was at once evident, that in all the former successful inoculations with non-tuberculous materials the mischievous bacillus of Koch must have gained entrance.

The reasoning of the London gentlemen appears to have been here as follows: *Putrid matter and setons do not induce tuberculosis; but the bacillus does. Hence the bacillus is the sole specific cause!*

But what is gained or proved for the bacillus theory if any one given substance, when inoculated into an animal, does not induce tuberculosis? Does, through this, the necessity of contagion at once arise? Surely not. If, for instance, as I will prove, finely-powdered, sterilized glass is capable of inducing a true tuberculosis, then it does not matter if putrid matter or setons failed to do it.

Cohnheim's acceptance of a theory of a specific poison for tuberculosis, which formed as its direct outgrowth, the basis of the bacillus theory, was also not justified from Cohnheim's own experiments. If he once succeeded* with innocuous substances in producing *peritoneal* tuberculosis, it is of no consequence that he subsequently† failed to induce an *iris tuberculosis*.

Negative results prove nothing under the above circumstances, and in the presence of positive results. Most of the observations made in bacillus studies prove really nothing for the etiology of tuberculosis, and some interpretations of the results of experiments in this direction are quite deficient and not consistent with the principles of experimental pathology. Furthermore, some of the positive evidence must be excluded on account of the evident deficient knowledge of pathological anatomy on the part of some of the experimenters.

I am glad to be in the position to offer in my next communication a new series of observations and experiments on tuberculosis. These experiments, instituted under the auspices of Dr. Pepper, provost of the University of Pennsylvania, and executed by myself and assistants under all rules of scientific precautions and with full facilities for such work, plainly demonstrate that *the etiology of tuberculosis does not rest with Koch's "parasitic" bacillus or any other "contagion."*

The experiments referred to will be given in full details in a special report now in progress and soon to be published with appropriate illustrations, etc.

I desire, however, to announce here that *my experiments prove that finely powdered, sterilized glass, ultramarine blue, and other substances are by themselves capable of producing tuberculosis in animals or tissues liable to this affection.*

Further, I will offer proof that this effect (tuberculosis) ensues without the intercurrent action of any bacterium. And, finally, that in those instances where miliary, nodular eruptions have been induced by the tubercle-bacillus (or substances containing it), the action of the latter is a purely mechanical one, like that of simple irritants.

Further, these experiments show that the only advantage which the bacilli have over other finely-divided matter and simple irritants is that the former multiply and thus intensify their action, while mechanical irritants have not this property, and hence must be introduced in larger quantities. The more finely divided the matter, the more prompt seems to be its effect, and I believe it is impossible to render any matter more finely divided than the bacilli.

Like others, I also often succeeded in tracing the formation of the tubercle-nodules to the effects of the irritating particulate matter, if the latter were or could be made distinct enough to be seen within the nodes. When ultramarine blue was used for inoculation, granules of the latter substance were seen within the nodes; when bacilli were used to that end, then bacilli could be detected within the nodes. But in either case these primary nodular eruptions, *if rapidly formed*, do not yet represent tuberculosis, as I will show.

It is generally conceived that a specific infectious disease, such as instanced by variola, syphilis, anthrax, etc., can have only one cause or one poison which will produce that disease and nothing else, and cannot be substituted by anything else.

For tuberculosis this is not true, for we have bacillary and non-bacillary forms of tuberculosis.

It is now no more a question of observation and experimentation, but rather one of interpretation and understanding of the results; for we have seen that the evidence from experiments and microscopical studies is nearly sufficient.

But there are misconceptions. If that only is tuberculosis where the bacillus of Koch is found, or that only which arises from the effects of this bacillus, then Koch's theory of the exclusive pathogenetic properties of the bacillusis correct, and under such definition tuberculosis has only one cause. But if true tubercles exist and can be produced without the bacillus, which has been shown to be the fact, then Koch's theory cannot be accepted from a pathologico-anatomical standpoint; or else we are obliged to admit two or more kinds of tuberc-

*Loc cit.

†Sitzungsberichte d. Schlesischen Gesell., 1878.

ulosis—one due to Koch's parasite, and others to a variety of causes.*

So far, however, we have no reason, from a pathologico-anatomical standpoint, to subdivide tuberculosis, and therefore I am of the opinion that Koch's view of the exclusive pathogenetic property of his tubercle-bacillus is decidedly overdrawn and even not warranted by facts. Neither the specific action of Koch's bacillus, nor the specific character of tubercle, nor the contagiousness of phthisis or of any form of tuberculosis, is proved.

Only after a complete harmony of the facts derived from pathologico-anatomical, experimental, and clinical studies in tuberculosis with those revealed by mycology, and not from either of these alone, can we arrive at a settlement of the question of the etiology of tuberculosis.

Further details concerning this question will be incorporated in my report.

This will embrace also studies into the onset and the distribution of tuberculous affections.

From the above analysis of the bacillus question and of the etiology of tuberculosis the conclusions follow—

1. That the bacillus of Koch is a valuable diagnostic sign of tubercular disease.

2. That nothing is proved by its discovery for the etiology of tuberculosis.

3. That the too ready acceptance of the bacillus doctrine is not justifiable, and is likely to do more harm than good.

4. That neither phthisis nor any form of tuberculosis is contagious.

(*Concluded.*)

SYNOPSIS OF A LECTURE ON THE TREATMENT OF CHANCROID AND SYPHILIS.

Delivered before the Philadelphia County Medical Society, January 9th, 1884.

BY JOHN ASHHURST, JR., M. D.

In introducing his subject, Dr. Ashhurst said that, as he believed that chancroid and syphilis had no connection with each other, except that they were commonly acquired under similar circumstances, it might seem strange that he should join them together in speaking of their treatment. The explanation, he said, was that two years ago, when he had had the honor to address the Society on the diagnosis of chancroid and syphilis, the Society requested that on some future occasion he would speak on the treatment of these two affections. In obedience to that request he had the honor to appear to-night.

THE TREATMENT OF CHANCROID AND SYPHILIS.

If any constitutional treatment is demanded in chancroid, it is such as is indicated by the general condition of the patient. Chancroid requires local treatment, but as syphilis is a constitutional affection, its treatment is constitutional or general. Local treatment is required for certain manifestations of syphilis, but the treatment, *par excellence*, is constitutional.

Speaking first of the treatment of chancroid, we may recognize three plans which have been adopted.

First, That form of treatment which aims to abolish the whole thing at once, that is, by excision. There are certain maladies in which, by this plan, we can get rid of the disease entirely, as in the case of certain tumors. So a local disease, which has begun in one or more spots, should theoretically be removable by cutting away the diseased tissue. This plan has, however, been tried and found wanting. The great objection to it is that the wound almost inevitably becomes inoculated by the chancroidal matter, and that the resulting sore is larger than the first one was, thus rendering the ultimate condition of the patient worse instead of better.

The second form of treatment, and that which I advocate, is one which aims not to remove the disease at once, but to favorably modify its future progress. This is the treatment by cauterization. By destroying the surface of the chancroidal ulcer we remove its virulent qualities and leave a healthy granulating sore. The caustic application removes the tendency to spread, and converts the ulcer into a healthy granulating surface. In speaking of this tendency to spread, I refer to one of the most prominent features of chancroid, its auto-inoculability, in which it differs from the initial lesion of syphilis. Chancroid is auto-inoculable indefinitely, and I believe that cauterization very much diminishes, if it does not destroy, this property, although the pus from the chancroid is still contagi-

*A suggestion to separate an "infective" form of phthisis from ordinary phthisis has been made by Dr. Reginald Thompson (*London Lancet*, No. 6, 1880, quoted by R. S. Smith, Bristol, *Medico-Chir. Journal*, No. 1, 1883). "In a series of fifteen thousand cases observed, fifteen cases (only one per one thousand) proved to be of an infective kind, viz., with history of contagion and absence of phthisical family history."

ous. It seems to lose, after cauterization, to a great extent, that quality which causes it to spread to other parts on the same person. In the choice of a caustic, my preference is for fuming nitric acid, applied by means of a piece of soft wood, such as the end of a match-stick. Another plan is to apply the acid by means of a glass brush, but I do not think this as desirable. Every cranny should be cauterized. Any part that escapes retains its quality of furnishing auto-inoculable pus, and the whole surface may return to its former condition; therefore, cauterization must be thorough if it is practiced at all. When the slough, produced by the caustic, separates, the surface soon granulates and heals, but the pus is contagious to the last. If the fear of pain deter the patient from submitting to cauterization, general anæsthesia may be properly employed, or the surgeon may first make an application of carbolic acid, which produces local anæsthesia, and apply the nitric acid afterwards. It may be necessary to repeat the operation.

There are other modes of effecting cauterization; one is the use of the carbo-sulphuric paste, recommended by French surgeons. This forms a crust, which I think is a disadvantage, as concealing the parts beneath. The solution of acid nitrate of mercury may be used, but if applied over an extensive surface it may cause salivation. It is not as well adapted to the purpose as nitric acid. The actual cautery also has strong advocates; it may be employed either with the simple hot iron, or with the Paquelin's or the galvanic cautery. These modes of cauterization are effective in cases of serpiginous chancroid—in the latter I think the hot iron the best application that can be made. The material used by many practitioners a few years ago, the nitrate of silver, is inefficient, and, in my judgment, has nothing to recommend it. Then for the after-dressing, after cauterization has been employed, we can use plain water, or lime-water or black-wash, or a solution of salicylic acid, or wha is known as the "nitric acid wash" (nitric acid f℥ j; water Oj), which is much used as a dressing in New York. When the chancroid is on a mucous surface, as in the female organs, or in any situation in which it is kept moist, a simple dry dressing of absorbent cotton or dry lint may be used; but where the chancroid is exposed, dry dressings are apt to become adherent, and wet applications are better. The dressing above all others which I think deserves attention, is iodoform. It is a comparatively recent remedy in these cases, and I think that it is the best application that can be made after thorough cauterization has been effected. It can be used in various ways, by simply dusting the finely-powdered drug over the surface, or as a wet dressing in the form of an alcoholic solution with glycerine, viz.: Iodoform ʒ ss; alcohol f ʒ ii; glycerine f ʒ vi. Or it may be used in the form of an ointment, 15 to 30 grs. to the ounce, or as an ethereal solution which evaporates, leaving a thin film of iodoform over the surface. An old remedy, which formerly had great reputation in these cases was aromatic wine, but I do not think it is as efficient as iodoform. Another remedy, which is quite a novel one, is resorcin, an article of the phenol series. Great advantage has been claimed for it. Pyrogallic acid has also been used, as has the subnitrate of bismuth and various other dry powders. In the female, dressings, of course, must be applied with the aid of the speculum.

In chancroids at the meatus, I commonly use a solution of nitrate of silver (30 grs. to f ʒ i), since the contraction after the use of nitric acid might be objectionable in this situation. At the frænum some special precautions may be required. Deep cauterization here may be followed by bleeding, and it has been proposed to prevent this by the previous application of ligatures, tying the frænum above and below the seat of disease, or by employing the actual cautery. For chancroids beneath the prepuce, when this can be retracted, the best plan is to cauterize the sores and dress them in the ordinary way, either replacing the prepuce afterwards, or allowing it to stay retracted, as may be thought most convenient. If, however, the prepuce cannot be retracted, then the surgeon may inject a strong solution of nitrate of silver, or, which I prefer when it can be done, may pack the space between the prepuce and glans penis with lint saturated with a solution of nitrate of silver (gr. xx to f ʒ i) Whenever it is necessary to circumcise the patient, of course the wound should be cauterized, as it will otherwise become inoculated and itself converted into a large chancroid. As for urethral chancroids, which are very rare, cauterization cannot be employed, as increasing the risk of stricture; absorbent cotton may be used as a dressing, taking care to have a thread attached by which the dressing may be withdrawn. About the rectum and anus, chancroids may be treated by cauterization, with the subsequent use of emollient enemata and opium suppositories. For the phagedænic chancroid,

constitutional treatment is desirable, as in all other cases of phagedæna. Opium—one grain at night and one grain in the morning—is, I think, more beneficial than any other single remedy. In some cases it may be of advantage to remove the surface of a phagedænic or serpiginous chancroid by scraping with a scoop and then using as a caustic, bromine, permanganate of potassium, or caustic potassa; but I think that the hot iron is the best local remedy in these cases. Syphilization has been used for chancroid, but it is of no value.

In regard to the principal complication of chancroid, the bubo, it may be of two kinds, the simple or inflammatory bubo, which is nothing but an adenitis, or the true chancroidal or virulent bubo. I believe it to be impossible when a bubo first makes its appearance, for the surgeon to say of which variety it is. Of late years I have seen many more examples of the simple than of the virulent bubo. Whether or not this is because the disease, like syphilis, is gradually becoming a milder affection than it was formerly, I cannot say.

In regard to the treatment of bubo, the surgeon should enforce rest in bed, if possible. Then counter-irritation should be employed very thoroughly. The best way is that suggested by Mr. Furneaux Jordan of Birmingham, by applying the counter-irritant to the "next vascular area." The theory is that by irritating an adjacent part, the blood is caused to flow away from that originally affected. Counter-irritation is best effected by applying the tincture of iodine in the form of a broad horse-shoe around the inflamed gland, every day or every other day, so as to keep the part on the verge of vesication. The skin should, if possible, not be broken, but if it is so, some soothing ointment must be applied, and the use of iodine suspended for a few days. Over the bubo itself, the dressing which I have found most satisfactory consists of equal parts of belladonna and mercurial ointments; it is a simple resolvent and anodyne application, and is agreeable to the patient. I have also used an ointment of iodoform over the part, but do not think it as efficient as the belladonna and mercury; nor do I think the application of blisters as satisfactory as the use of iodine. Pressure is another remedy which may be properly employed when the bubo is not painful, but which is ill-adapted to the acute inflammatory stage. If it is to be employed, pressure may be effected by applying a shot-bag over the bubo while the patient is in bed; or by fastening a soft sponge over the part with a spica bandage applied with the thigh flexed on the trunk. If the bubo suppurates, of course it should be opened. Various plans have been suggested, but I do not think there is anything as efficient as a moderately free incision; and the direction in which this is made is a matter of considerable importance. I find that practitioners generally open buboes in the line of Poupart's ligament, but I think that an incision in the long axis of the patient's body is the best, supplemented, if necessary, by small transverse incisions on one or both sides. If the lips of the wound are kept apart, so as to allow the pus to flow out readily, the process of healing is much more rapid. Multiple punctures have been employed in opening buboes, and the introduction of a seton has also been suggested; in case phagedæna attacks the bubo, the use of the continuous hot bath has been proposed. My experience is here, too, in favor of the use of opium, locally and internally, and, if cauterization is necessary, the application of the hot iron. I think that there is an advantage, as regards the bubo, in a thorough cauterization of the original chancroid at the beginning. Bumstead and Taylor recommend that cauterization should be employed if it can be done in the first ten days; but if it is desirable in the first ten days, it seems to me to be proper at any period. These gentlemen believe that by early cauterization the patient will escape virulent bubo, and that even if an inflammatory bubo exists, its course will be favorably modified. I am aware that a directly contrary opinion is held by some surgeons, who believe that the risk of bubo is increased by cauterization, but, as far as my own experience goes, it confirms the teaching of Bumstead and Taylor.

If the surgeon is satisfied that he is dealing with a chancroidal or virulent bubo, simple incision is not sufficient. Here suppuration occurs first in the periglandular areolar tissue, and it is of great advantage to enucleate the infiltrated glands before they become disintegrated and inoculate the surrounding tissues with chancroidal matter. If the case is not seen until the whole wound has become inoculated, then I would slit up all sinuses, remove the thinned, overhanging skin, and cauterize the whole

surface with nitric acid, the patient being under the influence of ether.

The third plan of treatment, which is the fashionable treatment just now, is the use of simple dressings such as I have advised for the after-treatment, without employing caustics. There is no doubt that healing will, in most of the mild, superficial chancroids met with at the present day, ultimately take place without cauterization, but I think the cure will be more certain, more rapid, and more likely to be free from complication, if the chancroid be cauterized in the way that I have recommended.

Treatment of Syphilis.—Syphilis is a constitutional affection and demands constitutional treatment. The principle remedies are mercury and iodide of potassium. These have been given for many years, and yet it has never been satisfactorily determined in what way they produce their effects. Probably it is safest to say they act by eliminating the syphilitic poison and producing absorption of the gummatous and inflammatory deposits. No doubt, aecording to modern theories, they might be supposed to act by destroying syphilitic germs, but that suggestion opens questions in transcendental pathology into which this is not the time to enter.

For the convenience of considering the treatment of syphilis, we may divide its course into the primary, secondary and tertiary stages.

The lesions of the primary stage are the initial lesion (or chancre) and the bubo which accompanies it. Now in regard to the treatment of primary syphilis, I believe that the surgeon will do well to put his patient under mercurial treatment, provided that he is sure of his diagnosis. This view is opposed, however, by some authorities, for whom I have great respect. My practice is to give mercury; and the best form in which it can be given, in the primary stage, is the green iodide or protiodide. I have been in the habit of prescribing this preparation in pills with opium alone, or made up with a confection of opium as an excipient; it has the advantage that it can be used a long while without causing salivation, and it is, moreover, efficient. I think that this is the safest mode of treating syphilis in the primary stage, but no patient should be placed on a mercurial course unless the surgeon is well satisfied that syphilis is actually present.

In regard to the local treatment of primary syphilis, the principal point is cleanliness; but local treatment is not of much value. Iodoform may be used as a dressing for the chancre, as it may for the ulcerative lesions met with in the later stages of syphilis. Cauterization is of no service. I do not believe that secondary symptoms were ever prevented by canterizing a chancre.

There is another form of treatment which has some evidence in its favor, and that is the excision of the chancre.

Until within a few years the view of surgeons was that a chancre should not be excised except under special circumstances, as when occurring on an elongated prepuce, but within recent years the excision treatment has been revived, particularly in Germany, and in this country it has been advocated by Dr. White and others. To those who, like myself, take the view that syphilis is a constitutional disease from the beginning, and that the initial lesion, chancre, is but its first manifestation, of course the excision treatment seems somewhat unphilosophical. I have no personal experience in this form of treatment, but the weight of evidence from what I have been able to read concerning it, seems to me to be against it. This, moreover, appears to be the prevailing view among the leading specialists in venereal affections in New York.

As regards the bubo of syphilis, no special treatment is required, though I have sometimes thought that I have derived advantage from the application of iodoform ointment.

In the treatment of the secondary stage of syphilis, of course mercury is the great remedy. Iodide of potassium is used by some surgeons in the primary stage, but for secondary syphilis all are agreed to use mercury. It should be introduced gradually, to prevent salivation on the one hand and intestinal irritation on the other. I think the best way in which it can be used is by inunction. I recommend the patient to rub ordinary mercurial ointment, or an ointment of the oleate of mercury, into the inner side of the thighs, using fifteen grains each morning and night, half a drachm altogether in the course of the day. If this seem too much, the remedy can be suspended for awhile, and then used in diminished doses. Another good plan is to apply the ointment to the soles of the feet, wearing woolen stockings; the place of application should be frequently changed, so as to avoid the occurrence of mercurial eczema. Before each application, too, the skin should be thoroughly washed and dried. In cases of infantile syphilis, Brodie's plan of putting the mercurial ointment on the belly-band is a good one.

If a patient objects to inunction, then mercury must be given by the mouth. The old-fashioned blue-pill is one of the most efficient preparations, if it is given cautiously, or the iodide may be used, or the bichloride, which,

however, I think less useful than the others. Mercurial fumigation is a good method of treatment in certain obstinate forms of cutaneous syphilis, but is too troublesome for ordinary employment. Another mode of administering mercury is by hypodermic injections, usually of from $\frac{1}{12}$ to $\frac{3}{8}$ gr. of the corrosive chloride, though almost any preparation of mercury may be used hypodermically. I do not think that this plan presents enough advantages to counteract its disadvantages, and believe that it should be reserved for exceptional cases.

For mucous patches, constitutional treatment must, of course, be continued, and as a local remedy, the solution of acid nitrate of mercury may be applied, being then followed by some simple dressing, such as black-wash, and iodoform afterwards. Another plan, recommended by Conradi, is to use a strong solution of nitrate of silver, and then to apply metallic zinc. For syphilitic sore throat, gargles of chlorate of potassium may be employed, or cauterizations with the liq. hydrarg. pernitratis; or dilute hydrochloric acid may be applied with an atomizer. For syphilitic iritis, I have been favorably impressed with Carmichael's mode of treatment, which consists in the administration of oil of turpentine in large doses. I have often used this with great advantage, but have on the other hand sometimes found it to fail, and have had to come back to mercury. The oil of turpentine is given in large doses (f ʒ i) three times a day, in emulsion with gum and sugar, with a few drops of the tincture of opium to prevent strangury. The most important point in the treatment of iritis, however, is the local use of atropia. For alopecia, cantharidal washes may be recommended.

In the tertiary stage of syphilis, iodide of potassium is the chief remedy. Mercury is useful in the treatment of the dry eruptions and of interstitial orchitis, but not in the gummatous affections, where iodide of potassium is preferable. At the same time tonics must be given, as indeed in the secondary and primary stages also. An expectant plan of treatment has been suggested for syphilis, but it is not to be recommended, nor would I favor hygienic and tonic treatment by itself, though in connection with specific treatment it is of great value. A patient who lives a regular life, avoiding the use of tobacco and alcohol, and at the same time pursuing a proper course of treatment, has a better chance of recovery from syphilis than one who neglects hygienic measures.

In giving mercury for syphilis, there are two plans of proceeding: one in which small doses are given continuously for a long time, as particularly advised by Dr. Keyes, of New York; and the other, which seems to me more philosophical, in which the drug is given "*coup sur coup*," that is, in successive courses with intervening intervals. The doses should be moderate, and salivation should be avoided. The best way is to give mercury cautiously until the symptoms are relieved, or a few weeks longer, and then to suspend it altogether. Then if there are any fresh symptoms the administration may be renewed.

It has been proposed by Mr. Venning, as a test to determine when syphilis has been removed from the system, to examine the condition of the inguinal glands. If there is any induration remaining, the patient is still syphilitic.

Iodide of potassium may be used very freely in syphilis. Formerly, five grain doses were ordinarily given, but from eight to ten grains is now considered a fair dose to begin with, and in some cases much larger quantities must be employed. I am convinced, however, that the drug is often given in excessive amounts in ordinary cases of syphilis. I do not recommend large doses unless the disease fails to respond to smaller ones, or unless the symptoms, as in some cases of cerebral syphilis, are immediately threatening to life. The iodide may be given simply in water, or with the compound syrup of sarsaparilla, or with fluid extract of gentian, viz:

Pot. iod., gr. viii—x.
Ext. gent. fl. ♏ xv.

With enough water to make a teaspoonful. Iodoform has been given internally, and homœopathic practitioners have employed gold, but neither appears to have any special value. Sarsaparilla used to be looked upon as an important remedy for syphilis, but I have never found that it was of any use whatever. A remedy strongly recommended by the late Dr. Sims was stillingia. Dr. Taylor speaks favorably of the erythroxylon coca. Hot baths are undoubtedly of use sometimes in syphilis. For hereditary syphilis, mercury and iodide of potassium, in doses suited to the age of the patient, and combined with tonics, and especially iron, are of use. If a syphilitic woman is pregnant, she should undergo a mercurial course, in hope of preventing infection of the fœtus.

Dr. Morris S. French has been appointed a police surgeon by the new Mayor of Philadelphia. Dr. French proposes to establish a system of physical examination which will insure to the city of "Brotherly Love" a thoroughly efficient police force. It may be added that "brotherly love" has not been considered an effective force in our sister city in the absence of an efficient police force.

Society Reports.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

STATED MEETING HELD MARCH 15TH, 1884.

(*Specially reported for the Maryland Medical Journal.*)

The President, Dr. Tyson, in the Chair.

Dr. J. H. Musser presented a series of specimens illustrative of hepatic pathology. This paper will be shortly published in another form.

Dr. C. B. Nancrede presented pen-knife blade, with the portion of bone transfixed by it, removed from the cranium of a boy aged 19 years, where it had remained undiscovered for over six weeks. Owing to later developments the history of this specimen is also, for the present, withheld from publication.

STATED MEETING HELD MARCH 27TH, 1884.

Vice-President, E. O. Shakespeare, in the Chair.

Case of Epithelioma of the Stomach and Colon, Presenting Singular Difficulty of the Diagnosis.—Presented by *Dr. J. H. Packard.*

Dr. Packard stated that this case was placed at his disposal for report by Dr. H. M. Fisher, in whose wards at the Episcopal Hospital the man had been. Alex. R., æt. 47, single, was admitted July 9, 1883. He had for about four months been unable to follow his occupation, that of a wagon-driver. No history of syphilis; none of his family are known to have had cancer. His first symptom was discomfort after eating; later he had loss of appetite and pain in the stomach. Two months afterward he felt a hard tender mass in his belly, on the right of the umbilicus. On admission the tumor seemed about the size of an orange, and was found to be on the left of the umbilicus. It was not very painful, but annoyed him. He was much emaciated, and in a cachectic state, his bowels were obstinately confined. Under treatment his condition improved, and he gained notably in appetite and strength. Subsequently a change for the worse took place, the tumor became more painful, he lost flesh and strength, and his appetite failed. As the tumor seemed to be entirely movable, it was decided that an attempt should be made to relieve him of it, and he was transferred to the surgical ward, under Dr. Packard. Oct. 11, 1883, after consultation, an incision was made over the tumor, in a vertical direction, and the tissues carefully divided until the abdominal wall proper was reached, when it became clear that there was firm adhesion between this and the new growth, for a space of several inches in every direction. The operation was therefore abandoned, and the wound closed. Healing took place by the first intention, and the man even thought himself to have been benefited, although this was clearly imagination on his part. Emaciation steadily increased, and toward the middle of November the stomach became unable to retain food. From this time the symptoms progressed until death occurred Dec. 29th.

Upon post-mortem examination it was found that there was an epithelioma of the pylorus, which had become adherent to the transverse colon, and the disease propagated to that structure, a communication taking place between the two cavities. Subsequently, by a local peritonitis, the affected parts had contracted adhesions to the parietal peritoneum at the point to which they had been displaced. The mechanism of this displacement does not seem to clearly appear.

Malignant Disease of the Peritoneum and Abdominal Viscera.—Presented by *Dr. John B. Roberts* for Dr. V. Hornet, with an abstract of the latter's notes.

The patient, a woman of about 58 yrs. had, four years previous to death, an attack of what was supposed to be gastro-enteritis of malarial origin. From this she never perfectly rallied, but had four or five intestinal hemorrhages, at varying intervals. The last one occurred a few weeks before death. Recently she rapidly lost strength and became emaciated. When seen by Dr. Hornet some time in December, 1883, she had a large tympanitic abdomen, and complained of a sense of tension. Constipation, jaundice, flushed cheeks, p. 100–110 normal temperature and a tendency to nausea and dyspnœa were the chief symptoms. Ten days before death the thermometer in the rectum marked 103°; but stood, says Dr. H., below normal in the axilla and under the tongue. Small nodules could be felt through the belly wall which was less tympanitic than formerly. Death occurred suddenly while at stool.

Autopsy showed nothing important in

the chest; the omentum and mesentery were studded with multitudes of tumors varying in size, from that of a currant to that of a hen's egg. These were of globular form, firm in consistence and on section showed a central hemorrhagic clot. The parietal peritoneum was studded with a few small ones, as was the surface of the liver. Dr. H. further says that he found in one part of the intestine an ulceration of the mucous membrane corresponding to an internal tumor; and a tumor on each side of the rectum high up. In one place he found a cyst with yellowish serous contents on the surface of a tumor. Most of the nodules were of a pale pink color; one noticed, however, was nearly black. I present a portion of the intestine and mesentery and a piece of the liver with one of the secondary growths there formed.

MALIGNANT DISEASE OF THE TESTICLE TAPPED FOR HYDROCELE.—Presented by *John B. Roberts, M. D.* This case is clinically interesting because it resembled a hydrocele and misled me as well as another surgeon who had previously seen it. When the man came to me I found a large oval swelling of left side of scrotum, which he gave me to understand had existed for two years. The tumor for six or eight inches long in the vertical direction had a sharply defined upper limit as does hydrocele of the vaginal tunic and was indistinctly elastic as is a tense hydrocele. The veins on the surface, however, were well marked and it looked at the lower part a little as if the subcutaneous tissue was about to suppurate. It was this which gave rise to the pain that induced him to seek medical advice at this time; for he has previously postponed having another surgeon draw off the yellow water which he had been told was in it. I did not try to transmit light through the supposed hydrocele, because it is very often a fallacious test. At least absence of light transmission does not negative the existence of hydrocele.

I accordingly thrust a trocar into it and drew about six fluid-ounces of pure coagulated blood through the canal. Reinserting the trocar I pushed it in various directions, but met only solid tissue and no blood, except when it was pushed in the direction originally taken; then blood flowed in a quite free stream.

No marked reaction followed, but the pain and tendency to suppuration was removed.

Two weeks later I removed the mass by enucleation, and found the solid tumor here presented, which is the enlarged and infiltrated testicle. The patient now says that fifteen years ago, when about eighteen years old, the testicle or scrotum began to grow larger. He is rapidly convalescing.

RUPTURE OF ONE OF THE AORTIC VALVES DURING SEVERE MUSCULAR STRAIN.—F. L., æt. 40, laborer, married, was admitted into the Episcopal Hospital under my care, February, 21st, 1884. His family history was good, and his own health, previous to his present indisposition, excellent. He denied ever having had syphilis or rheumatism.

His work compelled him to handle very heavy casks, and he had the reputation among his fellow-workmen of being a particularly strong man, he being able to lift, unaided, 500 pounds. Three weeks before admission he was subjected to heavy strains in lifting, and although no history of sudden cardiac pain or palpitation could be elicited, he did admit feeling a sense of tightness across his chest and some dyspnœa after his day's work. These symptoms gradually increased, and cough, accompanied by bronchitic expectoration, soon made its appearance. On admission, the patient presented all the appearances of a remarkably well developed and powerful man; he was suffering from great dyspnœa, which was much increased upon exertion. Percussion showed impaired resonance over both lungs posteriorly, which was not altered by change of position, and auscultation revealed numerous moist rales. The apex beat of his heart, although perfectly regular in its rhythm, was extended in its area, and in the nipple line in the fourth left interspace. Auscultation revealed a loud, high-pitched, musical murmur (systolic), in time with its point of greatest intensity over the whole upper part of the sternum. This was also audible over the chest. The peculiarity of this murmur was its decidedly vibratory character, like a torn sail flapping in the wind. The patient himself even noticed this.

With the diastole there was a second murmur of much lower pitch, and not musical or vibratory in its nature. This had its point of greatest intensity over the aortic cartilage. There was no apex murmur. Slight œdema of legs and feet was present. The urine contained no albumen.

The patient was placed in bed and given digitalis, while counter-irritation and dry cups were applied to his chest posteriorly. Under this treatment he rapidly improved, and was soon considered well enough to be about the ward, the dyspnœa only showing itself after any unusual motion or excitement. The

murmurs remained in much the same condition as on admission, although the intensity of the musical murmur had lessened.

On March 20th, in the evening, after a day as well as usual, he was seized with a severe attack of dyspnœa, with congestion of the lungs. He was considerably relieved by the application of dry cups. The next morning it was noticed that the œdema of the legs had increased. The dyspnœa was still present to a slight degree, and the only change perceived in the cardiac signs was a lowering of the pitch of the musical murmur.

On the 22nd the dyspnœa had increased again, and for the first time a low, long, apex, systolic murmur was detected; this was conveyed plainly into the axillary line. The musical murmur was of still lower pitch than before, and at the aortic cartilage the murmurs were much more plainly of a see-saw character.

Irregularity of the heart's action occurred now for the first time. On the 23rd the area of cardiac dulness was as follows: in the horizontal line at height of nipple the dulness began in the middle of the sternum, and extended to the left to a point half an inch beyond nipple. In the perpendicular line, drawn midway between the sternum and left nipple, the cardiac dulness began in the third interspace and extended downward till lost in dulness of left lobe of liver. The area of dulness was not triangular with the base downward. Impaired resonance was now present over the whole chest, both anteriorly and posteriorly, and no cardiac sounds could be heard on account of the great stridor and the violent movements of the chest. The apex beat could not be detected for the same reason. After this the patient became more and more cyanotic and short of breath, and died on the same day, viz., March 23rd, 1884.

Autopsy.—Each pleural cavity contained several ounces of serum. The pericardium contained about 1½ ounces of serum, in which several shreds of lymph were discovered.

In both venticles were large clots, partly chicken fat, extending through the semi-lunar valves.

Weight of heart, after being emptied of clots and blood, one pound ten ounces.

The walls of the left venticle were enormously hypertrophied, measuring ⅞ of an inch at thickest part. The cavity appeared slightly distended, as did also the mitral orifice, which would allow the tips of three fingers to pass.

The right anterior leaflet of the aortic valves was torn at its posterior insertion with the aorta, thus leaving a free pointed end about ⅜ in. long to float in the blood current.

The left anterior leaflet presented two fenestrations, the posterior one the smaller, and near the insertion of valve in aorta at its upper margin; the anterior one the larger, and situated some distance down from the free border of valve.

The aorta at its origin was atheromatous in places and slightly dilated, a patch existing at the point corresponding to the former insertion of the torn valve. The valves were normal, except for slight thickening. The coronary arteries were not atheromatous.

Remarks.—In this case the atheroma at the point of insertion of the torn valve must have been the cause of the rupture during a heavy strain; should a fenestration have existed near the point of insertion, as exists in the left anterior leaflet, this would be a further reason for the rupture occurring at this point.

Frequently repeated, great bodily exertion, was the probable cause of the atheroma, as the man was a moderate drinker and denied rheumatism and syphilis. A point of interest in the case was the peculiar character of the *systolic* aortic murmur, which was, as before mentioned, decidedly musical and vibratory.

As the patient did not suffer from sudden palpitation and dyspnœa at the probable time of the rupture, and as this murmur gradually diminished in pitch, while the regurgitant murmur became slightly more pronounced, it is probable that the tear at first was slight, and gradually increased under the great strain thrown upon it, thus increasing the area of the loose edge to be thrown into vibration, necessarily lowering the note produced.

The systolic apex murmur heard one day before death was due to the occurrence of an incompetency of the mitral valves from over distention of this orifice.

Slow Increase of Population in France.—From a return published in the *Journal Officiel* it appears that there were 280,460 marriages in 1882, in place of 282,079 in 1881, and 935,566 births in 1882, in place of 937,057 in 1881; and 838,539 deaths in 1882, in place of 828,818 in 1880. It is a fact, therefore, that the unfavorable condition of the country, as regards increase of population, continues, or rather is aggravated. As far as such increase is dependent upon the augmentation of births as compared to deaths, the rate of increase is only 0.26 per cent. per annum—the population only doubling itself in 267 years. The doubling, however, takes place much more rapidly than this, viz., in 165 years, owing to the great and increasing number of foreign immigrants.—*Lond. Med. Times.*

Editorial.

MEETING OF THE AMERICAN MEDICAL ASSOCIATION.—The regular annual meeting of the American Medical Association, which convenes in Washington, D. C., on the 6th of May, promises to be one of the largest and most enjoyable ever held by the Association. In accordance with a constitutional amendment adopted by the Association at its last meeting, it is required that meetings shall be held at the National Capitol as often as once in every four years. The coming meeting inaugurates this feature of the constitution. It is already apparent that the selection of Washington as the most suitable city to draw out the full force of the American profession was a wise and judicious act. As the seat of government of a large and prosperous nation, it is eminently adapted to the purposes designed to be carried on by large scientific organizations. It is there that science, art and literature should receive the utmost fostering care; it is there that governmental protection and aid should be sought in behalf of all of those interests which most affect the citizens of our country. Meeting under the very shadow of the dome of the nation's capitol, the American Medical Association can best assert its claim to national recognition and the more successfully call attention to the purposes it seeks to advance. Apart from the above considerations the local attractions of Washington are almost innumerable. The coming meeting will find the city clothed in the beauty and freshness of spring. At no time will its parks, gardens and splendid avenues show to finer advantage. Congress will be in session, so that all who desire to witness the deliberations of the two Houses will have an opportunity of doing so. Among many other objects of attraction, the U. S. Capitol, Treasury, War, Navy and Interior Department buildings, Smithsonian Institution, U. S. Museum, Agricultural Department, Navy Yard, Arlington, Mt. Vernon and the Soldiers' Home Park, are places well worth seeing.

We are able to present at this time the following facts bearing upon the coming meeting: The Chairman of the Committee, Dr. A. Y. P. Garnett, has organized an efficient working force from the profession in the District, appointed sub-committees on reception, entertainments, railroads, printing, etc.—and the work is already far advanced. The place of meeting will be the Congregational Church, corner 10th and G Streets, with rooms for the Sections in the church and in Armory Hall opposite. Masonic Hall, corner of 9th and F Streets, has been secured for the use of Exhibitors of Drugs and Surgical Appliances. The prospect is that there will be the finest exhibition of the kind yet displayed. The profession of the District has responded liberally to the call of the Committee. A reception will be given to the Association by the physicians of Washington at Armory Hall; a reception by the President of the United States; as many private receptions by prominent citizens as time will allow; and it may be a reception at the U. S. National Museum. Arrangements have been made with the railroads of the Grand Trunk Combination—including all lines North and West as far as Chicago and St. Louis—to return delegates paying full fare to Washington at one-quarter rate. It is probable similar arrangements will be made with the railroads of the South, South-west and far West, as negotiations are now pending. Delegates and their families are included in this arrangement. From the care that has been exercised by the President of the Association, Dr. Austin Flint, and by the Chairmen of the Sections, it is evident that abundant material will be on hand for the Sections, and that, too, of more than ordinarily interesting character.

It will thus be seen that everything has been done to make this forthcoming meeting of the Association the largest in attendance, the most influential in scientific value, and the most enjoyable in its social features of any previous reunion of this body. We trust there will be a grand outpouring of the profession far surpassing anything in the previous history of the Association. We must add that the hotel capacity of Washington is immense and will amply accommodate all delegates. Should their capacity be unduly taxed, Baltimore, with its excellent and ample hotel accommodations, is within forty-five minutes ride. Delegates will find in our city many objects of interest. We cordially invite all who can to take in the beauty and attractions of the City of Monuments.

BAYVIEW HOSPITAL.—We learn with great pleasure that the medical service at Bayview Hospital is, under proper regulations, to be utilized by practitioners and students. This is a great advance in the direction of civilization, and the Board of Trustees is to be congratulated for placing Baltimore by their action on an equal footing with other great cities of this country. The service has hitherto been performed by two physicians visiting daily. During the intervals between the visits of the attending physicians the house was in the care of resident students, who were recent graduates in medicine. The service is now to be assumed jointly by the University of Maryland and the College of Physicians and Surgeons, the two Faculties supplying attending surgeons and physicians, as also such specialists as the needs of the hospital may require. Two resident physi-

cians are to be appointed who will be in charge during the absence of the visiting staff. The resident students will be appointed as heretofore. Clinical lectures will be given by the visiting staff.

Bayview Hospital is a magnificent structure, containing over eight hundred (800) beds, and when the new addition now in course of construction is finished, there will be ample space for classification of patients according to the requirements of modern medicine.

We await anxiously to hear the regulations governing the medical service, for we consider that great progress has been made by the city in this arrangement.

In the direction of charity; for specialists as well as competent general practitioners are supplied to the sick poor.

In the direction of education; for the medical profession is afforded a great field for study.

In the direction of economy; for the opening of so noble an institution for instruction will draw about it many workers, adding their quota to the trade of the town.

Baltimore has hitherto competed at a disadvantage with other cities in the matter of medical instruction, owing to the absence of a large general hospital; this want has been now supplied, and the medical profession is offered an opportunity never hitherto enjoyed. It is always difficult when holding a political position to inaugurate a change of policy, and the Board of Trustees of Bayview should receive, as they undoubtedly deserve, the support of all friends of progress in their new undertaking.

The Elevation of Prof. Frerichs to the rank of a noble has elicited much favorable comment from the German medical press. The *Berliner Klin. Wochenschrift*, referring to the honor conferred upon Prof. Frerichs, expresses the opinion that all honorary testimonials conferred upon medical leaders are reflected upon the entire medical world. Whilst expressing satisfaction at the respect thus paid to the profession, our contempory rejoices that Herr Von Frerichs has been the person selected for the expression of this honor.

Prof. Frerichs makes the fifth professor upon whom this rank has been conferred in Prussia. The honor was first conferred upon the eminent surgeon B. Von Langenbeck in recognition of his services in the Danish war. Ranke, the historian, was the next to receive the rank. Dr. Lauer, the personal medical attendant of the Emperor, and the great physicist Helmholtz were the next to receive the promotion. In America, where no such honors are conferred by our national government in recognition of eminent services to science, art or literature, it is difficult to appreciate the significance of these honorary titles conferred by foreign governments upon their illustrious citizens; nevertheless, every true physician will applaud a nation which recognizes the eminent services of its most distinguished savants and rewards all such with such honors or emoluments as may be consistent with national customs or established usages. Different nations have different ways of expressing their regard for the truly meritorious. Whilst the American method may appear uncouth and homely to those accustomed to the glitter and patronage of royalty, it is effective to the extent that it carries with it the esteem and admiration of every true born citizen who is ever ready to pay "honor to whom honor is due" by deeds of benevolence or words of kindness.

Reviews, Books and Pamphlets.

Excessive Venery, Masturbation and Continence: The Etiology, Pathology and Treatment of the Diseases Resulting From Venereal Excesses, Masturbation and Continence. By Joseph W. Howe, M. D., author of "Emergencies," etc., late Professor of Clinical Surgery in Bellevue Hospital Medical College, etc., etc. Bermingham & Co. New York. 8vo.

A twelvemonth or so ago a book was sent the writer for review entitled "Impotence in the Male," by Hammond, in which so many sexual vagaries were related at length, if not unctiously described, that it was thought best to pass the work unnoticed. Now, however, from the same publishing house issues a somewhat similar production, the title of which heads this article, and we are forced to acknowledge that the time for silence has passed.

The work purports to be a course of lectures delivered in the medical department of the University of New York, and we are heartily sorry that there is in this country an institution in which such a course of lectures could be delivered to young men, for the deductions to be drawn are most unfortunate if not actually vicious. What, for instance, can be thought of the following, speaking of sexual hygiene, page 18: "So dense, indeed, is the general ignorance on this important subject that it is not an uncommon event for men and women to enter the married state without any preliminary knowledge whatever, either *theoretical or practical*, of the sexual relation." We would like to know how much "practical knowledge of the sexual relation" our author considers essential for a young girl in order that she may enter into the bonds of matrimony circumspectly and advisedly? And also if the future husband and relatives of the young

girl consider "dense ignorance" or whoredom the greater evil as the precursor of marriage. Immediately after the sentence already quoted follows the history of a newly married man who was totally unaware of the nature of the sexual relation so far as his part of it was concerned; and then comes the very extraordinary statement: "His wife *unfortunately* shared the same ignorance." The listeners to the above, if the English quoted means anything at all, were directly urged to seek wives from among women well instructed in the sexual duties of newly married wives. The tendency to dwell on indifferent points and magnify details in stories of sexual eccentricities leads our author to discover, on page 19, the proper prophylaxis for the tubercular bacillus, thereby supplementing the discovery of Robert Koch. "Dr., I know now that if that operation had been performed when I was a boy * * * * I would not now be dying from consumption." Dr. had slit the prepuce to clean the glans. What joy is in store for the Berlin Laboratory!

The preceding quotations are from the first few pages, under the head of General Considerations, but the same tone and style appears everywhere; thus, under Nymphomania, is found the following treatment: "The only cure for the affection is marriage, or amputation of the clitoris, according to the plan recommended by Baker Brown." Nothing more, absolutely nothing. Our author *thinks* that Baker Brown "was compelled to leave some of the London medical societies * * * for a too free use of the operation." It is comfortable for once to agree with an author, for Baker Brown did leave, etc.

The chapter on Continence is, in its teaching, vicious, especially so when the fact of its delivery to young men is considered. "The genital organs are not exempted from the general law, viz., that the neglect to fulfill a function may be followed by a loss of power to perform that function in a natural manner. It is true that a man may go for years without intercourse, may then marry and be able to copulate with success; *but such cases are exceptional.*" Page 184. Of course after this the reader will expect cases of impotence from continence to appear, and will not be disappointed (pp. 194, '95, '96), for they are related with minuteness, e. g., "and with a broad smile on his face said, 'Doctor, I have the clap.'"

On page 200 is found the following; "I presume that it is the duty of the conscientious physician to say to the patients suffering from continence, or the result of continence, that marriage is the only remedy—not promiscuous intercourse—and leave the rest to the patients. My experience is that they have acted as they pleased so soon as they learned that intercourse was one of the essentials to perfect health; while a few get married the large majority induige their natural instincts without the formality of marriage and dispense with further advice on the matter. Besides spermatorrhœa and impotence, prolonged continence may give rise to affections of the prostate and bladder. It is at times a cause of the worst forms of satyriasis and pathophobia."

We would suggest as a fitting sequel to the above the addresses of a few houses of prostitution, which our conscientious author can recommend to the continent and suffering members of the school in which he lectures.

The book is written in popular style, with but little if any technical language, and will doubtless find a ready sale among incontinent adolescents.

It is out of place in the library of a physician.

L. M. T.

Miscellany.

TRANSFUSION OF BLOOD IN ALBUMINURIA.—The *Gazette Hebdomadaire* for January 18th publishes what it regards as a very important paper, bearing this title, read by Dr. Dieulafoy, of the St. Antoine Hospital, at the Hospital Medical Society. He first draws attention to the remarkable fact that the lives of persons dying from hæmorrhage have often been saved by the injection of so trifling an amount of blood as 100 or 150 grammes; and he relates a case in point, in which a person dying of an epistaxis which resisted every measure resorted to during twenty days, was at once rescued from danger by the transfusion of 120 grammes of healthy blood. Such a case as this, however, differs from those cases of traumatic hæmorrhage (consecutive to operations or to delivery) in which the cause is purely accidental, for it is brought about and maintained by an altered condition of the blood, of an ill-defined nature, termed for want of a better name *hæmophilia*—a dyscrasic condition in which perhaps the structure of the small vessels is at fault, but in which the blood certainly is no longer possessed of its normal properties. Life has been saved by transfusion in several cases of this kind, not merely because the blood supplies an additional amount of fuel to an expiring lamp, but because it plays the part of an agent which is to some extent hæmostatic. The addition of so small a quantity of healthy blood serves to modify advanta-

geously the composition and fabrication of the blood that seems to have lost its principal qualities. "In such a case," Dr. Dieulafoy observes, "the infused blood acts, I repeat, as a hæmostatic agent. It is a powerful modifier, rapidly transferring a dyscrasic condition of long date by a special action, the mechanism of which is as yet but ill-known, but with a result well calculated to attract attention. All the importance of these facts, which seem to me to dominate the history of transfusion, has not yet been sufficiently brought out. A closer investigation of them has led me to ask, like many others for that matter, whether there is not reason for the applications of transfusion to some dyscrasic conditions in which alterations in the blood seem to play an important part. May not dyscrasic hæmorrhages, uræmia, and Bright's disease, diabetes, and acetonæmia, the paroxysm of gout and rheumatism, derive benefit from this modifying agent, the effects of which we are as yet ignorant of, because they have not been sufficiently investigated?" In order to render an extended theraputic application of transfusion possible, Dr. Dieulafoy has contrived an apparatus, which he believes will much simplify and facilitate its application. An illustrated description of it, as laid before the Académie de Médicine, is contained in the same number of the *Gazette Hebdomadaire*. In the present paper he relates three cases of Bright's disease in which transfusion was performed; but he admits that nothing conclusive can be decided from them. They however establish the innocuity with which injections of 120 grammes of blood may be performed, even in the later stages of Bright's disease; and also the temporary amelioration that may be obtained, even when the lesions are of the most formidable character.—*London Med. Times*.

Administration of Salicylic Acid.—The apyretic effect of salicylic acid is one of the most remarkable and important therapeutical discoveries of our age, and its control over all such conditions as are generally met with in acute and sub-acute rheumatism is almost complete. Its applications, therefore, in medicine are very numerous and very important. In its internal use, the points necessary to be borne in mind are the disturbing effects of very large doses, and the rapidity with which it is eliminated. It should, therefore, be given in full doses at first until the impression is made, and then in moderate or small doses, frequently repeated. It is best given in wafers or cachets, and it should not be packed in capsules. Two or three doses of fifteen to twenty grains, with two or three hours intervals, will usually produce its characteristic beneficial effects. Then ten grains every two hours, with intervals gradually increasing to three and four hours, will serve to keep up the effects with the smallest risk of such disturbance as will require it to be suspended when most needed. Of late it has been rarely used, the salicylate of sodium having taken its place with the same effect, and with some advantages. It is a curious and very important circumstance, that full doses of the acid or salicylate do not interfere with the digestive functions of the stomach, and yet a very small quantity will prevent the action of pepsin. At least this statement is made on what appears to be very good authority. An ordinary cold saturated solution contains somewhat about one part in 300; and such a solution is very convenient as a vehicle of solutions of alkaloids for hypodermic use. If a dram of the acid be added to a pint of water and the mixture well shaken, such a solution, with some undissolved acid at the bottom of the bottle, will be the result. Then, if this be used entire, or diluted with an equal portion of water, for making hypodermic injections, such a solution will remain free from growths of all kinds for an indefinite length of time, and will not be more irritant than when made from water alone.—*Squibbs' Ephemeris*.

Quebracho in Asthma.—Professor Da Costa has had some very satisfactory results from the treatment of dyspnœa by quebracho. In a recent lecture he said that in his experience it had been especially serviceable in two classes of cases.

1. In purely nervous asthma he had found it to be invaluable

2. In cases which have been rather loosely called cardiac asthma, cases in which a heart lesion has produced failure of cardiac contraction and consequent congestion of the lungs, he had also known it to be very useful. It may serve as a cardiac tonic, or may do good solely by its action on the

respiratory centre in the medulla. Whatever be the explanation, however, quebracho gives relief in appropriate cases. Dr. Da Costa gives it in the form of the fluid extract in doses of twenty minims every hour, gradually increasing the amount, some patients requiring as much as a drachm before relief is obtained. The good effects are usually observed after two or three doses have been taken. The taste is well covered by using equal quantities of French syrup of red oranges and water as the vehicle, and in this form it usually agrees with the stomach. As the symptoms are relieved, the remedy may be given at longer intervals.—*Boston Med. Journal*, December 27th.

Scarlatina Puerperalis.—The term Scarlatina Puerperalis was originally applied to a form of puerperal fever believed to be modified and intensified by infection with the scarlatinal poison, and which was frequently confounded with an occasional puerperal affection very closely resembling scarlet fever. Hence two distinct opinions have been advanced: One that it was a puerperal fever allied to pyæmic or septic conditions to which the scarlatinous poison added virulence, and which would produce in a susceptible person scarlet fever pure and simple. The latter opinion is that it is nothing more than scarlet fever attacking a lying-in woman and modified by the puerperal state, but in no manner connected with or caused by pyæmia or septicæmia. Each of these theories is maintained by authors of equal repute at the present time, and some claim the occasional occurrence of both forms of an acute puerperal disease characterized by the scarlatinous eruption and angina. In support of this latter theory, and as a contribution to the study of this rare complication of the puerperium, Dr. S. C. Busey presents an interesting report of a case, the second of the kind which he has seen, in the April number of *The American Journal of the Medical Sciences.*

Nux Vomica and the Mineral Acids in the Treatment of Diabetes.—Dr. S. Wilks, of London (*Med. Times and Gaz.*, March 8, 1884), reports three cases of diabetes treated with the use of nux vomica at Guy's Hospital. In all of them the patients gained in weight, and gave other evidences of improvement, although one of them died suddenly some time after leaving the hospital. Dr. Wilks remarks upon the beneficial action of these remedies on the digestion, but he thinks that this action is not sufficient to explain their manifest good effect in diabetes. He is persuaded that, over and above their action on the digestive apparatus, they have a positive effect upon the glycogenic function. The three patients whose cases are reported were put upon the use of anti-diabetic diet.

The Legality of Cremation.—Mr. Justice Stephens, of England, has ruled that cremations are not illegal in cases where medical certificates had been given that death had resulted from natural causes, provided the process of cremation had been conducted so as to cause a public nuisance, or to provoke a breach of the public peace. Sir Wm. Harcourt, Home Secretary, in answer to questions put to him by members of the House of Commons, declined to give an opinion on the matter as respects the legality of the practice, but said that as far as it concerned him, as an administrative officer, he could not in any way encourage it. He believed it repugnant to the general sentiment of the people, and that it might become an obstacle to the detection of crime. This latter objection is the strongest argument which has been brought against the practice of cremation.

Tyndall on Evolution.—Professor Tyndall says on this subject: "If asked whether science has solved, or is in our day likely to solve, the problem of the universe, I must shake my head in doubt. Behind, above, and around us, the real mystery of the universe lies unsolved, and, as far as we are concerned, is incapable of solution. The problem of the connection of the body and the soul is as insoluble in its modern form as it was in the pre-scientific ages. There ought to be a clear distinction made between science in the state of hypothesis and science in the state of fact, and inasmuch as it is still in its hypothetical stage, the ban of exclusion ought to fall upon the theory of evolution."—*N. Y. Medical Record.*

Toxic Action of Copper.—It seems to grow more and more doubtful whether copper can be reckoned among the poisonous metals. Of course, in large quantities it is noxious; but this is true of alcohol and of many other compounds, which cannot fairly be considered as poisons. The latest experiments tend to indicate that, at any rate, copper is not a cumulative poison like lead. MM. Houlés and De Pietra Santa, in a recent communica-

tion addressed to the Académie des Sciences of Paris, report that they have been unable to discover any injurious action on the health of the workmen engaged in the copper industry, and have come to the conclusion that the so-called "colique de cuivre," asserted in the eighteenth century to be a definite disease, does not exist.—*Lancet.*

CONGENITAL ABSENCE OF THE LEFT WING OF THE DIAPHRAGM.—At a recent meeting of the New York Pathological Society, Dr. Ferguson presented the body of a colored infant from the morgue, showing absence of the diaphragm on the left side. The stomach, the left lobe of the liver, the greater part of the small intestine, and the cæcum were all in the left pleural cavity. The left lung was not developed beyond the size of a hickory-nut, and was emphysematous. The right lung was well developed.

FASCINATION.—M. Bremond has made, on sailors, soldiers, and officers, from fourteen to twenty-six years of age, a large number of experiments showing that lethargy, catalepsy, and somnambulism can be produced in healthy non-hysterical people, and that these phenomena are preceded by a peculiar state of fascination. The period of fascination is characterized by a sudden increase in the frequency of the pulse. One-third of the young men experimented upon manifested one or more of the above-mentioned symptoms.—*British Med. Journal.*

Medical Items.

A BILL prohibiting the manufacture and sale of oleomargarine within the limits of the State of New York has passed the Senate of that State.=Prof. Alfred Stillé has resigned the chair of Practice of Medicine in the University of Pennsylvania. It is thought Prof. Wm. Pepper will be his successor.=Dr. W. W. Keen has been elected Professor of Surgery in the Woman's Medical College of Philadelphia.=During the past year Mr. Lawson Tait removed 82 tumors of the ovary and parovary, with only two deaths. With the exception of two very small dermoid cysts the remaining 80 had an average weight of about 27 pounds, the largest being about 120 pounds and the smallest 11 pounds.=During the year 1883, 298,153 pounds of manufactured opium for smoking purposes were imported into this country, on which the Government received, at $6 a pound, a customs revenue of nearly $200,000,000. The query is what becomes of all of this opium, and by whom is it consumed?=According to a recent return to Parliament, only 27 of the 141 surgeons who had charge of the ships bringing passengers to the United States were qualified men over thirty years of age. Sixty would have been ineligible for service in any British regiment, man-of-war or prison.=Dr. C. M. Cauldwell, of New York City, uses a saturated alcoholic solution of menthol crystals, to which a little sulphuric ether has been added, in an ordinary hand-spray, as a remedy for neuralgia with prompt relief.=A man living in Connecticut, 96 years of age, said in a recent interview, "I have buried six family physicians and still live."=The twenty-sixth annual session of the Missouri State Medical Association will be held at Sedalia on May the 5th.=It is said that 25 per cent. of the 15,000 employees of the Pennsylvania Railroad are affected with color-blindness.=Governor Knott, of Kentucky, has appointed two homœopathic physicians as members of the State Board of Health. The *Med. Herald* says; "Does it not seem as if it would be a good thing if the State Board of Health were quietly allowed to die rather than keep up an existence which has hitherto been useless, and which will hardly bear the weight of the recent appointments. The Governor of Maryland has recommended the abolition of the Maryland State Board of Health as a useless expense. How would it do for our Governor to follow his example?"=The new Mayor of Philadelphia has inaugurated a reform in regard to the appointments on the police force of that city. He requires a thorough physical examination to be made of each applicant and member of the force.=A proposition has been set on foot in Vienna to celebrate the discoveries of the German Cholera Commission by giving a triumphal reception to its three members on their return from Calcutta *en route* to Berlin.=A fashionable antiseptic in all the hospitals of New York city is the solution of bichloride of mercury, one part to fifteen hundred or two thousand of water.

CHANGES IN THE STATIONS AND DUTIES OF THE OFFICERS SERVING IN THE MEDICAL DEPARTMENT U. S. ARMY, from April 8th, 1884, to April 14th, 1884:

Smith, Joseph R., Major and Surgeon, directed to represent the Medical Department of the Army at the annual meeting of the American Medical Association, to be held in Washington, D. C., on the 6th of May, 1884, and on the adjournment of the Association to return to his proper station (San Antonio, Tex.).

Baily, Joseph C., Major and Surgeon, leave of absence extended three months.

Pilcher, James E. First Lieutenant and Assistant Surgeon, assigned to duty at Camp Poplar River, Mont

Wales, Philip G., First Lieutenant and Assistant Surgeon, ordered to report to the commanding general Department of the Columbia for assignment to duty.

Original Papers.

THREE CASES ILLUSTRATING SOME POINTS IN THE PATHOLOGY OF CERTAIN INJURIES OF THE SHOULDER-JOINT.*

BY C. B. NANCREDE, M. D.,

Surgeon to the Episcopal Hospital, and to St. Christopher's Hospital for Children.

A few preliminary anatomical points must be passed in review for the ready comprehension of my later remarks. The shoulder-joint differs in many important points from any other articulation of the body. A moment's reflection upon the almost unlimited range of movement which it enjoys, will at once suggest that the ligaments of this articulation cannot be the means by which the joint-surfaces are held in apposition; otherwise anything like freedom of movement would be impossible in a ball and socket joint where the socket is so shallow as in this articulation. What then does hold, firmly apposed, the articular surfaces? It must be something always tightly stretched, yet always capable of lengthening or rather always practically loose. Nothing but muscle could fulfil any such purpose. In truth, the muscles surrounding the joint are the most important ligament the articulation possesses. When these are paralyzed, or in the cadaver, the head of the humerus readily falls away from the glenoid fossa. Bearing this fact in mind, you will clearly apprehend that the joint surfaces are pressed together solely by muscular tension. Again, the glenoid fossa, unlike the socket of any other important joint, *has no epiphysis*, which explains to a degree the fact that even in the young the head of the humerus may be so affected as to demand excision, while the glenoid process is either entirely or nearly healthy. Closely related with the scapulo-humeral joint, we find a number of bursæ, some of which commonly communicate with the joint, while others do not. To the former alone I shall devote my remarks. There is a large one between the acromial process and the coraco-acromial ligament upon the one hand, and the shoulder capsule upon the other. Two bursæ—the exact sites are unimportant for our present purposes—are situated between the subscapularis muscle and the capsule. An occasional one is placed between the infraspinatus muscle and the capsule, into which it often opens, as do the others just mentioned. Let an inflammation be set up in these sacs, and it certainly spreads to the joint itself, should communications exist, or nearly as surely by mere contiguity of tissue, if no opening between joint and bursæ is present. The articulation is securely covered in by the voluminous deltoid, so that any direct injury to the fibrous or synovial tissues of the joint is almost impossible from direct force as a blow, although a twist *may* injure it, notwithstanding the latter is more apt to tear the bursal walls. The upper epiphyses of the humerus—of which there are three—coalesce at five years, but they leave a layer of ephiphyseal cartilage between head and tuberosities and shaft, which in places either coincides with the capsular attachment or is actually within it. From these anatomical facts it must be clear that direct force, as a blow, can rarely injure the joint itself, but must either set up trouble in the surrounding bursæ, or in the epiphyseal cartilage, or in both. Once again, the interior of the joint, the muscles moving the joint, and the skin over their attachment, are all supplied by the same nerve or nerves; so that let a joint injury start where it may, the articulating surfaces of the shoulder-joint are subjected to such an injurious degree of pressure from direct or reflex muscular contraction as is possible for no other articulation. The bearing of these anatomical facts upon prognosis and treatment need hardly be pointed out.

The first specimen I propose showing was presented to the Society some years back, and my reason for again showing it is the sharply contrasted result presented by the second specimen which I shall exhibit.

On November 27th, 1878, the Society had an opportunity of examining the first patient and the admirable results of the case. To those who were not present, or who have forgotten the details, I will briefly recapitulate the history of the case, with the treatment pursued.

*Read before the Philadelphia County Medical Society, March 20th, 1884.

Compound Fracture of the Anatomical Neck of the Humerus.

The patient, J. M., æt. 14 years, fell upon the afternoon of Sept. 23, 1878, from a tree about twenty-five feet, landing on the ground, but striking in his fall against the branches of the tree, and sustained the following injuries: The shaft of the humerus was separated from the head and greater and lesser tuberosities. The line of fracture closely followed the epiphyseal cartilage, although in several places the diaphysis was fractured. The shaft, slightly split, was driven through the integuments over the lower part of the deltoid muscle on its anterior aspect, tearing in its course the following parts: the insertion of the deltoid was completely stripped off with the subjacent periosteum; the coraco-brachial, teres major and latissimus dorsi were in like manner torn off, carrying with them the posterior lip of the bicipital groove. The tendon of the pectoralis major was torn off about half an inch from its insertion, and one head of the biceps, if not both, was ruptured. In consequence the head and neck of the bone, deprived of periosteum, merely hung suspended by the capsular ligament and the rotator muscles. The shell of bone connected with the head and tuberosities was fissured at various portions of its circumference, as if by the impacting action of the wedge-shaped extremity of the shaft. I enlarged the wound and removed the fragments you see, viz: 4½ inches of the humerus, including its head. Seven weeks after the operation he could remove his coat, vest and shirt without assistance. Ten weeks after the injury considerable reproduction of bone, even up to the margin of the glenoid cavity, was observed, with new attachments for the pectoral and latissimus dorsi muscles, as determined by Dr. C. T. Hunter. The actual shortening consequently amounted to only 1½ inches. He had perfect use of the forearm, could put his hand to his mouth, behind his back, and to his ear. Of course he had lost all over-hand movements.

The course of treatment pursued, and my reasons for deciding upon it, seem worthy of detail, since such injuries are but seldom seen, and, as far as I can discover, no clear rules have been laid down for their treatment. To the members of this Society who devote themselves especially to surgery, I need hardly say that no question of amputation arose in my mind; but to those in pure medical practice I would say that when the main vessels and nerves of a limb remain intact, the injury to the soft parts having been produced by the bone itself, not the fracturing force, almost any degree of shattering of the bones may be recovered from in the young, without amputation. Two lines of treatment then offered for consideration, viz: the simple return of the bone, closure of the skin-wound, drainage, and trusting the case to nature; or the resection of the injured bone. Theoretically the first would have seemed the better course, promising no shortening of the limb, and the retention, in a measure, of the power of the deltoid. In reality, however, the chances of union were not one in a thousand; and if not union, then necrosis with its consequent shortening; necrosis, too, meaning months or years of inflammation and suppuration, matting the muscles together so that when recovery occurred—almost necessarily by an operation—the usefulness of the limb would be but slight. Resection, on the other hand, offered the complete removal of all injured portions of bone, and with them the most important factors of trouble after such an injury, thus permitting rapid healing, and the smallest possible amount of inflammatory adhesions between muscles, tendons, etc. If the bone had been simply returned, the risk to life would have been greater, owing to the prolonged suppuration incident upon the separation of the necrosed bone and the deep-seated abscesses so common after compound fractures. Against it was the absolute shortening of the arm, with the prospective cessation of growth due to removal of the upper humeral epiphyses.

The actual result, I think, bears me out in the course of treatment pursued, for I hardly think that in seven weeks he would have been in so good a condition, with the wound soundly healed, if I had followed what is often, but is falsely, called the "conservative" plan of treatment. I believe that true conservatism indicated exactly what I did. The amount of shortening would not have been much less had the case been left to nature and necrosis. Had this occurred, union of the severed head could not have taken place; and then the same shortening would have obtained as

surely as if the epiphysis had been removed. Army experience has shown that when a portion of the upper end of the humerus is removed for injury, nothing is gained by leaving the uninjured head, since it necroses.

Although not cognizant of this fact of experience at the time of operation, anatomical knowledge, general surgical principles and experience induced me to arrive at a conclusion by *a priori* reasoning which I have since found that extended experience had already proved.

I believe, therefore, that, theoretically and from experience, resection ought to be performed for such injuries. It is hardly necessary to say anything about the operation itself, since each case must be a rule for itself, the only point being to remove the bones with as little additional damage to the soft parts as practicable. The wound was dressed antiseptically, and when I transferred the wards to my colleague, Dr. Packard, no suppuration had occurred, and there was not the slightest inflammatory blush about the wound. He did uninterruptedly well, and the wound was soundly healed in less than seven weeks, the greater part at a much earlier date.

Sharply contrasted with this case and its results is that of the patient from whom the next specimen was removed, where the head of the humerus, luxated and partially fractured and protruding through the skin of the axilla, was *reduced* instead of being resected. Here the tension of irritated lacerated muscles, conjoined with the necessarily imperfect drainage, kept the injured bone bathed in unhealthy pus. This, with the original injury, resulted in an osteomyelitis, which necessitated my amputating at the shoulder-joint. I believe had the head of the bone been removed, a fairly useful limb would have been the result at the end of a few weeks' treatment, while instead, after three months of illness and risk to life, amputation was the best I could do for him.

Compound Luxation (with Fracture) of the Shoulder Joint.

—— ——, æt. 30 years, man, three months ago had his right arm caught by the belting and drawn over a large drum in a position of extreme abduction and probably of extension. The head of the bone was luxated, the greater tuberosity torn off, and the caput humeri thrust through the axillary integuments near the anterior axillary fold. When I first saw him at the Episcopal Hospital after the accident, he was very pale, with a constant discharge of pus from an opening at the site of the old wound, *i. e.*, near the anterior axillary fold, while the orifice of another deep-seated sinus was seen over the middle of the triceps on the outer side of the arm. A probe introduced into the anterior sinus readily touched the denuded carious head of the humerus. I attempted to exsect the head of the bone, but when prepared to saw it, after its protrusion through the wound, I found such evidences of osteomyelitis as to render amputation at the shoulder-joint necessary. He did well and recovered, but even some months later a sinus existed, doubtless the result of necrosis of some of the fragments of periosteal bone, produced by that irritated structure. As before said, had the head of the injured bone been excised, a useful arm would have probably resulted.

The third and last case is one where a comparatively trivial injury, owing to non-treatment at first, resulted in a condition which demanded resection of the shoulder-joint.

Chronic Arthritis of the Shoulder-Joint: Epiphyseal Abscess of the Humerus.

Anna M., æt. 17 years, was admitted to the Female Surgical Ward of the Episcopal Hospital, May 14, 1883. One year ago last May she fell down stairs and struck her shoulder. She was unconscious for a short time, but was soon able to walk home. The arm did not become inflamed, and seemed to the patient well. Nine months after the fall she noticed pain in the shoulder, and an elevated papule formed near the joint, which was opened at the dispensary. This relieved the pain, but left a fistulous tract discharging healthy pus. She attended the dispensary until the 14th of last May, when she was sent into the house, Dr. Seltzer, the assistant surgeon on duty, having touched dead bone with the probe. After admission she had pain from time to time, gradually increasing in intensity until shortly before operation. Other free openings for drainage were made by Drs. Simes and Kelley. The probe detected an apparent sequestrum

within the humeral head. Diagnosis, epiphyseal abscess.

The operation showed complete destruction of the joint, a carious and denuded humeral head with an abscess about the epiphyseal site containing a sequestrum. The glenoid cavity was denuded of cartilage and roughened. The portions of head and shaft, such as you see, were removed, while all the glenoid cavity was cut away with the gouge-forceps, except where the long head of the biceps was attached. Further details of the operation are unnecessary. The patient was practically well at the end of two weeks. Perfect quietude of the joint at the outset might have averted all subsequent trouble.

What was the condition here after the accident? Probably the bursæ and fibrous tissues surrounding the joint were involved, and the vascular epiphyseal cartilage was congested from the jar and injury of the fall. Congestion of all these parts, instead of being relieved by complete functional rest of the articulation, with the local application of ice, leeches, etc., as appeared indicated, was kept up by the girl following her usual occupation of housework. Although in no sense markedly strumous, yet the tendency was in that direction. As the congestion increased, inflammation and suppuration were set up in the bursæ, the disease spread to the articulation, gelatinous arthritis with epiphyseal abscess supervened, notwithstanding the skilful treatment of my colleagues who, *too late*, had the opportunity of treating the case.

Society Reports.

CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD APRIL 4TH, 1884.

(*Specially reported for Maryland Medical Journal.*)

The Society met at 8.30 P. M., the President, Dr. J. Edwin Michael, in the Chair.

Supposed Hernia of Ovary.—*Dr. Latimer* mentioned a case in which a tumor developed in one labium of a lady after carrying a child up stairs. This occurred two days ago and Dr. L. had been summoned to perform herniotomy under the impression on the part of the attending physician that the case was one of strangulated hernia. There was no tympanitic resonance over it, nor any impulse on coughing; nor were the symptoms threatening; hence the above diagnosis seemed most probable.

Hemorrhagic Retinitis the First Symptom of Commencing Menopause.—*Dr. Frank* related the following case: Six weeks ago was consulted by a stout, hearty-looking woman, æt. about 44, who complained of mistiness of the right eye; the trouble came on suddenly and was unaccompanied by pain or discomfort. There was little or no vision in the eye. She was excessively nervous. Examination revealed a well-marked hemorrhagic retinitis. There was no albumen, no trouble about the head, and the trouble was supposed to be probably due to a commencing menopause, although she was still regular. To-day she says that her monthly sickness is overdue eight days. She is not pregnant and has always menstruated regularly before. Dr. Frank said it was remarkable that the hemorrhagic retinitis should be the first symptom of menopause.

Two Cases of Lithotomy.—*Dr. Michael* related the following cases and exhibited the specimens: 1. A boy, æt. 4½, healthy and robust, and of a healthy family, was admitted to the University Hospital with a history of previous symptoms pointing to a vesical calculus. Lithotomy was performed with the ordinary knife and staff. Considerable trouble was experienced in removing the stone on account of its being so soft and crumbling. Consequently the bladder had to be syringed out; this was done until no more fragments were felt with finger or instrument. Ten days after the operation the patient left the hospital with a slight amount of urine still discharging through the fistula. Six weeks after operation the child was brought back with the statement that the incontinence had continued until recently but now the child was unable to pass water; the penis was swollen and there was an enlarged gland in the groin. On passing a sound the obstruction was found to be due to a piece of the stone which had lodged in the urethra. The fragment could be felt but could not be withdrawn; it was lodged in the bulbo-membranous portion of the urethra. Holding the fragment with forceps, a straight incision was made in the median line of the under surface of the penis and it was then removed without difficulty. There was no further obstruction to the passage of the urine, but the incontinence reappeared, being less marked, however, when the patient was recumbent. A year after the operation the incontinence had nearly disappeared.

2. A farmer, from Frederick County, who had had bladder trouble for ten years, requiring him to get up frequently at night to pass water; he had also suffered from pain in micturition, and at one time passed a little blood. A year or so ago he came to the city and was examined by a surgeon for stone but none

found. He was therefore treated for prostatic enlargement, and was instructed to use a catheter and keep the bladder empty. His troubles, however, increased. Upon examination, Dr. Michael found the prostate much enlarged and the bladder sacculated. At first he failed to elicit a click but did so upon using a Thompson sound. Owing to the complications mentioned and the consequent difficulty in the removal of all the stone, lithotomy was determined on rather than litholopaxy. The operation was performed by left lateral incision last August. The bladder could not be reached with the finger. The stone was extracted with the forceps with some little difficulty. It was small and very soft and broke up readily into fine powder. A large tube was introduced and the bladder well washed out. Recovery followed promptly and patient left the hospital in two weeks. In November he was getting along comfortably. In February last he had had no symptoms of stone but was still suffering from prostatic trouble.

Dr. Coskery said calculi lodged in the urethra will sometimes pass spontaneously if a little delay is permitted. On one occasion he passed a sound and found a stone lodged in a man's urethra and thought an operation was needed but the stone was passed six hours after without further interference. He also referred to a case seen by Dr. Alan P. Smith, where an operation was contemplated, but the stone was passed during the succeeding night. In these two cases the simple dilatation by the sound was sufficient for the removal of the stone. Dr. C. also spoke of a case in which a stone was lodged just within the meatus and was thence removed by an incision.

Dr. Michael said in the case he had reported the stone had been impacted in the urethra giving rise to retention of urine for some days. Hence any spontaneous relief was not to be expected. Besides immediate action was demanded. He could feel the sharp edge of the calculus with the forceps but could not extract it by the natural passage by any reasonable force.

Dr. Latimer referred to a case of urethral stone in which he had met with a difficulty which he had not seen alluded to. The stone had been impacted in the urethra for three months and could be felt readily through the soft tissues. He passed in a trivalve instrument with rings and succeeded in getting the latter over the stone, but then found that he could not remove either the stone or the instrument. He was finally obliged to cut down and extract. The patient did well with the use of the catheter for some days.

SEQUEL TO A COLOTOMY.—*Dr. Tiffany* said, in the MD. MED. JOURNAL for August, 1883, he had reported a case of colotomy done for cancer of the rectum. The patient, a short, stout woman, æt. 35, first presented herself Sept. 14, 1882, with symptoms of obstruction, but it was then thought unwise to operate on account of the extent of the disease. She was dismissed with instructions to return for operation when the obstruction should be complete. June 4th, 1883, she came again having complete obstruction, having passed nothing, not even urine, for three or four days. She suffered intense pain, having been for sixty hours on her hands and knees on the floor, a most distressing object, and was vomiting everything. She had not menstruated for two months. There was nothing left to do but to open the bowel, which was done in the usual situation. Three months after the operation he heard of the patient's death in child-birth, having been about two months pregnant at the time of operation, a fact which, however, was not then known. With great difficulty the physician in attendance removed a dead fœtus of about five months. Great pain set in on the second day after delivery, the abdomen swelled up and death ensued nine days after confinement, the attending physician diagnosing pelvic peritonitis. It will be seen that pregnancy in this case did not interfere with the operation of colotomy nor the latter with it. Dr. T. remarked that it was very remarkable that this patient should have become pregnant as she was a very loathsome object to the sight.

Dr. Chambers saw the patient six weeks before her death and was struck with her great fatness. Pregnancy was then simply suspected.

Dr. Latimer said the probabilities of viability in the fœtus were so slight in this case that if pregnancy could have been ascertained abortion should have been effected as early as possible.

Dr. Erich doubted the propriety of such a procedure. There was no certainty of any diagnosis of pregnancy at so early a period and should the mother have survived sufficiently long—which was possible—the child might have been saved.

SYMPTOMS SIMULATING INTESTINAL PERFORATION IN CONVALESCENCE FROM TYPHOID FEVER BUT DUE TO OBSTRUCTION AT THE ILEO-CAECAL VALVE BY SCYBALA.—*Dr. A. B. Arnold* reported the following case, a similar one to which he said he had not met before, although it may be that they are more common than this statement would imply but are not correctly appreciated. A boy, æt. 14, passed through a mild attack of typhoid fever, and in the third week was convalescent. Suddenly he was seized with violent vomiting, he become almost pulseless, was extremely tympanitic, and the brow became covered with a cold sweat. All the

symptoms of collapse were present and Dr. A. thought death imminent, supposing that perforation of the bowel had taken place from ulceration of Peyer's patches. The symptoms had been like those of strangulated hernia including fœtid and stercoraceous vomiting, although Dr. A. did not see himself any matter answering this description. On examining more thoroughly a rather hard spot was detected in the right inguinal region, which led him to conclude that there was some obstruction about the ileo-cæcal valve. With this idea in view warm water injections were made into the bowel, which removed a quantity of scybala, after which the patient got better. Four such attacks occurred in this patient, all of which manifested the same symptoms and were relieved by the same measures. The patient made a very good recovery. If he had not examined this patient so carefully and death had ensued he would have thought that it was the result, of fatal peritonitis; yet the symptoms and sequel showed that it was simply due to obstruction to the passage of hard scybala through the ileo-cæcal valve.

Paralysis Occurring in Connection with Measles in a Child.—*Dr. Hall* reported the following case: A child exhibited the eruption of measles five days ago. He got along well until last night, when he had a convulsion. This morning he was unable to stand. He has no use of his lower extremities; the hands and arms also are almost paralysed, hands and fingers are stiff, and toes are turned in. There are no cerebral symptoms, sensation is almost perfect, he can swallow well, and the sphincters are unaffected. There was another case of measles in the same family.

Dr. Chambers expressed the view that the case was one of infantile paralysis occurring simply by coincidence and having no relation to the measles.

Dr. Arnold differed from this opinion. Such symptoms after measles are not very uncommon, although less so than after scarlet fever and diphtheria. The literature of measles will record a number of such; he recollected in his own practice several. Thought them undoubtedly due to the same poison which produces the measles.

Dr. Latimer thought such a paralysis decidedly common in unconnection with measles, and thought it pointed to infantile paralysis. The limitation of the paralysis to motor functions and voluntary muscles is distinctive of the latter.

Dr. Arnold would venture the opinion that the child would shortly be well.

Dr. Latimer would venture the prognosis that it would recover but that certain paralyses would remain.

Dr. Chambers pointed out that sensation was perfect and the paralysis was motor exclusively. Either the centres are involved or else the nerves themselves. He could not recall any simple motor of paralysis outside of lesions of brain or cord.

Dr. Hall added that the eruption had almost disappeared and the patient was running around during yesterday.

Dr. Erich added the following remarks to the above discussion on urethral calculus: A young man came under his care many years ago suffering with retention of urine. The seat of obstruction was situated low down in the urethra. The idea of a calculus did not suggest itself to him but the danger of uræmia was uppermost in his mind. Hence speedy relief was thought essential and accordingly the bladder was evacuated with an aspirator. The next morning the urine was dribbling from the urethra, and the catheter was again tried ineffectually. Seeing the patient again that day a hard substance was detected in the anterior portion of the urethra and removed. The patient had had two attacks of colic previous to this, but Dr. E. had not associated them with renal calculus.

Dr. Ashby exhibited a specimen of calculus with the following history: A young man suffering with nephritic colic summoned him. A hypodermatic of morphia was given with relief. Buffalo Lithia Water was then ordered, and a few days after the patient came with the calculus sticking in his urethra from whence it was removed, and there has been no return of the symptoms since.

Dr. C. Hampson Jones, 62 Saratoga Street, was proposed for membership.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

STATED MEETING HELD APRIL 10TH, 1884.

(*Specially reported for the Maryland Medical Journal.*)

The President, Dr. Tyson, in the Chair.

Rupture of the Heart.—Presented by *Dr. T. D. Dunn.* Clinical History: Mr. H., æt. 58, on the evening of November 3rd, 1883, invited his daughter to take a walk. While she put on her wraps he reclined on a sofa. A few minutes afterward his wife heard a faint groan. She immediately went to his side, only in time to witness his last gasp. With the exception of occasional dyspepsia, he had enjoyed good health. He was a man of leisure, full habit, and apparently robust and strong. He had been a constant though moderate drinker for sometime, but seldom carried it to complete intoxication. He had never complained of any heart trouble. *Autopsy* seventy hours after death.

Owing to objections of friends the brain was not examined. The muscular system was well developed, and there was a large quantity of subcutaneous fat. The lungs and pleura were healthy with the exception of a few old pleuritic adhesions posteriorly. There was a large deposit of fat in the mediastinum and over the entire surface of the heart. The pericardium contained about one ounce of recently clotted blood. The heart was adherent to the pericardium by two small bands one near the apex of the left ventricle, the other midway between the apex and auriculo-ventricular groove.

Externally on the left side of the left ventricle below the auriculo-ventricular groove there was a linear rupture about one inch in length. On opening the heart no valvular disease could be detected, and there was no evidence of atheromatous disease of the large vessels. There was an ulcerated surface about the size of a silver dollar, irregular in outline, and communicating with the external linear opening. This ulceration extended through fully two-thirds of the heart muscle; the muscular tissue of the outer third seemed recently lacerated or separated. The stomach and liver were normal. The left kidney was somewhat enlarged, the capsule slightly adherent and cortical substance relatively increased; the right appeared healthy. *Microscopical examination* revealed fatty infiltration of the fasiculi, but no degenerate change of the muscular cells could be detected, nor was there any atheromatous change of the vessels of the heart. The interesting feature of this case, in connection with those presented to the Society during the past year, is the suddenness of the attack, without any premonitory symptoms, resulting almost instantaneously in fatal syncope.

Diphtheritic Croup.—Presented by *W. E. Hughes, M. D.* H. A., æt. 4 years, had been ailing for two days, slightly feverish and complaining of sore throat, when he began to cough, and his parents noticed slight difficulty with respiration. A day after this, when I first saw him, there was moderate fever, much inspiratory dyspnœa, muffled cough, and whispering voice. The tonsils and pharynx were covered with patches of false membrane, and the cervical lymphatic glands enlarged. On the second day afterward the dyspnœa became so threatening that I performed tracheotomy. His strength was at this time well preserved. After the operation his breathing became perfectly easy, the temperature fell almost to normal, and his general condition improved markedly. Twenty-four hours afterwards, however, the temperature rose, the dyspnœa returned, and he died of apnœa fifty hours after the operation. *Autopsy* thirty-six hours after death. Body well nourished. The tracheotomy incision had divided the isthmus of the thyroid gland and the second third and fourth tracheal cartilages. The edges of the wound were covered with false membrane. The cavity of the larynx was completely filled by a plug of firm, white false membrane closely adherent to the mucous membrane. In the upper part of the trachea was a thin layer of false membrane, below this the trachea was almost perfectly free, its surface reddened, thickened and superficially ulcerated. In the right bronchial tube there was an enormous growth of membrane completely filling the tube and traceable some distance into its divisions. In the left bronchus was a smaller quantity of membrane not occluding completely its lumen. The left lung was somewhat congested, the right lung contained numerous patches of collapsed tissue and was in other parts distended with *interlobular* emphysema. This emphysema was most marked at the free edges and surface of the lung, but was pretty generally distributed throughout its substance. There was no distention of the air cells, nor was there any emphysematous condition of the other lung, nor of the tissues of the anterior mediastinum or neck. The cervical lymphatic glands were enlarged and softened. At the bifurcation of the trachea was a mass of calcified glands. Other organs appeared normal.

There were cases of diphtheria in the neighborhood of the patient's residence, so that infection is easily accounted for. A rather serious fact in his family history is that three of his brothers and sisters have died of throat troubles, one of throat complications in scarlatina, another of croup, and a third of spasm of the glottis.

Diphtheritic Bronchitis—Croupous Penumonia.—Presented by *W. E. Hughes, M. D.* W. D., white, æt. 43 years, a salesman, was admitted to the University Hospital April 1st; of rather intemperate habits, he had been on a prolonged spree and much exposed to weather, when, three days before, he had been seized with a severe chill, followed by high fever, and, later, intense dyspnœa, with but little cough and no pain. When first seen he was so weak as to be unable to give a satisfactory history; face and extremities congested, heart feeble and irregular, breathing rapid and labored. The breath was extremely fetid, but he complained of no throat symptoms and there was no stridor. The cough was hacking, not very troublesome, and he expectorated small quantities of frothy blood-stained serum. Physical examination showed flatness over the whole right lung, with imperfect bronchial breathing, best marked at the root; over the left lung some impairment of resonance with

large moist râles. He died in less than one hour of apnœa. *Autopsy* (notes by Dr. Formad) fourteen hours after death. Pleura of right lung inflamed, plastic exudation, about one pint of serous effusion; left pleura normal. Right lung compressed by the effusion and uniformly in the beginning of the second stage of croupous pneumonia. Left lung has a spot an inch in diameter in the upper part of the lower lobe pretty far advanced in the second stage of pneumonia, elsewhere it is simply congested and œdematous. Pharynx acutely inflamed, with some spots of superficial ulceration, and scattered deposits of false membrane. Tonsils ulcerated, the bottoms of the ulcers sloughy and covered with offensive false membranes. The same condition obtains in the larynx, its surface is softened, reddened and dotted with false membrane and superficial ulcerations; near the base of the epiglottis is a deep offensive ulceration one-half inch in diameter. Epiglottis œdematous. In the trachea the condition is more marked than in the larynx; about the middle of the trachea the patches of false membrane become continuous and clothe the whole inner surface of the tube, growing thicker and more consistent as the bronchi are approached and traceable into the finest ramifications of the bronchioles in the larger tubes tubular, in the smallest solid cylinders. The exudation is but loosely adherent to the mucous membrane, which is red, thickened or raw. Lymphathic glands of the neck moderately enlarged, red and softened. Liver, kidneys and spleen congested, otherwise normal. Heart contains unusually firm white clots.

Carcinoma of Larynx.—Presented by *W. E. Hughes, M. D.* T. C., æt. 49 years, had been complaining of some alteration of voice for six weeks. He was a man of rather dissolute habits, denied syphilitic infection, had never had his larynx injured, nor irritated by foreign substances or gases, and had a perfectly good family history. In addition to the change in his voice, which was at first the most marked symptom, there was slight tickling cough. Soon after this the glands beneath the angle of the jaw enlarged, and he began to have fits of slight dyspnœa. His flesh and strength failed but slightly and his appetite remained unimpaired, though a slight trouble with digestion prevented his eating as much as he would have liked. When first seen, the glands of his neck were enormously enlarged, but painless and still movable. His voice was husky or cracked, sometimes whispering or lost, his breathing difficult and noisy. Alternating with this constant difficulty of breathing were fits of dyspnœa, brought on by no appreciable cause, often so intense as to threaten life. Two days later he died in one of these attacks of dyspnœa before aid could be rendered. For the foregoing facts I am indebted to the kindness of Dr. George J. Preston. *Autopsy* nine hours after death. Body well nourished. Cervical lymphatic glands enormously enlarged, rather firm, no signs of degeneration. Bronchial glands slightly enlarged. In the cavity of the larynx, above the vocal cords, not involving them but involving the ventricular bands, and extending from them to the top of larynx, was a firm, pinkish, nodular growth involving the right side most. The epiglottis was so involved in this growth as to have no vestiges remaining of its original shape. The mucous membrane was intact. The growth had left only a narrow slit for the entrance of air, which could be easily completely closed by pressing down the deformed epiglottis. The pharynx and œsophagus were not involved. The cartilages of the larynx were completely ossified, and around the superior cornu a small abscess had formed, resulting apparently from a necrotic process in the ossified cornu. The trachea and bronchi were normal, the lungs congested. There was a slight increase in the fibrous tissue of the liver and in the substance of the right lobe was a small cheesy nodule. The kidneys were granular. On microscopic examination the growth was found to be made up of large irregular cells separated into masses, in which was no intercellular substance, by a scanty stroma of connective tissue. Scattered through the growth were masses of fibro-cartilage not connected with cartilage of the larynx. The mucous membrane was proliferated, and in places prolonged into the subjacent connective tissue, but nowhere did it take part in the new growth. The epithelium lining of the glands was much proliferated and seemed to have been the starting point of the morbid process The enlarged lymphatic glands were infiltrated with a growth similar to that in the larynx.

Paraldehyde and Strychina.—In the course of a communication on paraldehyde, M. Dujardin-Beaumetz says that he has found in animals a remarkable antagonism between this drug and strychnia; animals thoroughly under the influence of paraldehyde may be given a dose of strychnia twenty times stronger than the maximum dose without producing fatal results. This antagonism is of extreme interest in conjunction with that between alcohol and strychnia. So far as has been ascertained at present, this antagonism is certain only as regards rabbits; cases of strychnia poisoning being too rare to have allowed the verification in the human subject—*Gazette Hebdomadaire de Medecin et de Chirurgie*, February 15th.—*London Med. Times.*

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

EIGHTY-SIXTH ANNUAL SESSION.

(Specially reported for Md. Med. Journal.)

The eighty-sixth annual session of the Medical and Chirurgical Faculty of Maryland opened in Hopkin's Hall, Johns Hopkins University, North Howard Street, Baltimore, Tuesday, April 21st, 1884. The President, Prof. Richard McSherry, occupied the Chair. The minutes were read by the Secretary, Dr. G. Lane Taneyhill.

The following delegates were present: Dr. E. G. Waters, Clinical Society; Dr. C. C. Bombaugh, Baltimore Academy of Medicine; Dr. C. Hampson Jones, Medical and Surgical Society; Dr. L. F. Morawitz, Clinical Society; Dr. J. Harvey Hill, Baltimore Medical Association; Dr. John M. Williams, Allegany County Medical Society; Dr. H. H. Biedler, Clinical Societyand Baltimore Medical Association; Dr. Wm. B. Roland, Cecil County Medical Society.

A letter was read from Archbishop Gibbons expressing his regret at being unable to attend and open the convention with prayer as requested.

THE PRESIDENT'S ADDRESS.

The President read his address, from which the following abstracts have been taken:

"According to a time-honored custom, as President of this learned and eminent body of men, I am obliged to make an opening address, which shall have at least the merit of brevity.

"I say a *time-honored* custom. You will observe that this is our eighty-sixth annual meeting, and eighty-six years ago our great republic was in its early infancy. The founders of our Faculty are all gone—gone with their compatriots, the founders of the Republic, whose work in war and peace indeed they fully shared.

"From the beginning the shears of Atropos have been busy clipping the life threads of our fathers and brethren, sending back each and every year some of them to meet the departed worth of all ages. During my membership of this Faculty many of our esteemed fraternity have been called away, each year taking its contingent, not excepting that just passed. I need not remind you that Dr. E. Gover Cox and Dr Judson Gilman, both most estimable gentlemen, have been taken from us. Verily, we may never forget one solemn truth that Time never changes:

"Debemur morti nos nostraque."

"I will not attempt to review the progress of medicine since the organization of this Faculty, though it has been very remarkable. We have seen many changes and not a few improvements. We are bound to watch the former and to use the latter. The ideal physician should take cognizance of everything; winnow the wheat from the chaff, and add to his stock already very varied all that modern science may offer him for the benefit of his fellow-men.

"He must get what he can from the Kochs, the Pasteurs, the Listers, of the day, without giving up what has come down to us from the days of Hippocrates, or without depreciating his own well-earned experience.

"The changes in medicine are often very perplexing, so much so that some of its ministers themselves become very sceptical. One of the most brilliant members of the profession is reported to have said that if the whole materia medica in the world were cast into the sea it would be all the better for mankind and all the worse for the fishes. But Dr. Holmes put in the qualifying clause "as now used," which is equivalent to saying as now abused or misused, and when any physician looks over the cure-alls advertised in the daily papers and sees how many people swallow drugs, good in themselves, it may be, but with all chances of misapplication, he will not dispute the corrected dictum of Boston's favorite son.

"It is scarcely a matter of surprise, however, that people swallow all kinds of nostrums so readily when they see them endorsed not only by ignorant dupes, but also by ministers of the Gospel, who ought to be very chary of using their influence where it may do so much injury. I have been informed by a well-known minister that compounders of quack medicines frequently offer a bonus or percentage to ministers for the use of their names. Our own profession, too, is sometimes offered bribes, the ingenuous parties making such offers being unaware that their acceptance would ruin a physician's standing with his professional brethren.

ETHICS.

"We have a Code of Ethics not appreciated by the public, but which is necessary to our own peace and self-respect. The regular profession, while always ready to add to its resources, cannot consistently make any compromises with irregular practice in any of its forms. We believe in our system, which, though not perfect, is the best now known, and we will, therefore, adhere to it, leaving all devious forms of practice to their deluded partisans.

"This Faculty happily has frankly expressed its determination to adhere to the American Code, which is in accord with the best tone of the profession all over the world.

POLITICS AND MEDICINE.

"It scarcely becomes physicians as such to become active politicians, but in many things we should call upon legislators to hear and heed us. In everything pertaining to public matters, in whatever bears upon purity of air, water, food, or medicine, in school hygiene, while we see so many children injured mentally and physically by unwise courses, miscalled education, in all matters pertaining to medical jurisprudence, in the drainage and sewerage of cities, and in some respects in matters of public morals, physicians should properly take an active part, which should have a potent influence. There is a fell destroyer abroad which reaches from dens of infamy but too often to enter the purest families; medical control might be used to save the virtuous from such detestable contamination. Furthermore, physicians in public and private should be among the foremost advocates of the superlative virtue of temperance, temperance in all things.

ACCOMMODATIONS.

"Our Faculty has now a respectable library of 4,000 volumes, which is constantly growing. We have an immense number of medical journal, published at home and abroad, for the greater part of which we are greatly indebted to the generosity of the proprietors of the MARYLAND MEDICAL JOURNAL.

"We want increased accommodations; a good house, or at least a suite of rooms, that is, a large public hall which shall contain the library, with room for public sessions, a social hall, a committee room, and proper appurtenances. The Executive Committee has been endeavoring to obtain such accommodations, but so far without success.

"I must urge the continued quest until we have something worthy of the profession in Maryland.

"We must have a place where we can introduce visiting strangers with honest pride; and where we can furnish to our own members from the counties a professional centre where they can pass their leisure hours in the city pleasantly and profitably.

"May our next annual meeting find us so established.

"With many thanks, gentlemen, for the great honor you have conferred upon me in making me your President, an honor which I can never cease to appreciate, I now announce that the Faculty is ready for the business for which we are assembled."

After concluding his remarks, the President called for the reports of officers and standing committees.

The Secretary read a letter from Dr. F. D. Given, offering his resignation as a member of the Faculty.

REPORT OF CORRESPONDING SECRETARY.

The Corresponding Secretary, Dr. T. B. Brune, reported that he had conducted the usual correspondence in connection with his office. He had also written a number of letters to prominent physicians throughout the State inviting them to attend this meeting and urging them to become members. He suggested that physicians throughout the State should be encouraged to join the Faculty.

TREASURER'S REPORT.

The Treasurer, Dr. W. F. A. Kemp, presented his annual report to April 22, 1884. The report gave an encouraging statement of the financial condition of the Faculty. Notwithstanding the unusual demands upon the Treasury during the year, all bills have been met and a surplus equal to that of last year, was left in the Treasurer's hands.

The receipts during the year had been $2,318.97, the disbursements $1,789.98, leaving a balance in the treasury of $528.99. Due from members in arrears $214.00 The assets of the Faculty are as follows: Building Fund, $500; cash in the Treasurer's hands, $28.99; value of the library, (estimated) $9,000; due by members, $264. Total liabilities $247.55.

There were nine losses of members during the year, seven by resignation and two by death. Seven members had been elected during the year.

The report of the Executive Committee was made by the Chairman, Dr. P. C. Williams, but presented nothing of special interest. Ten meetings of the committee had been held during the year; all vacancies in offices had been filled and the usual work devolving upon the committee had been attended to.

The Examining Board for the Western Shore reported favorably upon the names of the following candidates for membership: Dr. F. Donaldson, Jr., and Dr. S. J. Fort, of Baltimore; Dr. John B. Brawner, of Emmittsburg; Dr. Geo. H. Hocking, of Mt. Savage; Dr. W. S. Maxwell, of Still Pond, and Dr. Arthur Williams, of Elk Ridge Landing.

No report from the Examining Board for the Eastern Shore.

REPORT OF THE LIBRARY COMMITTEE.

The Committee on the Library reported through Dr. B. B. Browne, Chairman. The report referred to the usefulness and value of the library to the members of the Faculty and

to the rapid progress in its development during the past few years. Within less than ten years it had grown from a small nucleus of some 1800 volumes of old, but valuable books, to its present capacity. In 1875 the Library Committee had stated in its annual report to the Faculty that the library was of no value to the profession. Its books were stored away in boxes and were regarded as worthless rubbish. In 1876 the Library was formally opened. At that time it contained 1863 volumes. In July, 1877, the Library Committee subscribed to a number of medical journals, and from this date the library began to grow. During the past year 673 volumes had been added to the library, among the number being 74 volumes of the New Sydenham Society Publications and 25 volumes of the London Obstetrical Society's Transactions. The total number of volumes now in the library was 4018, of which 277 are duplicates.

The amount at the disposal of the Committee had been only $506.23, as follows: From former Committee $7.86, from the Treasurer of the Faculty $425, from fines $23.33, and from special donations $50. The amount expended on the library during the year was $504.16.

The number of journals received is 119, being an increase of 11 over the number received last year. Of the journals thus received 1 is semi-annual, 6 are quarterly, 1 is bi-monthly, 59 are monthly, 3 semi-monthly and 12 are weekly; 86 are American and 33 are Foreign.

The Committee called attention to the privilege the members of the Faculty have in obtaining books from the Library of the Surgeon General's office.

COMMITTEE ON PUBLICATION.

Committee on Publication reported through its Chairman, Dr. G. Lane Taneyhill, that 500 copies of the last volume of *Transactions* had been published and distributed at a cost of $430.30. A copy had been mailed to each member of the Faculty, to the Chief Medical Libraries throughout the world, and to the American and Foreign journals.

The Committee had likewise published 1,000 copies of the "Medical Annals of Baltimore," by Dr. John R. Quinan, an octavo volume of 275 pages, at a cost of $417.35. One copy was issued *gratis* to each member who had paid his dues for 1883. 200 copies were sent to Dr. Quinan, in recognition of his services. An expense of $140.00 in the advertising and distribution of this work was borne by the ex-President's, friends and relations of deceased ex-Presidents of the Faculty. The Committee has reason to believe that the returns from the sales of the "Medical Annals" will go far towards the payment of the expenses of publication. The Committee closed its report with the recommendation that Dr. Quinan should be granted authority to publish at his own expense a second edition, including physicians of the State, with complete data up to January 1st, 1885.

COMMITTEE ON MEMOIRS.

Dr. Eugene F. Cordell, Chairman. Sketches were given of the lives of Drs. Judson Gilman, late Treasurer, and E. Gover Cox, both of Baltimore, deceased during the year.

REPORT OF THE SECTION ON SURGERY.

Dr. J. Edwin Michael then read the report on surgery. In reviewing the history of antiseptic surgery, he said the principles which owe their origin to Lister, have become so thoroughly established that the question of to-day is not whether antiseptics shall be used but rather *what* antiseptic shall be preferred. Surgeons should be guided by their judgment and experience, and by the circumstances by which they are surrounded. The apparatus required for elaborate methods used by Lister in London could not be transported to the deserts of the Indian nor carried about in a country doctor's saddle-bags, but none had shown better than Lister himself that the requisites for antiseptic surgery could be both portable and cheap. In his remarks a the meeting of Woolwich Military Medical Society, he had admitted that the spray was not essential and recommended irrigation or sponging with sublimate solution 1 part to 1000, and dressing with old rags or wool which had been steeped in the same. Antiseptics which are efficient are dangerous and must be carefully watched. The antiseptic which is efficient and will not poison will be discovered about the same time with the anæsthetic that will not kill.

BREAST CANCER.

The tendency to operate becomes more and more pronounced as the doctrine of local origin gains ground. Axillary involvement is not a contra-indication and repeated operations in cases of relapse are to be commended. The extreme views of Prof. Gussenbauer as expressed at the last (12th) congress of German surgeons to operate

when the supra clavicular or glands are involved or even to amputate the arm at the shoulder when necessary are not to be accepted. Conservative surgeons will rather follow Billroth and decline operation that is without any hope of permanent cure in cases of supra-clavicular involvement. The palliative operation of removing the cancerous breast may, under such circumstances, be sometimes practiced with advantage. Hopeless cases should not be urged to eat and pestered with tonics, but, in the words of Billroth, be allowed to sleep, sleep, sleep! under the influence of hypodermic injections of morphia, which is for them the best and only relief.

WIRING FRACTURED PATELLA.

Lister's notable paper on wiring fractured patella under antiseptic precautions has set the surgical world agog on the subject. A striking feature of the paper was the presentation of six out of the seven patients operated on and the verification of bony union. Mr. Bryant could not agree as to the safety of the operation, though he eulogised Lister's skill and noted the favorable commentary his cases made on antiseptic surgery. He thought the good results of the ordinary treatment underestimated. We often had good results without bony union. Surgeons are more likely to follow the advice of Bryant than adopt the radical change suggested. The operation will be no doubt valuable in old ununited cases in which wide separation interferes with function, in compound cases, and, perhaps, in cases where there is extensive comminution and distension of the joint. Recent simple cases will continue to be treated by splints and such other appliances as experience has shown to be free from danger and to give sufficiently good results.

DIGITAL EXPLORATION OF THE BLADDER.

Sir Henry Thompson has suggested a method of digital exploration of the bladder which is likely to prove an important advance in the surgery of the pelvis. The membranous portion of the urethra should be opened on a grooved staff by means of a narrow bistouri, about the old Bretaneau operation, a small median gorget introduced and the canal somewhat dilated. Then the operator's finger follows, and slowly enters the neck of the bladder. By conjoined manipulation every part of the viscus is brought in contact with finger and thus much valuable information gained. The operation is not new (since anatomical conditions remaining unchanged new ureters to the bladder are not discoverable) but the object of it is and it serves to discover and treat conditions never before so discovered and treated. Sir Henry's experience embraces 32 cases, 4 female, 28 male, in which 15 tumors of the bladder were found and operated on with sufficiently good results to justify the means used. Already the suggestion is being acted upon and reports of cases in which the plan is put in practice are begining to appear.

TREATMENT OF STRICTURE OF THE URETHRA.

Internal urethrotomy is pretty generally accepted for stricture of the pendulous portion, the method and instrument of Otis being preferred by many. Deep strictures are the stumbling block; every method has its advocates. Electricity seems too good to be true, though if what its advocates claim can be verified it must be the treatment of the future. External perineal urethotomy has many advantages especially in cases very liable to chills after manipulations and is considered by the reporter much safer than any of the internal devulsing or cutting operations.

REPORT OF SECTION ON OBSTETRICS AND GYNECOLOGY.

Dr. P. C. Williams, Chr. of Section on Obstetrics and Gynecology, read his report entitled 'The Use of Ergot in Obstetrics.' He began by considering the modern criticism upon use of ergot in obstetrical practice. He attempted to test this criticism of clinical facts by his own personal observation. The views of medical men have fluctuated widely in respect to the value of this drug. Many obstetricians denounce the use of ergot under all circumstances in obstetric practice. The literature of the subject presents a terrible picture of injury and death from the employment of this drug. It requires some courage to place one's personal experience against such an array of authority. Dr. Williams spoke from his own experience of what he had seen. All remedies powerful for good may be also powerful for evil. The disasters which result from the use of ergot may be referred to the improper use of the medicine.

In cases where ergot was given when the

position is normal, but pelvis deformed and the pains have ceased from exhaustion of the mother, or where there is no deformity or malposition but the membranes are ruptured and the parts are hot and dry, and the progress of the case is slow, and though the pains are increased by ergot the labor is hastened, the employment of ergot is improper and disaster must result from it. But it does not follow from this injudicious use of ergot that it is alway equally destructive under proper administration.

Dr. Williams believes that as appalling as statistics appear to be in regard to the danger of ergot, this danger is not inherent in the drug but depends largely upon the conditions under which it is given.

Dr. Williams gave his own statistics. In 1874 he had read a paper on the use of ergot hypodermically in post-partum hemorrhage. The success obtained in these cases induced him to use ergot to prevent hemorrhage in similar cases. His results indicated the wisdom of this plan. Since then he has *never* had a case of post-partum hemorrhage to deal with.

Dr. Williams has employed ergot in 210 cases since 1870; in 70 of these the forceps were used and in nearly all chloroform was administered.

In these cases 215 children were born with the following results:

1875, 41	cases—	no	mother	died	and	no	child.
1876, 22	"	"	"	"	"	"	"
1877, 15	"	three	mothers	"	"	one	" twin.
1878, 18	"	no	mother	and	no	child.	
1879, 21	"	"	"	"	"	"	
1880, 25	"	"	"	"	one	"	
1881, 21	"	one	"	"	one	"	
1882, 22	"	"	"	"	two	children.	
1883, 15	"	no	"	"	one	child.	
1884, 10	"	"	"	"	no	child.	

Of the mothers (1 death in 42) three died of puerperal convulsions, one of septicæmia, one from exhaustion; of the children (1 death in 27) two were twins and died from inherent debility, one was still-born, one a foot presentation, four were of immense size, and died from delay in delivery.

The ergot, Dr. Williams thought, had nothing to do with any of these deaths.

Dr. Williams thought that ergot should never be given in shoulder presentation or in any malposition of the child, unless followed immediately by chloroform, and other active intervention to terminate labor. It should never be given in the first stage of labor, unless the os and vagina are fully dilated or easily dilatable; never in any stage of labor where the head is too large for the pelvis unless forceps be used immediately. With these restrictions it may be given in any stage of labor where pains are feeble. In every case in which ergot has been given and the head ceases to descend or recedes between the intervals of the pain the forceps must be applied at once. Delay under these circumstances is a fruitful source of danger.

Dr. Williams gives chloroform to relieve the pain of childbirth in almost every case, and as this drug is thought to weaken the pains and favor hemorrhage, he thinks it wise to be on the safe side and therefore administers ergot before giving chloroform in every case where it is not contraindicated by some of the conditions above metioned. He also gives ergot to maintain uterine contraction after labor and to guard against post-partum hemorrhage.

SUPPLEMENTARY REPORT.

Dr. W. A. B. Sellman made a supplementary report by reading a paper entitled "The Efficiency of Iodoform in Preventing Uterine Colic and Pelvic Inflammation Following the Intra-Uterine Application of Nitrate of Silver." Dr. Sellman had found by experience that inflammation of the endometrium was best cured by the application of a solution of silver, 80 grs. to the fluid-ounce. The action of this agent is that of a decided escharotic and alterative, the application as a rule being followed by a free discharge from the inflamed surfaces, its repeated use being followed sooner or later either by a perfect cure or great relief. He had never seen it followed by stricture or closure of the uterine canal. Up to a few months ago there has been one serious objection to its use. Very frequently his patients would suffer from severe attacks of uterine colic, coming on either immediately or within an hour after its application. He had had attacks of pelvic peritonitis or ovaritis brought about by its use. Not wishing to be deprived of the use of this agent, and having failed to relieve the distress it occasioned by other agents. Dr. Sellman began to experiment with iodoform, and had found it very satisfactory. Since he began its use he had no trouble when the powdered iodoform was used.

Dr. Sellman applied the nitrate of silver solution on a cotton wrapped applicator and immediately follows it with powdered iodoform applied in the same way. Sometimes the contraction of the uterine canal is so sudden and violent that he is unable to pass the applicator the second time. Under these circumstances he inserts a suppository or uterine bougie medicated with the iodoform, or he covers the cervix with the powder or a pledget of cotton saturated with it.

SECOND DAY.

The Faculty was called to order at 12 M. Minutes of yesterday's meeting were read and approved.

Dr. F. W. Patterson offered his resignation as a member of the Faculty. Drs. John G. Jay, A. A. Hanna of Baltimore, and J. W. Williams of Lonaconing, were recommended for membership by the Examining Board.

SECTION ON PRACTICE.

Dr. A. B. Arnold, Chairman of the Section on Practice, presented his report. Dr. Arnold referred to the recent development of a new department of medicine, pharmacology, and to the services it had rendered and was capable of rendering. Pathology can never serve as the basis of therapeutics, and such a belief is utopian; the morbid changes of tissues and organs can never be completely understood. Art cannot be separated in medicine from science, and personal qualities are essential to successful therapeutics. Roser and Wunderlich had been champions of the high science idea, but the latter had found it necessary to make concessions in favor of rational empiricism when he became a clinical teacher. The English have always taken experience as their guide, and it is claimed that they have been successful practitioners in consequence. Brunonism obtained no foothold among them. The fallacies to which false experience or experience misinterpreted, may give rise, were illustrated by the history of venesection. While physiology, or rather physiological toxicology, must be relied on to furnish an exact scientific basis for our therapeutics, clinical medicine must supply the final test. Dr. Arnold concluded with a reference to the neurotic theory of fever, and the use of antipyretics.

A supplementary report was made by Dr. Robert W. Johnson on *Cryptorchidism.* The author had collected from various sources 89 cases, 66 of which were over 14 years of age; 9 had no testicles on post-mortem; in 18 both testicles are stated to have been in the inguinal canal; in 8 one testicle was in the canal, the other was not discoverable; in 15 the semen was examined microscopically; in 3 of which spermatozoa were discovered; 10 are stated to have had children. Heredity was observed in one where a monorchid brought forth a cryptorchid child. The above figures show that whilst human cryptorchids are not necessarily sterile the great majority of them are, and the question must be determined in each case by an examination of the semen.

Dr. Johnson then exhibited an illustrative case of the above condition. The patient is a robust sailor, white, aged 33, always very lascivious, and twice married, with one child by his first wife. Four years ago had gonorrhœa with apparent right orchitis. Three years ago after exertion he felt something give away on the right side, after which he put on a double truss. Signs of virility marked except that scrotum is smaller than usual and crusty, and on the right contains only a bag projecting half way into it from the groin; this bag disappears when he lies down, and nothing like testicles can be felt on either side. When he stands and coughs occasionally the testicles descend into the scrotum; they appear slightly smaller than natural. The semen is thinner and more translucent than normal and is devoid of spermatozoa.

ANNUAL ADDRESS.

Prof. Wm. Pepper, of the University of Pennsylvania, delivered the annual address, and selected as the title of his discourse: "Some Practical Remarks on Dietetics in Disease." Prof. Pepper said his desire had been to select a subject which would be of general interest to the members of the Faculty, and remembering the thoughtful and excellent work by the President, "Health and How to Promote It," he was led to hope that some remarks upon the subject of Dietetics would prove acceptable. Reviewing what he had prepared he felt, however, that he had dwelt more upon the relations of dietetic errors to the production of disease than upon the actual value of diet during the disease. Whilst this subject has not always received that attention which it merits, yet he was forced to admit that during the past decade there has been a constantly growing appreciation of the value of dietetics. It might be asserted, he said, that in many conditions of impaired health and actual disease, successful treatment depends chiefly or exclusively upon proper diet and regime. He expressed the opinion that from a proper study of the wide range and varied character of the morbid symptoms resulting from the gift of food abused and the remedial effects of special forms of diet, it would appear that it was in this line more than in any other that the greatest triumphs are to be made in the near future. In estimating the influence of the factors of our physical life upon the development of the individual or race too much importance has been attached to climate and too little to diet and personal hygiene. In establishing laws of dietetics and hygiene we are concerned only with the average man, not with the exceptional individual who displays the highest physical and intellectual health whilst pursuing courses of life admissibly injurious. In India and Australia numbers

of Anglo-Saxons were exposed to climatic conditions diametrically opposite to those familiar to that race, yet the result seems to be that with suitable diet and regimen its characteristic health and energy will not be impaired. In this country a more complicated experiment is being carried on. A nation recruited from all quarters of the globe; a vast territory; wide varieties of soil and climate; the gift of freedom, personal, political and pecuniary, to be borne by millions comparative strangers to these blessings, can we wonder that during the fierce contest to be waged with strange and unusual conditions many curious effects, physical and social, have been developed? The typical American, with his sallow face, slender figure and irritable restlessness differs widely from his English, Irish or German ancestors. The interesting question arises whether his physical peculiarities are inseparably dependent upon climatic conditions or upon transient influences. Prof. Pepper expressed the opinion that the abuse of various articles of food and drink was the undoubted cause of most of the physical peculiarities commonly assigned to the American climate. He believed that with due regard to these conditions there is no more favorable climate upon earth than our own. He would underrate the excessive share which has been attributed to overwork in the production of many forms of nervous exhaustion. In his experience cases due to this cause were rare. The conditions of our higher forms of work in America are more difficult than in older or better organized communities. A study of the habits of professional and business men in other countries has convinced him that the important question really is, "How to live while working." If every man appreciated his physical requirements we should see quite as much or more work done with infinitely fewer instances of physical disaster. The velocity of a projectile varies directly as the initial power and inversely as the mass to be moved. To adjust the actual weight of the body to the physical powers of the individual, and to render these innumerably minute processes as easy and complete as possible is the aim in dietetics and and regimen to the common sense policy of every man who aspires to work to the best advantage. The enduring capacity of a man is measured by his weakest organ, only we are able by intelligence and self-restraint to spare this weak spot and enable ourselves to tax our stronger parts to their full extent.

The weak spot is commonly at some point in the assimilative process, but by no means usually in the stomach or intestines or at least manifested there most clearly. The original cause may lie there, but the trouble very often shows itself in the subsequent changes, whether interstitial or metabolic. For instance the absence of outspoken attacks of gout long bllnded us to the fact that the gouty diathesis prevails widely in this country. Under the head of gout it seems necessary to include that large series of cases with or without marked gastro-intestinal disturbance where there is obstruction to and deficiency of the ulterior assimilative changes. He called special attention to the great frequency which out of the presence of more or less of these causes there is gradually evolved a complicated condition to which it is becoming the habit to apply the name neurasthenia, and which toooften is regarded as the result of pure nervous exhaustion from overwork, and therefore requiring simply tonics, rest and high feeding. Such cases after they have been brought up to a certain point require a protracted course of well ordered regimen, dietics and exercise. Only one special method of treatment is applicable to one group of cases, and the skilled physician must select the method of medication for each case. He referred to methods employed by empirics and also those well-known spas whose waters are totally inert. Unscientific as they are, these methods sometimes succeed in cases which have baffled physicians and show what remarkable results can be obtained by systemic and even extreme use of the simple agents of rest, exercise, food, clothing and bathing.

He spoke of the remarkable treatment called Schrott's cure, now practiced at Lindewiese in Germany, which consists in an artificially induced attack of continued fever, developed by long continued abstinence from water (36 to 96 hours) and great restriction in diet with violent exercise, alternating with free stimulation. Whilst undobtedly hurtful in many cases, even this has been known to effect remarkable cure in constitutional syphilis, rheumatism, etc. He remarked on the revival of the hot water mania, and said that the truth about it is that there are not a few cases of dyspepsia and lithæmia, of certain types of rheumatism and gastro-intestinal catarrh, in which this remedy combined with other simple hygienic measures is the best cure. While hot water taken as its advocates advise is capable of doing harm, it will do good in so far as it discourages the use of tea and coffee.

We are advancing towards a time when for each carefully diagnosed group of cases there will be a scientifically adapted diet. In illustration of these views Prof. Pepper proceeded to give in detail several cases of great interest where patients suffering from severe disorders were greatly benefitted chiefly by attention to dietetics. One of his cases was a woman of 65 with all the symptoms of advanced fatty degeneration of the heart. Noticing that she had steadily increased in weight during her sick-

ness and was very fleshy, he put her on a reduced diet and with proper medication effected entire relief of the symptoms in about nine months, during which time her weight decreased from 165 to 140 pounds. It is impossible to give a standard weight for every inch of height, and undue tampering with the weight is to be avoided. Systematic reduction is to be instituted only when the symptoms clearly indicate it.

Prof. Pepper related several other interesting cases illustrative of pulmonary or cardiac deficiency in which grave and threatening symptoms, dyspnœa, asthma, obstinate bronchial cough, œdema and intermittent albuminuria could be recognized as dependent upon some disproportion between the pulmonary or cardiac power and the mass of the body, the amount of ingesta or the degree of muscular exertion maintained, and which were more or less speedily relieved by an appreciation and and adjustment of the physiological balance. Prof. Pepper next referred to the condition of transient albuminuria and related a case of an interesting character in which albumen appeared as the result of renal deficiency. In this case for more than a year albumen has occasionally been detected in his urine. It has never been found in the morning urine, nor if he remains in bed will it be detected at any time. If, however, a small amount of exercise is used a distinct trace will appear and gradually disappear after resting. Massage did not produce albuminuria. With prolonged tonic treatment with cod-liver oil, carefully regulated diet and habits of life, there has been a gradual increase in the power of exercising without the appearance of albumen. This case is an illustration of an organ which without being actually diseased either had originally or has acquired such weakness as will, under pressure of slightly increased functional activity, induce symptoms of disease.

Referring to the relations between height and weight, Prof. Pepper made allowance for a family tendency. Needless tampering with the bodily weight is always to be avoided. A systematic reduction should be instituted only when the symptoms clearly indicate it. When a reasonable reduction of diet fails to produce a marked effect upon weight it is unlikely that the patient is carrying too much, and we should be careful not to push dietetic restrictions too rigidly. When, on the other hand, the body weight falls too rapidly we should check it lest we induce anæmia and debility.

The case of Prince Bismark was referred to as illustrating the tendency of advancing years, combined with dietetic excesses and imprudences to induce aggravated lithæmia. Relief has been found only by a restriction of diet which by reducing weight has restored activity and brought relief to suffering.

Prof. Pepper next referred to the dangerous and absurd height of indiscriminate stimulation and gorging in all forms of disease, which the rise of the so-called restorative medicine had brought about. The reaction against this extreme has set in. We must grant the elementary fact that in acute disease we do not necessarily strengthen or stimulate the patient the more by forcing on him more and more of concentrated food; that it is only in proportion as he is able to appropriate these that he gains from them, and that every grain and every drop not appropriated is a burden upon his already heavily taxed system. We must grant the equally elementary fact that in chronic disease the relief of symptoms, the removal of wasted products, and the restoration of power can be accomplished only by cautiously but thoroughly adjusting the diet and hygiene to the altered state of nutrition, and having thus reestablished the physiological balance as far as possible by directing our remedies to the actual indications.

THE ACTION OF SALICYLATE OF SODIUM ON THE UTERUS.—According to the "Bulletin général de thérapeutique," M. Balette has arrived at the following conclusions in regard to the action of salicylate of sodium on the uterus: In ordinary therapeutical doses, it allays the pains of dysmenorrhœa, probably by its sedative action on the central nervous system. It appears to promote the menstrual flow, and, in some cases, to provoke its reappearance. In four instances, given in large doses, it was followed by abortion, but moderate doses seem to have no tendency to act as an abortifacient. No oxytocic effect was ever observed in experiments on animals. Nevertheless, the caution is added that it should never be given during gestation, except on very precise indications, and that then its action should be watched carefully.—*N. Y. Med. Journal.*

Editorial.

THE ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MD., which convened in this city on Tuesday of the present week, is still holding its sessions as we go to press. A report of the work done on Tuesday and Wednesday will be found elsewhere in our columns, from which it will be seen that the meeting has been of usual interest and value. The attendance each day has been unusually large, especially is this true of delegates from beyond the city limits. On Wednesday the Hopkins Hall was crowded when the scholarly address of Prof. Pepper was delivered. We have made a strong effort to give our readers a careful report of the proceedings of the Faculty up to the latest moment allowed us before closing our forms. This report will be continued in our next issue, and thereafter until an abstract of the entire proceedings has been published.

Before closing our remarks we wish again to call attention to the excellent work this Faculty is doing for the profession in Maryland and for the cause of higher medicine. We would again urge the profession throughout the State to become members of the organization and to aid in carrying on its wise and beneficient purposes. It is a shame that out of the large number of respectable practitioners in this State so few should feel it to be a duty to hold a membership in this honorable body.

THE DUKE OF ALBANY AND THE MEDICAL PROFESSION.—The death of the Duke of Albany has drawn forth many expressions of regret upon the part of our medical brethren in England. The Royal College of Physicians and other prominent medical bodies have passed addresses of condolence expressive of the grievous loss the profession has sustained in the death of the Duke. In moving the addresses of condolence offered by the Royal College of Physicians, Sir William Jenner said that the late Duke felt a deep interest in all that peculiarly concerned the profession. Several fellows of the College had had opportunity, he said, of attending him during his long attacks of ill-health and his many illnesses, and he never forgot their services. His intelligent trust in the scientific practitioners of our art had never failed, and confidence in them had never wavered. In this, as in many other respects, Sir William Jenner said he had set a brilliant example to the educated classes of society, as he must have had during his long illness frequent temptations urged upon him to avail himself of the services of some of the loud-voiced and vain-glorious boasters among irregular practitioners. With such facts before them our English confrères had just cause to lament the loss of this refined and cultivated Prince. Did all men in high social and political position manifest this same intelligent trust in scientific medicine the road which the irregulars travel would be far less pleasant and lucrative than at present.

CLOSE OF VOLUME TEN.—With this number of the JOURNAL volume ten is brought to a close. Owing to unavoidable circumstances the index to this volume is omitted from the present issue. A full index will soon be published in a separate form and a copy will be mailed to every subscriber.

With the beginning of the tenth volume we began to issue this journal as a weekly. Our readers have no doubt witnessed the constant improvements which have been made, not only in the table of contents, but in the size and appearance of the publication. The success of the JOURNAL as a weekly has been fully up to every expectation. It has necessarily imposed much additional labor and expense upon its management which could have been better met by larger capital and skill, and a more favorable location. The fact that the JOURNAL has struggled through its many difficult and unfavorable environments to its present useful position is the best guarantee that can be offered in favor of its continued development and future prosperity. In returning our acknowledgements to its many friends for the cordial support it has received in the past, we wish to assure them that the effort to make the JOURNAL a more useful publication will not be relaxed while it remains under its present management.

COLLUSION BETWEEN DRUGGIST AND PHYSICIAN.—Our attention has been called to a method of deception which may be practised by designing physicians, which though ingenious is not likely to prove infallible. It consists in writing the prescription backwards. For instance, a Dr. Grube, of New York, wish-

ing to throw custom into the hands of a Mr. Starr H. Ambler, with whom he probably had an agreement as to his commission, gave a patient the following: "℞. Tgnu cniz Xo ℥i. Sig. Ext. Use." The name and address of the druggist were printed in large and distinct letters at the top of the paper, and the figures representing the number and date were very distinct. This was taken to another druggist who readily understood that "one ounce of ointment of oxide of zinc" was meant. Such dishonesty deserves the severest reprehension. The prescription has been bought and paid for, and is the property of the patient to do what he pleases with it. The physician has no further control over it. To attempt then to secure from the patient through connivance with the apothecary an additional sum, added of course to the charge by the latter in order to save himself from loss, is little less than stealing, and is sufficient to justify the expulsion from all reputable company of both parties. Happily such things are a rare exception—at least, we have never heard of but one druggist in this section who made such an offer to a member of our profession.

THE CULTIVATION OF CINCHONA IN JAVA.—The numerous cinchona gardens started in Java five or six years ago will soon begin to yield, and the bark may be expected to take a prominent position in the exports of that island.

In 1881, the number of new trees in the nurseries was 736,600, and in 1882, 2,207,380. The trees in the plantations in 1882 numbered 2,099,400, including nine varieties.

The most valuable is the *cinchona ledgeriana*—which yields from 9 to 11 per cent. of the alkaloids—and has been known to yield as high as 14 per cent. The success of the cultivation of cinchona is perfectly assured, and is now furnishing the markets of the world from the East Indies, Java, Jamaica and Mexico, and steps are being taken for its cultivation in its native land on the west slope of the Andes.

The cultivated bark is preferred by druggists to the native, because it is more carefully cured, and more uniform in its assay of the alkaloids as well as of higher alkaloid value as a rule. The discovery of the harvesting of the crop by taking alternate strips of bark, and, by "mossing the bark," has added very much to the value of the cultivated bark.

The Louisiana State Medical Society will hold its Annual Session at Baton Rouge on May 21st.

Miscellany.

CORROSIVE SUBLIMATE AS A DISINFECTANT IN OBSTETRICS.—At a recent meeting of the German Gynecological Society (*Amer. Journ. of Obstet.*, April 1, 1884), Kehrer, of Heidelberg, discussed Koch's well-known experiments with bichloride of mercury, and pointed out that that investigator had had with no other disinfectant such excellent results as with this one. Kehrer had employed corrosive sublimate extensively. Of 221 parturients, there appeared in 4 only an eruption of urticaria on the thighs, which spread thence over the whole body. It disappeared again after three or four days. Only one parturient and three gynecological patients were attacked with stomatitis. The former had previously been subjected to a course of inunctions, and two of the latter had taken mercurial preparations internally. In view of this experience Kehrer advises caution in the employment of corrosive sublimate irrigations with persons who had been formerly treated in any way with mercury. He first employed solution of 1: 2000, later 1: 4000. For women in labor he had ordered a vaginal irrigation even before the first examination, in view of the fact that the cervix may be injured during the exploration, and vaginal bacteria thus inoculated. In the puerperium he believes the sublimate irrigation to be indispensable. Only the attendants must be experienced, so as to avoid the reopening of small wounds with the uterine tube, with possible inoculation of vaginal germs of infection. Kehrer had seen cases in which the fever continued in spite of the injections, and disappeared only with its suspension. The advantages of the corrosive sublimate are its cheapness, its ready solubility and its odorlessness. The disadvantages are slight.

ALUMIN HÆMATURIA.—A case of severe hæmorrhage from the kidney successfully treated by an unusual remedy, is recorded by Dr. J. S. Radcliffe, in the *Phila. Med. News* for January 12, 1884. The cause of the hæmaturia is left an open question. It is stated that the patient, a lady, aged 25, had suffered from malarial disorders, and that there was a family history of heart disease and rheumatic fever. At the time of the attack, however, the temperature was but slightly raised, and the heart sounds were normal. Although the hæmaturia

came on suddenly, with paroxysmal pain in the right lumbar region and with nausea, it is curious to note that the urine remained bloody for nearly three weeks. During this time, almost all the astringents were tried with no beneficial effect. The patient was given gallic acid alone, then in various combinations, the acid with quinine, with ergot, with sulphuric acid, with opium. She also took tannic acid, sugar of lead and opium, fluid extract of ergot, infusion of buchu and matico, muriated tincture of iron, and with this quinine; extract of logwood, and extract of hamamelis. Ice was employed internally and externally, and counter irritation, by sinapisms and blisters, was used. The hamamelis appeared to lessen the hæmorrhage slightly, but for the rest, Dr. Radcliffe says "it appeared as if I might as well have given her so much cold water." Rockbridge water was then used on theoretical grounds, champagne-glassful draughts being taken every three hours. Beneficial effects were manifested with the third dose, and on fourth day the urine was free from blood corpuscles, and on the sixth day it was normal in color, quantity and quality, It merely remains to add that the Rockbridge alum water appears, from an analysis appended to this paper, to be remarkably rich in aluminum sulphate, and to contain very appreciable quantities of calcium and magnesium sulphates, free sulphuric acid and cilicic acid. It is said to have been employed with benefit in chronic discharges, such as diarrhœa and bronchorrhœa.—*Lond. Med. Times.*

Diphtheritic Dysentery Following Confinement.—At a recent meeting of the New York Pathological Society (*N. Y. Med. Journ.*) Dr. Janeway presented a large intestine the whole length of which was involved by diphtheritic inflammation, probably of not more than four days' duration. The interesting feature of the case was that it should have happened just after confinement. The woman was twenty-three years of age, a domestic, who was delivered of her first child on March 18th, at 6 P. M., labor being normal and lasting six hours. The temperature on the following morning was 99° F., and remained at that point until the afternoon of second day, when it suddenly went up to 104.4°. And the uterus, which had contracted well after delivery, increased to a large size, extended above the umbilicus, and was flabby. There was a discharge from the vagina, somewhat colored, which was increased by pressure upon the uterus. There was no perceptible odor. Intra-uterine douches of bichloride solution, 1 to 2,000, were given when the temperature rose. On the night of the 22nd she had a number of diarrhœal movements, perhaps eight. These were afterward controlled by suppositories of opium. On the last day of her life, although the temperature continued high and the heart-beat was comparatively strong, there was no pulse at ankle or wrist, and the hands were cold. She had taken full, but not excessive, doses of ergot. She had had morphine, whiskey, and quinine. At the autopsy there was found to be some diptheritic endometritis, with some patches on the vagina, but the lesions were not so striking in the genital tract as in the large intestine. There were no other lesions except slight parenchymatous nephritis and a large, soft spleen. The case was interesting, as it demonstrated that in some of these cases the intrauterine injections would not touch all the disease. In this case the lesions in the intestine had the appearance of being older than those in the uterus. It was further interesting as illustrating a point which Dr. Janeway had frequently remarked, namely, that simple inspection of the discharges would not always enable us to determine the absence of a serious diarrhœal disease; and even should a little blood or a few clots be found in the stools after delivery, they might readily be attributed to the lochia.

Medical Supply and Demand.—An exchange says statistics show that among 1,000 doctors the number of deaths annually ranges between 15 and 25. At this rate the number of deaths annually among the 90,000 medical men of this country would be on an average 1,800. Among the 14,000 physicians of Austro-Hungary, the annual death-rate is said to be about 320. If the same ratio existed in this country, the number of deaths annually would be slightly over 2,000. Probably the actual figure is not far from 1,800. On the other hand, the number of medical graduates in 1882–3 was 3,979, or nearly 4,000, and more than double the estimated number of deaths. Account must be taken of the number of physicians who annually

retire from practice, and on the other hand of the number of graduates who never enter the practice of medicine. The annual increase of population is probably over a million.—*Med. and Surg. Reporter.*

Medical Items.

Dr. G. Stanley Hall has been elected Professor of Psychology and Pedagogy in the Johns Hopkins University.=Sir William Jenner has been re-elected President of the Royal College Physicians for the third time.=Mr. Peter Squire, the *doyen* of pharmaceutical chemists, if not the founder of pharmaceutical chemistry, died recently at the advanced age of eighty-six years.=Prof. William Pepper has been elected an honorary member of the Medical and Chirurgical Faculty of Maryland.=General Rosecrans has introduced a bill into Congress declaring that acting assistant surgeons, having been regularly examined and found qualified, shall be eligible to appointment as assistant surgeons in the army, and authorizing the President to nominate such to fill vacancies.=It is reported that scarlet fever has been spread in Gloucester City, N. J., by children eating ice which had been used by an undertaker on the body of a person dead of the disease.=The New York State Senate has passed a bill incorporating the New York Cancer Hospital.=Dr. Pliny A. Jewett, one of the leading physicians in New Haven, died on April 10th with pneumonia. He was for twelve years Professor of Obstetrics in the Medical Department of Yale College.=The next meeting of the American Surgical Association will be held on April 30th and May 1st, 2nd and 3rd, in the Lecture Room of the National Museum, Washington, D. C.=Dr. D. Hayes Agnew has resigned from the staff of the Pennsylvania Hospital.=The New York State Senate has passed a bill prohibiting the manufacture or sale of oleomargarine or other imitations of butter.=Dr. L. McL. Tiffany is announced to read a paper before the forthcoming meeting of the American Surgical Association on "Ligation of Common Female Artery."=The Russian government has conferred the Grand Cordon of the Order of St. Stanislaus upon Prof. Frerichs, for the services rendered to Russian students by him in the Universities of Breslau and Berlin.=Dr. Friedmann reports the successful expulsion of tape-worm in ten cases by the use of tannate of pelletierine —*Reporter.*=Prof. Cantieri, of the Medical Clinic at Siena, relates two cases of large ovarian cysts, which were completely cured by intra-cystic injections of tincture of iodine.=An inquest was recently held in London on the body of a man who died from blood-poisoning following the bite of a monkey inflicted three weeks previous.=The material which is removed from the sides of a ruptured perineum when they are vivified preparatory to uniting them, makes the best skin-grafts to be obtained from any source.—*Exchange.*=Prof. Zoldt, of Prague, has received the call to Vienna as Professor of Anatomy.=Small-pox is on the increase in London. Ninety-two new cases were admitted to the hospitals during the week ending April 5th.=The sudden death of the Duke of Albany is pronounced by the *Med. Times and Gazette* a misfortune for science in Great Britain. The Duke had on many occasions evinced a deep interest in scientific questions, and as an active member of the Parkes Museum Council and the Kyrle Society had afforded proof that his interest was of a real and practical kind=The Duke of Albany, it is said by Sir Wm. Jenner, was the subject of hæmophilia, and it is probable his death was due to some condition resulting from this affection.=Dr. Alexander Wood of Edinburgh, Scotland, who died recently was the originator of hypodermic medication by means of the syringe and hollow wire.=Dr. Thos. S. Latimer was elected President of the Med. and Chirurg. Faculty of Md., and Drs. J. R. Quinan and I. E. Atkinson, Vice-Presidents for the ensuing year

CHANGES IN THE MEDICAL CORPS OF THE U. S. NAVY for the week ending April 19th, 1884:

Medical Director P. S. Wales to continue on duty as member of Ration Board.

Surgeon H. M. Wells to special duty at Hot Springs, Ark.

Medical Director George Peck ordered as President of Board of Medical Officers, detailed for special duty at Coaster's Island, near Newport, R. I.

Medical Director A. C. Gorgas and Surgeon I. C. Wise members of above board.

Medical Inspector H. C. Nelson detached fram Navy Yard, Washington, and placed on waiting orders.

Surgeon D. McMurtrie ordered to duty at Navy Yard, Washington.

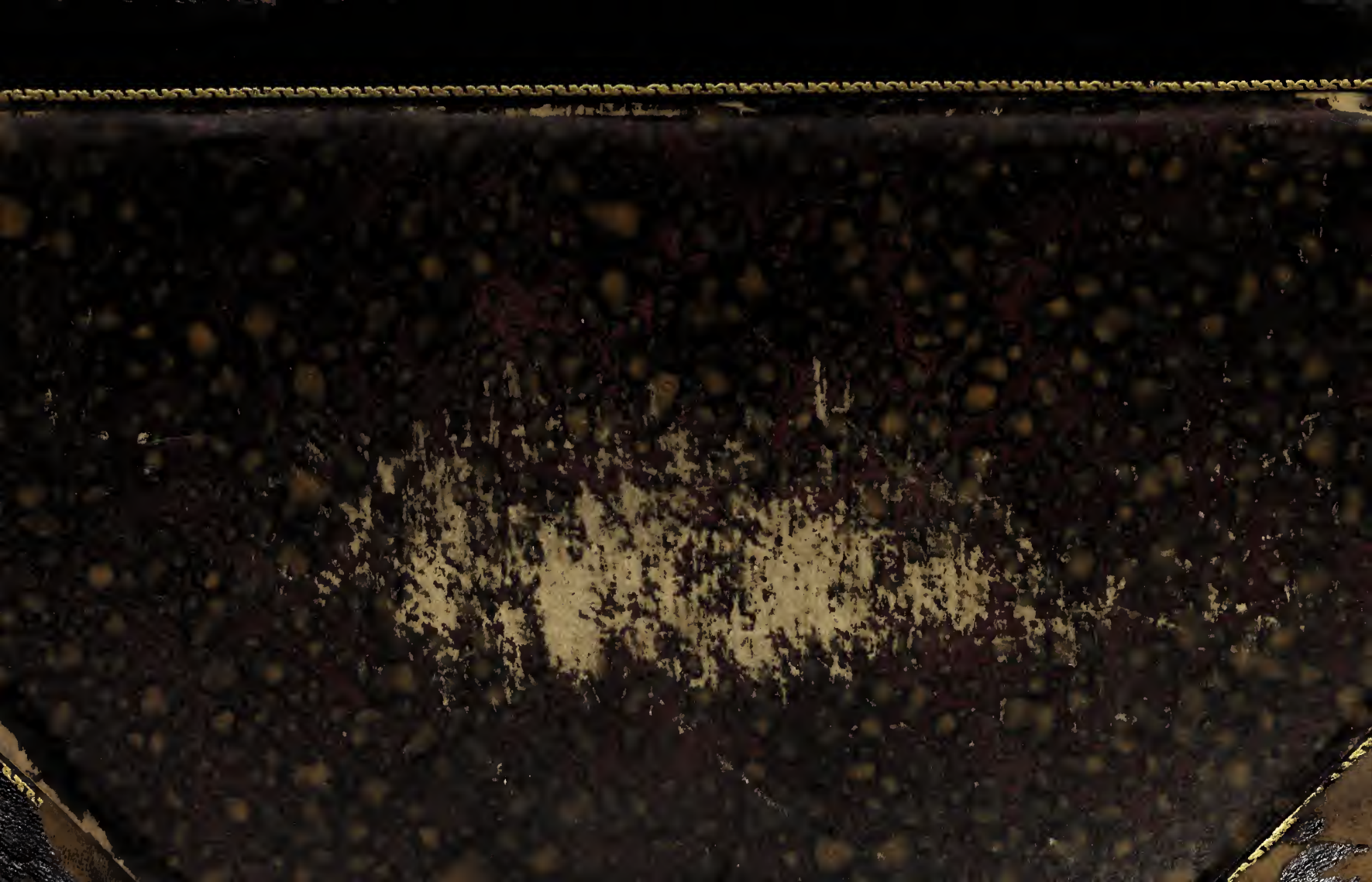
CHANGES IN THE STATIONS AND DUTIES OF THE OFFICERS SERVING IN THE MEDICAL DEPARTMENT U. S. ARMY, from April 15th, 1884, to April 21ts, 1884:

Porter, Joseph Y., Captain and Assistant Surgeon, granted leave of absence for two months, take effect about May 5, 1884.

Biart, Victor, Captain and Assistant Surgeon, garnted leave of absence for one year on Surgeon's certificate of disability, with permission to leave the Div. of the Mo.

Ca Garole, Louis A., Captain and Assistant Surgeon, granted leave of absence for one month, with permission to apply for two months extension.

Newton, R. C., First Lieutenant and Assistant Surgeon, relieved from duty at Fort Sill, Ind. Ter., and ordered to Fort Flliott, Tex., for duty.

Chapin, Alonzo R., First Lieutenant and Assistant Surgeon, relieved from duty at Fort Douglas, Utah, and ordered to Fort Laramie, Wyo., for duty.

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